

CALIFORNIA BUS ASSOCIATION
T.I.B. TRANSPORTATION INSURANCE BROKERS
OUTSTANDING TRAINING PROGRAM / TRAINER OF THE YEAR
(Please submit by October 15, 2009)



Please complete the following information and return to the CBA office at the following address:

California Bus Association
11020 Commercial Parkway
Castroville, CA 95012

Please use the period September 1, 2008 to August 31, 2009 for your reporting period. We encourage your participation in this program.

General Information:

1. Name of trainer _____
2. Total number of buses in use during this period..... _____
3. Total number of drivers employed during this period. _____
4. Total number of drivers on current staff. _____
5. Total number of drivers hired during this period. _____
6. Total operating miles by all buses used during this period. _____
7. How many collision accidents during this period regardless of fault? _____
8. How many passenger related accidents during this period? _____

Loss Prevention Information:

1. Describe the pre-employment and hiring practices used by your company during this period:

2. Describe the training and re-training program used during this period.

- a) Is it a formalized program? yes no
- b) What is the duration of the program? _____
- c) Is there a re-training program? yes no

d) Is there a motivation and discipline program in place? Please give a brief explanation

3. Is safety program written or is it verbal? Explain

4. Is there a road supervisor employed by the company? yes no
List responsibilities

5. Are reports of observations made by Road Supervisor supplied to top management of the company?
 yes no

6. Does the company have a safety committee? yes no

a) How often during this period have safety meetings been held?

b) During this period what were the subjects of the Safety Meetings?

7. Will you supply a copy of the OSHA #200 report from the February posting of this year?
 yes no If yes attach the posted portion only to this application.

8. Does the company have a written safety policy statement to serve as a guide for the safe conduct of all fleet activities prepared by top management, explaining their responsibility to provide the safest conditions and equipment for all employees?
 yes no Is it written or verbal?
9. Does its policy promote safety for the employee and the public and make paramount every attempt to reduce the possibility of accidental occurrences? yes no

Other comment

10. Does the policy place safety precedence over expediency or short cuts :

11. Does the company comply with all safety laws and ordinances? yes no

12. Please supply a copy of your last CHP, DOT or MTMC ratings that occurred within the period. When was the last inspection date _____

Management Information:

Does Top Management:

1. Support and become involved in the Loss Prevention Program? yes no
2. Schedule meetings with supervisors and employees for review of safety records or problems on a regular basis? yes no
3. Encourage and endorse attendance at company safety functions? yes no
4. Publish safety messages and distribute them to employees? yes no

5. Provide special safety awards such as yearly or multiple year awards, patches etc? yes no
6. Communicate safety problems, programs and accomplishments to employees? yes no
7. Distribute letters, handbooks and other orientation material for new hires, including the company safety policy? yes no
8. Enforce the safety program through all levels of supervision yes no
9. Employee a qualified safety director? yes no
10. Maintain an open line of communication with the safety director? yes no
11. Does the safety director follow through with management recommendations made by the safety department to improve safety performance and eliminate violations of the safety policy yes no
12. Does the company use the services of a driver trainer experienced in safety practices to accomplish the job? yes no
13. Does the safety director or driver trainer make direct reports to top management of the company? yes no

Company name _____

Company Contact _____

Phone _____