TURTLE MOUNTAIN SCHOOL DIVISION 6 – G.B

TRIP INCIDENT REPORT

Date: _____ Destination: _____

Bus Driver: _____(Please print)

Supervising Teachers: _____
_____
_____
_____

Please report on the following as applicable:

1) Student Ridership _____
_____
_____
_____

2) Teacher/Adult Supervision _____
_____
_____
_____

3) Vehicle Defects _____
_____

4) Other concerns _____
_____
_____
_____

OR

☐ Satisfactory Trip

Bus Driver _____

Transportation Coordinator _____

Superintendent/CEO: _____