

# Sample Transportation Passenger Log

Date of Service: \_\_\_\_\_

Transportation Provider: \_\_\_\_\_

Van Number: \_\_\_\_\_

Driver Name (print): \_\_\_\_\_

Monitor Name (print): \_\_\_\_\_

Transportation Delivery Type: check one

☐ AM service

☐ PM Service

Child Information		Pick-Up Verifications		Drop-Off Verifications		Route Delay
Last Name	First Name	Time	Parent/guardian/ staff/provider name	Time	Parent/ guardian/ staff/provider name	Driver's Notes ex. weather, traffice, no one home etc.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

By signing this transportation log, I verify that I have physically walked through the vehicle and inspected all seat surfaces, under all seats and in all compartments or recesses of the vehicle's interior.

Driver Signature

Time

Monitor/Additional Reviewer Signature (if applicable)

Time

Copies of completed Transportation Logs must be sent to the Provider/System. Original records shall be maintained by the Transportation Provider.