



bus company Inc.

7700 State Road
Philadelphia, PA 19136

(215) 289-1022

Fax: (215) 289-5262

Due to the recent pandemic the drivers are expected to follow the procedures listed below.

TRANSPORTATION:

1. Make sure all passengers are wearing a mask or face shield before loading the vehicle (gloves are optional)
 - A. Everyone must keep the mask or face shield on while on the vehicle.
 - B. Drivers should have extra mask for any child that loses or damages their mask(exceptions)
 - C. Drivers have to report any repeat offenders that don't bring their mask or don't follow the rules.
 - D. Maintain 6 feet of social distancing at all times.
2. Drivers or attendants must sanitize students hands as they board the vehicle.
3. All students will have assigned seats
4. Load the back of the vehicle first
5. Unload the front of the vehicle first
6. After each group of students the drivers must wipe down all highly touched surfaces of the vehicle
7. Drivers and Attendants must wear mask and or face shields.
8. Drivers must bring the vehicles back to the yard after their morning run so the cleaning staff can disinfect the vehicles before the afternoon run.
9. All vehicles must return to the yard once you are done for the day.
10. NO PARK OUTS NO EXCEPTIONS

Social distancing and following the guidelines will not only keep the students and your customers safe and healthy but you will stay safe and healthy also.





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WORK PLACE GUIDELINES

ATTENTION ALL EMPLOYEES DUE TO THE RECENT PANDEMIC WE WILL HAVE A NEW WAY OF DOING THINGS. OUR FACILITIES HAVE BEEN FULLY DISINFECTED PRIOR TO THE RETURN OF OUR EMPLOYEES.

1. ALL PERSONNEL WILL HAVE TO WEAR MASK WHEN ENTERING THE FACILITIES.
2. NO MORE THAN THREE EMPLOYEES ALLOWED IN THE DRIVERS LOBBY. THE LOBBY HAS MARKINGS ON THE FLOOR PLEASE ADHERE TO THEM.
3. FOR DRIVERS THAT DO NOT FEEL SAFE COMING INTO THE DRIVERS LOBBY WE HAVE A WALK UP WINDOW FOR YOUR CONVENIENCE. WE ALSO HAVE MARKINGS ON THE GROUND FOR SOCIAL DISTANCING.
4. NO DRIVERS ALLOWED IN THE FRONT OFFICE LOBBY OR IN THE OFFICE WITHOUT PERMISSION. TEMPERATURES WILL BE TAKEN BEFORE ENTERING THE INNER OFFICE AND YOU WILL ALSO HAVE TO SIGN A COVID-19 SCREENING FORM.
5. THE TRAILER IS SET UP FOR SOCIAL DISTANCING PLEASE FOLLOW THE RULES AND REGULATIONS THAT ARE POSTED.
6. ALL BUSES MUST RETURN TO THE YARD AT THE END OF EACH DAY OR AT THE END OF EACH TRIP. WE WILL BE DISINFECTING ALL THE VEHICLES AFTER EVERY TRIP. REMEMBER ALL BUSES WILL BE PARKED IN THEIR CORRECT SPOT, THIS WILL MAKE IT EASIER TO KEEP TRACK OF OUR DAILY PROCESS.

THESE RULES AND REGULATIONS ARE IN PLACE TO KEEP EVERYONE SAFE AND HEALTHY





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EMPLOYEE ACKNOWLEDGEMENT

Due to the pandemic you are required to inform your employer of any past or future travel plans. This will allow us to reasonably evaluate the risk to other employee or customers.

The following is a questionnaire that must be filled out signed and dated before returning to ON DUTY STATUES. This form is a COVID-19 pre screening questionnaire. You will only have to sign this form once, this is a daily responsibility of each individual employee; unless you are planning to travel after you have signed the form. After you travels you will be asked once again to read and sign the form again. Remember by signing this form you certify that you have read and understand the document.

QUESTIONS

1. In the past 24 hours, have you had one of the following symptoms?

Frequent cough Shortness of breath

If you answered yes to either symptom please do not report to work and notify your supervisor immediately.

2. In the past 24 hours, have you had two or more of the following symptoms?

Sore throat Chills Headache

Muscle pain

Loss of taste or smell

If you answered yes to two or more of the symptoms please do not report to work and notify your supervisor immediately.



3. In the past 24 hours, have you experienced A fever of 100.4°F or above? _____
2. If you answered yes, please do not report to work and notify your supervisor immediately.
4. Have you been in close physical contact with someone who tested positive for COVID-19 within the past 14 days? _____
If you answered yes, please do not report to work and notify your supervisor immediately.

If you test positive for COVID-19 you are to contact your supervisor and report your positive results. You will not be allowed back to on duty statues until you have tested negative for the COVID-19 VIRUS.

I ACKNOWLEDGE AND CERTIFY THAT I HAVE COMPLETED THE COVID-19 QUESTIONNAIRE AND WILL COMPLY WITH THE REQUIREMENTS IDENTIFIED.

I understand that by signing this form I certify that I have accurately completed the COVID-19 Pre-screening form and will comply with the outcome identified above.

SIGN

Date



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NAME _____
PRINT

Due to the pandemic you are required to fill out a COVID-19 screening form. This will allow us to reasonably evaluate the risk to our employees and our customers. The following is a questionnaire that must be filled out signed and dated before entering the facilities.

QUESTIONS

1. In the past 24 hours, have you had one of the following symptoms?
_____ Frequent cough _____ Shortness of breath
If you answered yes to either symptom you will not be allowed in the facility.
2. In the past 24 hours, have you had two or more of the following symptoms?
_____ Sore throat _____ Chills _____ Headache
_____ Muscle pain
_____ Loss of taste or smell
If you answered yes to two or more of the symptoms you will not be allowed in the facility.
3. In the past 24 hours, have you experienced A fever of 100.4°F or above? _____

Sign _____

Date _____

