

Group Signing Out Sheet

Date: Journey to: Time out:

Approx. return time: Time arrived back

	Name	Class	Lunch	Meds		Name	Class	Lunch	Meds
1					11				
2					12				
3					13				
4					14				
5					15				
6					16				
7					17				
8					Staff: Meds checked (sign)				
9									
10									

- Fuel level OK?
- Oil level OK?
- Windscreen wipers/washers working?
- Lights/brake lights working?
- Indicators working?
- Tyres in good condition?
- Brakes (hand and pedal) working?
- Fully stocked first aid kit?
- Permit displayed?
- Seatbelts working properly?
- Mobile phone available?

Bus	
Number	
Keys	
Signed out by	
Driver	

Any problems please report to Mr Bartrum

Risk Assessment
(Signed)