



**DISRUPTION REPORT FORM**

1. Call dispatcher. Request appropriate assistance.
2. Contact RCJTC as soon as possible via telephone 613-732-8419 or email [trans@onthebus.ca](mailto:trans@onthebus.ca).

Level 1       Level 2

Transporting For:     RCCDSB       RCDSB      School(s): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.     p.m.    Location: \_\_\_\_\_

Route #: \_\_\_\_\_ Company: \_\_\_\_\_

| A: SCHOOL VEHICLE INFORMATION |         |                  |
|-------------------------------|---------|------------------|
| Vehicle Make:                 | Unit #: | Vehicle Size:    |
| Model:                        | Year:   | License Plate #: |
| Vehicle Identification No.:   |         |                  |
| Insurance Company:            |         | Policy No.:      |

| B: DISRUPTION DETAILS   |   |
|---|---|
| 1. Type of Run: <input type="checkbox"/> To or From School <input type="checkbox"/> Field Trip <input type="checkbox"/> Late Run  | 2. Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban                  |
| 3. Road Conditions: <input type="checkbox"/> Gravel <input type="checkbox"/> Paved <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice <input type="checkbox"/> Snow                   | <input type="checkbox"/> Hilly <input type="checkbox"/> Curve <input type="checkbox"/> Flat |
| 4. Speed: Posted Limit _____ km/hr    Approximate Speed of Bus _____ km/hr    Direction _____   |   |
| 5. Weather Conditions: <input type="checkbox"/> Clear <input type="checkbox"/> Fair <input type="checkbox"/> Raining <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snowing |   |
| 6. Direction of Bus: <input type="checkbox"/> Going Straight <input type="checkbox"/> Turning Right <input type="checkbox"/> Turning Left <input type="checkbox"/> Reversing <input type="checkbox"/> Stopped             |   |
| 7. Was the disruption caused by a defect in the school vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Booster seats in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how many?</b> <b>(Please contact RCJTC to have seats replaced immediately.)</b>   |   |

