



OREGON DEPARTMENT OF EDUCATION
Public Service Building, 255 Capitol Street NE, Salem, Oregon 97310
Phone (503) 947-5600 • Fax (503) 378-5156 • www.ode.state.or.us

February 2, 2012

AJ Grauer, Superintendent
Sheridan SD
435 S Bridge St.
Sheridan, OR 97378-1811

Dear Superintendent Grauer:

During the Oregon Department of Education Transportation visit to your district on January 12, 2012, your district was found deficient in the following areas:

1. OAR 581-53-002(12) states that "Safety instruction:
(a) All regularly transported pupils shall receive the following instruction at least once within the first six weeks of the first half of each school year and once within the first six weeks of the second half of each school year: (A) Safe school bus riding procedures, including but not limited to loading, unloading and crossing; (B) Use of emergency exits; and (C) Planned and orderly evacuation of the school bus in case of emergency, including participation in actual evacuation drills.
(b) All pupils who are not regularly transported shall receive the following instruction at least once in the first half of each school year: (A) Safe school bus riding procedures, including but not limited to loading, unloading and crossing; and (B) Use of emergency exits.
(c) Records listing safety instruction course content and dates of training shall be maintained locally."

The district records did not indicate students received training in safe bus riding procedures, including but not limited to loading, unloading, crossing, etc.

2. OAR 581-53-545 (5)(d) states: "Driver requirements are the same as those listed in subsection (5)(b) of this rule, when used to transport students for authorized activities and/or to and from school on an unscheduled, irregular basis, plus the driver shall (A) Demonstrate necessary vehicle operational skills (in a vehicle to be used) to the authorized official through a behind-the-wheel test; and (B) Demonstrate to an authorized official, a knowledge of laws and regulations applicable to the vehicle being used

The district had no records showing that Leigh Michaelson and Elaine Cooley, school activity vehicle drivers providing home to school and school to home transportation services, had passed a behind-the-wheel test.

3. OAR 581-053-0545(1)(a) states "Type 10 vehicle": Type 10 vehicles shall have a capacity of not more than ten persons, shall have a gross vehicle weight rating of not more than 10,000 pounds and are used to transport students to and from school or authorized school activities. These vehicles shall not be marked with the words "School Bus" and shall be determined by class in accordance with provisions of ORS 820.150 and are not exempted by ORS 801.455 or 801.460.

The district has been using a 12 passenger Ford van (License plate # 430FBX) in its Type 10 program. This van cannot be used to transport students since it does not meet Type 10 or Type 20 construction standards. Please see ODE Memorandum No 67-2002-03.

4. OAR 581-053-0002(9)(a) states "Upon entry into Oregon, all pupil transportation vehicles shall conform to the Oregon minimum standards currently enforce as they apply to each vehicle, prior to transporting students. (b) Written notification must be sent to the Oregon Department of Education when relocating pupil transportation vehicles to another transportation entity for a period exceeding 10 days. (c) School buses with a manufacture date prior to September 1, 1998 may not be relocated."

At the time of the visit, Sheridan School District and Mid Columbia Bus Company were transporting students in vehicles not listed on the Annual Vehicle Certification Report (form 581-2256), and no notification had been sent to ODE requesting the changes.

5. OAR 581-053-0002 (22) states "any person performing the annual school bus inspections required under OAR 581-053-0008 must be qualified to perform such inspections as defined under the provisions of that rule."

OAR 581-053-0008 (1) states "transporting districts shall have all vehicles used in transporting pupils inspected annually by inspectors holding current school bus inspection certification, and certify to the Oregon Department of Education that all deficiencies have been corrected before September 1 each year....(11) In addition to qualifications established by a local school district, any person performing an annual school bus

inspection and signing the Annual Vehicle Inspection and Maintenance Report form 581-2255-M must successfully complete a test administered by the ODE and be certified over the contents of the School Bus Maintenance and Inspection Manual for Oregon School Buses, current edition“

The most recent annuals done on the Sheridan Activity Vehicles were administered by a technician who was not certified through ODE.

Deficiencies can be corrected by:

1. The district developing and implementing a plan to ensure required safety and evacuation training be complete and include the required instruction in safe bus riding procedures; including loading, unloading, crossing, etc.

Providing ODE with a copy of the plan and documentation that the required training has been completed.

2. The district developing and implementing a plan to ensure each Type 10 school activity vehicle driver who provides home to school or school to home service has passed the required behind-the-wheel test before their application is signed and sent to ODE.

Providing ODE with a copy of the plan and documentation that the required testing has been completed.

3. The district developing and implementing a plan to ensure vehicles meet the correct construction standards and that the driver transporting students has the proper credentials.

Providing ODE with a copy of this plan and documentation that the non-complying vehicle is no longer used to transport students.

4. The district developing and implementing a plan to ensure all new and used vehicles brought into the district for the first time for pupil transportation are reported to ODE within the correct time frame.

AJ Grauer, Superintendent
February 2, 2012
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Providing ODE with a copy of this plan and documentation:

- To retire vehicles which have been removed from service as pupil transporting vehicles.
 - To add new vehicles to the district's Annual Certification Report. To add a vehicle, please submit form 581-2251-M, and, if appropriate, form 581-2255-M.
 - To relocate vehicles in the district by adding qualified vehicles to the district's Annual Certification Report within 10 days of the relocation. Please provide a written request to move a qualifying vehicle into the district.
5. The district developing and implementing a plan to ensure all annual vehicle inspections are administered by an ODE certified technician.


Providing ODE with a copy of this plan and documentation.

Please submit a copy of your plans within 45 days from the date of this letter to:

Craig Pruitt, Pupil Transportation
Oregon Department of Education
Public Service Building
255 Capitol St NE
Salem, OR 97310-1300

We wish to thank you for the excellent cooperation of your staff and Mid Columbia Bus Company during our visit to your district.

Sincerely,



Craig Pruitt, Program Analyst
Pupil Transportation & Fingerprinting
Office of Finance & Administration
(503) 947-5819
craig.pruitt@state.or.us

schoolvisit/cp

cc: Mary Braukman

Sheridan School District 48J

435 South Bridge Street
Sheridan, Oregon 97378

A.J. Grauer, Superintendent



Phone (503) 843-2433
Fax (503) 843-3505

www.sheridan.k12.or.us

February 21, 2012

Craig Pruitt, Pupil Transportation
Oregon Department of Education
Public Service Building
255 capitol St. NE
Salem,, OR 97310-1300

Dear Craig Pruitt, Pupil Transportation

During the Oregon Department of Education Transportation visit to Sheridan School District on January 12, 2012, five areas of deficiencies were found. All deficiencies have been corrected with the following documentation to demonstrate those corrections.

1. see Mid Columbia Bus Co., Inc. plan and documentation
2. The following drivers have completed and passed the Type 20 test and behind-the-wheel test on February 17, 2012:
 - * since the audit we have added two more drivers
 - a. Leigh Ann Michaelson
 - b. Elaine Cooley
 - c. Patrick Croskey
 - d. Paula Arruda

Sheridan School District will require all drives of district vehicles to have the Type 20 training and certification.

3. The Ford van (License plate # 430FBX) was sold back to Newberg Ford on January 30, 2012. A new vehicle was ordered; Ford 2012 E150, 8 passenger van. The following documentation is attached regarding the transactions with Newberg Ford. In the future all vehicle purchased by the district will follow and seek prior approval from Oregon Department of Education, Pupil Transportation and utilize the Vehicle License Approval form (ORS 801.455).

Sheridan School District has corrected all deficiencies and put into place plans for future use. Please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'A.J. Grauer'.

A.J. Grauer
Superintendent

Sheridan Schools Provide Equal Employment/Educational Opportunity
www.sheridan.k12.or.us



Mid Columbia Bus Company, Inc.

School and Charter Buses

February 14th, 2012

AJ Grauer, Superintendent
Sheridan SD
435 S Bridge Street
Sheridan, OR 97378-1811

DIVISION I - OR
P.O. Box 635
Condon, OR 97823
(541) 384-2292
(541) 384-2291 FAX

DIVISION II - OR
Administrative Office
73458 Bus Barn Lane
Pendleton, OR 97801
(541) 278-1444
(541) 276-5205 FAX

DIVISION III - ID
Western States Bus
Services, Inc.

DIVISION IV - WA
Western States Bus
Services, Inc.

DIVISION V - OR
Western Oregon
Mid Columbia Bus
Company, Inc.

Dear Superintendent Grauer:

With the results of our visit from Department of Education Transportation visit on January 12th, 2012 we were found to have deficient records in a couple of areas. As your contractor we are hereby providing you with written documentation that corrections have been made with our records.

For correction #1 OAR581-53-002 - We have added Safe school bus riding procedures, including but not limited to loading, unloading and crossing to our emergency evacuation procedures. A new form is now in place for future use. We have in the past always completed these procedures within the time restrictions set forth but we will provide a copy on our local site for all future evacuation and safety instructions.

For correction #4 OAR581-053-0002 – Annual Vehicle Certification Report will be completed for all Mid Columbia Bus Co., Inc. owned vehicles and given to the Sheridan District to sign and turn in. All vehicles are now current on the report and any future changes will be made in future reports.

For correction #5 OAR581-053-0008– All District vehicles needing Annual Inspections have been completed in our Dallas Mid Columbia Bus maintenance shop by our ODE certified technician (Mark Stephens). Annuals are attached. The Sheridan District agrees to use a certified technician for all future Annual inspections on a yearly basis.

Please feel free to contact me with any questions you may have.

Sincerely,

Mary Braukman, V.P.
Mid Columbia Bus Co., Inc.
503-623-7245

ANNUAL VEHICLE INSPECTION AND MAINTENANCE REPORT

SCHOOL Sheridan 48J COUNTY Yamhill BUS NO. Yellow Activity JAN DATE 2/8/12
 YEAR & MAKE 89 Ford Bluebird TYPE & CAPACITY A-14 ID NO. 1FDJE37H8 KHA17311
 LICENSE NO. E171920 ODOMETER READING 122513 CONTRACTOR Mid Columbia Bus Co.

INSTRUCTIONS

Each vehicle used to transport pupils shall be inspected annually. Complete and sign this form in duplicate for each vehicle. Forward the original to the district superintendent, to be kept on file. The mechanic or contractor will keep the other copy on file. The original and copy must be retained for not less than three years and be available to Oregon Department of Education personnel upon request. In the "OK" column mark "O" for items that do not apply and under the "Repaired Date" column indicate the date of the actual repair. The certification of inspection and completion of repairs must be completed and submitted to the Department of Education by September 1 each year. Page Numbers are referenced to the Maintenance manual.

	OK	Repaired Date	OK	Repaired Date
A. CHASSIS (remove wheels)			C. INSIDE BUS	
1. Front Suspension (Pg. A 1-4)	✓		1. Emergency Equipment (Pg. C 1-2)	✓
2. Steering (Pg. A 5-8)	✓		2. Neutral Safety Switch (Pg. C 3)	✓
3. Front Brakes (Pg. A 9-12)	✓		3. Steering (Pg. C 4)	✓
Left Front <u>12/32</u> Right Front <u>12/32</u>			4. Shifter (Pg. C 5)	✓
Drum/Rotor measurement Left <u>1.222</u> Right <u>1.220</u>			5. Engine Controls (Pg. C 6-7)	✓
4. Engine/Trans. Mount, Starter Mounting (Pg. A 13)	✓		6. Gauges, Dash and Warning Lights, Buzzers (Pg. C 8-9)	✓
5. Transmission (Pg. A 14-16)	✓		7. Public Address System (Pg. C 23)	0
6. Fluid Leaks (Pg. A 17)	✓		8. Air Brake System (Pg. C 10-13)	0
7. Fuel Tanks (Pg. A 18)	✓		9. Hydraulic Bakes (Pg. C 14-19)	✓
8. Propane Tanks (Pg. A 19)	0		10. Windshield Wipers & Washers (Pg. C 20)	0
9. Brake Equipment (Pg. A 20-21)	✓		11. Heaters, Defrosters & External Dash Fan(s) (Pg. C 21-22)	✓
10. Drive Line (Pg. A 22-23)	✓		12. Dome and Stepwell Lights (Pg. C 23)	✓
11. Rear Suspension (Pg. A 24-27)	✓		13. Service Door (Pg. C 24)	✓
12. Rear Brakes (Pg. A 28-31)	✓		14. Homs (Pg. C 25)	✓
Left Rear <u>7/32</u> Right Rear <u>7/32</u>			15. Mirror Adjustment, Condition (Pg. C 26)	✓
Drum/Rotor measurement Left <u>12.160</u> Right <u>12.167</u>			16. Driver's Seat and Belt (Pg. C 27)	✓
13. Body Securements & Structure (Pg. A 32-33)	✓		17. Passenger Seats (Pg. C 28-30)	✓
14. Exhaust Systems (Pg. A 34)	✓		18. Emergency Door/Windows/Hatches (Pg. C 31-32)	0
15. Wheels and Tires (Pg. A 35-37)	✓		19. Windshield, Side & Rear Windows, Visor (Pg. C 33-34)	✓
Left Front <u>13/32</u> Right Front <u>13/32</u>			20. Wheelchair Lift Door & Securement System (Pg. 35-36)	0
Left Rear Inner <u>9/32</u> Right Rear Inner <u>9/32</u>			21. Interior Wiring, Cab Hoses & Wall Seals (Pg. C 37)	✓
Left Rear Outer <u>9/32</u> Right Rear Outer <u>9/32</u>			22. General Condition, Bus Interior (Pg. C 38-40)	✓
16. Slack Adjuster Pull Measurement	0			
Left Front _____ Right Front _____				
Left Rear _____ Right Rear _____				
B. ENGINE COMPARTMENT			D. OUTSIDE BUS	
1. Batteries (Pg. B 1-2)	✓		1. Headlights, Turn Signals, Side Marker, Brake, Tail, Park and Backup Lights, Backup Alarm (Pg. D 1-3)	✓
2. Fluid Levels and Conditions (Pg. B 3-4)	✓		2. Clearance & ID Lights, Reflectors, Strobe Light (If Equipped) (Pg. D 4)	✓
3. Belts and all Hoses (Pg. B 5-6)	✓		3. School Bus Safety Lights (Pg. D 5)	0
4. Accessory Mounting and Condition (Pg. B 7-8)	✓		4. Stop Arm (Pg. D 6)	0
5. Wiring (Pg. B 9)	✓		5. General Condition, Bus Exterior (Pg. D 7-10)	✓
6. Fuel Systems and Lines (Pg. B 10)	✓			
7. Radiator (Pg. B 11)	✓			

Mark R. Stepler
INSPECTED OR REPAIRED BY

2/8/12
DATE ANNUAL COMPLETED

ANNUAL VEHICLE INSPECTION AND MAINTENANCE REPORT

SCHOOL Shenandoah School Dist 48J COUNTY Yamhill BUS NO. 544-DMC DATE 2-9-2012
 YEAR & MAKE 2006 Chev Impala TYPE & CAPACITY Activity ID NO. 2G1WT58K769287493
 LICENSE NO. 544-DMC ODOMETER READING 97735 CONTRACTOR Mid Columbia Bus Co.

INSTRUCTIONS

Each vehicle used to transport pupils shall be inspected annually. Complete and sign this form in duplicate for each vehicle. Forward the original to the district superintendent, to be kept on file. The mechanic or contractor will keep the other copy on file. The original and copy must be retained for not less than three years and be available to Oregon Department of Education personnel upon request. In the "OK" column mark "O" for items that do not apply and under the "Repaired Date" column indicate the date of the actual repair. The certification of inspection and completion of repairs must be completed and submitted to the Department of Education by September 1 each year. Page Numbers are referenced to the Maintenance manual.

	OK	Repaired Date	OK	Repaired Date
A. CHASSIS (remove wheels)				
1. Front Suspension (Pg. A 1-4)	✓			
2. Steering (Pg. A 5-8)	✓			
3. Front Brakes (Pg. A 9-12)	✓			
Left Front <u>6</u> /32 Right Front <u>6</u> /32				
Drum/Rotor measurement Left <u>1.176</u> Right <u>1.169</u>				
4. Engine/Trans. Mount, Starter Mounting (Pg. A 13)	✓			
5. Transmission (Pg. A 14-16)	✓			
6. Fluid Leaks (Pg. A 17)	✓			
7. Fuel Tanks (Pg. A 18)	0			
8. Propane Tanks (Pg. A 19)	0			
9. Brake Equipment (Pg. A 20-21)	✓			
10. Drive Line (Pg. A 22-23)	✓			
11. Rear Suspension (Pg. A 24-27)	✓			
12. Rear Brakes (Pg. A 28-31)	✓			
Left Rear <u>5</u> /32 Right Rear <u>5</u> /32				
Drum/Rotor measurement Left <u>.425</u> Right <u>.432</u>				
13. Body Securements & Structure (Pg. A 32-33)	✓			
14. Exhaust Systems (Pg. A 34)	✓			
15. Wheels and Tires (Pg. A 35-37)	✓			
Left Front <u>9</u> /32 Right Front <u>8</u> /32				
Left Rear Inner <u>N/A</u> /32 Right Rear Inner <u>N/A</u> /32				
Left Rear Outer <u>12</u> /32 Right Rear Outer <u>9</u> /32				
16. Slack Adjuster Pull Measurement	0			
Left Front _____ Right Front _____				
Left Rear _____ Right Rear _____				
B. ENGINE COMPARTMENT				
1. Batteries (Pg. B 1-2)	✓			
2. Fluid Levels and Conditions (Pg. B 3-4)	✓			
3. Belts and all Hoses (Pg. B 5-6)	✓			
4. Accessory Mounting and Condition (Pg. B 7-8)	✓			
5. Wiring (Pg. B 9)	✓			
6. Fuel Systems and Lines (Pg. B 10)	✓			
7. Radiator (Pg. B 11)	✓			
C. INSIDE BUS				
1. Emergency Equipment (Pg. C 1-2)	✓			
2. Neutral Safety Switch (Pg. C 3)	✓			
3. Steering (Pg. C 4)	✓			
4. Shifter (Pg. C 5)	✓			
5. Engine Controls (Pg. C 6-7)	✓			
6. Gauges, Dash and Warning Lights, Buzzers (Pg. C 8-9)	0			
7. Public Address System (Pg. C 23)	0			
8. Air Brake System (Pg. C 10-13)	0			
9. Hydraulic Bakes (Pg. C 14-19)	✓			
10. Windshield Wipers & Washers (Pg. C 20)	✓			
11. Heaters, Defrosters & External Dash Fan(s) (Pg. C 21-22)	✓			
12. Dome and Stepwell Lights (Pg. C 23)	✓			
13. Service Door (Pg. C 24)	✓			
14. Horns (Pg. C 25)	✓			
15. Mirror Adjustment, Condition (Pg. C 26)	✓			
16. Driver's Seat and Belt (Pg. C 27)	✓			
17. Passenger Seats (Pg. C 28-30)	0			
18. Emergency Door/Windows/Hatches (Pg. C 31-32)	0			
19. Windshield, Side & Rear Windows, Visor (Pg. C 33-34)	✓			
20. Wheelchair LIFT Door & Securement System (Pg. 35-36)	0			
21. Interior Wiring, Cab Hoses & Wall Seats (Pg. C 37)	✓			
22. General Condition, Bus Interior (Pg. C 38-40)	✓			
D. OUTSIDE BUS				
1. Headlights, Turn Signals, Side Marker, Brake, Tail, Park and Backup Lights, Backup Alarm (Pg. D 1-3)	✓			
2. Clearance & ID Lights, Reflectors, Strobe Light (if Equipped) (Pg. D 4)	0			
3. School Bus Safety Lights (Pg. D 5)	0			
4. Stop Arm (Pg. D 6)	0			
5. General Condition, Bus Exterior (Pg. D 7-10)	✓			

Mark Spelt
INSPECTED OR REPAIRED BY

2/9/12
DATE ANNUAL COMPLETED

ANNUAL VEHICLE INSPECTION AND MAINTENANCE REPORT

SCHOOL Sheridan District #48J COUNTY YAMhill BUS NO. 163DNE DATE 2-7-2012
 YEAR & MAKE 2006 Chev. Imp TYPE & CAPACITY 5-CAR ID NO. Z61WT58KX69102319
 LICENSE NO. 163DNE ODOMETER READING 139273 CONTRACTOR Mid Columbia Bus Co.

INSTRUCTIONS

Each vehicle used to transport pupils shall be inspected annually. Complete and sign this form in duplicate for each vehicle. Forward the original to the district superintendent, to be kept on file. The mechanic or contractor will keep the other copy on file. The original and copy must be retained for not less than three years and be available to Oregon Department of Education personnel upon request. In the "OK" column mark "O" for items that do not apply and under the "Repaired Date" column indicate the date of the actual repair. The certification of inspection and completion of repairs must be completed and submitted to the Department of Education by September 1 each year. Page Numbers are referenced to the Maintenance manual.

	OK	Repaired Date	OK	Repaired Date
A. CHASSIS (remove wheels)			C. INSIDE BUS	
1. Front Suspension (Pg. A 1-4)	✓		1. Emergency Equipment (Pg. C 1-2)	✓
2. Steering (Pg. A 5-8)	✓		2. Neutral Safety Switch (Pg. C 3)	✓
3. Front Brakes (Pg. A 9-12)	✓		3. Steering (Pg. C 4)	✓
Left Front <u>8</u> /32 Right Front <u>8</u> /32			4. Shifter (Pg. C 5)	✓
Drum/Rotor measurement Left <u>1.24</u> Right <u>1.26</u>			5. Engine Controls (Pg. C 6-7)	✓
4. Engine/Trans. Mount, Starter Mounting (Pg. A 13)	✓		6. Gauges, Dash and Warning Lights, Buzzers (Pg. C 8-9)	✓
5. Transmission (Pg. A 14-16)	✓		7. Public Address System (Pg. C 23)	O
6. Fluid Leaks (Pg. A 17)	✓		8. Air Brake System (Pg. C 10-13)	O
7. Fuel Tanks (Pg. A 18)	O		9. Hydraulic Bakes (Pg. C 14-19)	✓
8. Propane Tanks (Pg. A 19)	O		10. Windshield Wipers & Washers (Pg. C 20)	✓
9. Brake Equipment (Pg. A 20-21)	✓		11. Heaters, Defrosters & External Dash Fan(s) (Pg. C 21-22)	✓
10. Drive Line (Pg. A 22-23)	✓		12. Dome and Stepwell Lights (Pg. C 23)	O
11. Rear Suspension (Pg. A 24-27)	✓		13. Service Door (Pg. C 24)	O
12. Rear Brakes (Pg. A 28-31)	✓		14. Horns (Pg. C 25)	✓
Left Rear <u>6</u> /32 Right Rear <u>7</u> /32			15. Mirror Adjustment, Condition (Pg. C 25)	✓
Drum/Rotor measurement Left <u>.429</u> Right <u>.446</u>			16. Driver's Seat and Belt (Pg. C 27)	✓
13. Body Securements & Structure (Pg. A 32-33)	✓		17. Passenger Seats (Pg. C 28-30)	✓
14. Exhaust Systems (Pg. A 34)	✓		18. Emergency Door/Windows/Hatches (Pg. C 31-32)	O
15. Wheels and Tires (Pg. A 35-37)	✓		19. Windshield, Side & Rear Windows, Visor (Pg. C 33-34)	✓
Left Front <u>12</u> /32 Right Front <u>12</u> /32			20. Wheelchair Lift Door & Securement System (Pg. 35-36)	O
Left Rear Inner <u>X</u> /32 Right Rear Inner <u>X</u> /32			21. Interior Wiring, Cab Hoses & Wall Seals (Pg. C 37)	✓
Left Rear Outer _____ /32 Right Rear Outer _____ /32			22. General Condition, Bus Interior (Pg. C 38-40)	✓
16. Slack Adjuster Pull Measurement	O			
Left Front _____ Right Front _____				
Left Rear _____ Right Rear _____				
B. ENGINE COMPARTMENT			D. OUTSIDE BUS	
1. Batteries (Pg. B 1-2)	✓		1. Headlights, Turn Signals, Side Marker, Brake, Tail, Park and Backup Lights, Backup Alarm (Pg. D 1-3)	✓
2. Fluid Levels and Conditions (Pg. B 3-4)	✓		2. Clearance & ID Lights, Reflectors, Strobe Light (if Equipped) (Pg. D 4)	O
3. Belts and all Hoses (Pg. B 5-6)	✓		3. School Bus Safety Lights (Pg. D 5)	O
4. Accessory Mounting and Condition (Pg. B 7-8)	✓		4. Stop Arm (Pg. D 6)	O
5. Wiring (Pg. B 9)	✓		5. General Condition, Bus Exterior (Pg. D 7-10)	✓
6. Fuel Systems and Lines (Pg. B 10)	✓			
7. Radiator (Pg. B 11)	✓			

Mark Steph
INSPECTED OR REPAIRED BY
2-7-12
DATE ANNUAL COMPLETED

ANNUAL VEHICLE INSPECTION AND MAINTENANCE REPORT

SCHOOL Sheridan District 485 COUNTY Yamhill BUS NO. E204742 DATE 2-6-2012
 YEAR & MAKE 1997 Bluebird TYPE & CAPACITY A14 Activity ID NO. 1GBHG31KXTFV2259
 LICENSE NO. E204742 ODOMETER READING 151334 CONTRACTOR Mid Columbia Bus Co.

INSTRUCTIONS

Each vehicle used to transport pupils shall be inspected annually. Complete and sign this form in duplicate for each vehicle. Forward the original to the district superintendent, to be kept on file. The mechanic or contractor will keep the other copy on file. The original and copy must be retained for not less than three years and be available to Oregon Department of Education personnel upon request. In the "OK" column mark "O" for items that do not apply and under the "Repaired Date" column indicate the date of the actual repair. The certification of inspection and completion of repairs must be completed and submitted to the Department of Education by September 1 each year. Page Numbers are referenced to the Maintenance manual.

	OK	Repaired Date	OK	Repaired Date
A. CHASSIS (remove wheels)				
1. Front Suspension (Pg. A 1-4)	✓			
2. Steering (Pg. A 5-8)	✓			
3. Front Brakes (Pg. A 9-12)	✓			
Left Front <u>10</u> /32 Right Front <u>10</u> /32				
Drum/Rotor measurement Left <u>6.49</u> Right <u>1.475</u>				
4. Engine/Trans. Mount, Starter Mounting (Pg. A 13)	✓			
5. Transmission (Pg. A 14-16)	✓			
6. Fluid Leaks (Pg. A 17)	✓			
7. Fuel Tanks (Pg. A 18)	0			
8. Propane Tanks (Pg. A 19)	0			
9. Brake Equipment (Pg. A 20-21)	✓			
10. Drive Line (Pg. A 22-23)	✓			
11. Rear Suspension (Pg. A 24-27)	✓			
12. Rear Brakes (Pg. A 28-31)	✓			
Left Rear <u>8</u> /32 Right Rear <u>8</u> /32				
Drum/Rotor measurement Left <u>2.98</u> Right <u>1.00</u>				
13. Body Securements & Structure (Pg. A 32-33)	✓			
14. Exhaust Systems (Pg. A 34)	✓			
15. Wheels and Tires (Pg. A 35-37)	✓			
Left Front <u>9</u> /32 Right Front <u>8</u> /32				
Left Rear Inner <u>8</u> /32 Right Rear Inner <u>8</u> /32				
Left Rear Outer <u>8</u> /32 Right Rear Outer <u>9</u> /32				
16. Slack Adjuster Pull Measurement	0			
Left Front _____ Right Front _____				
Left Rear _____ Right Rear _____				
B. ENGINE COMPARTMENT				
1. Batteries (Pg. B 1-2)	✓			
2. Fluid Levels and Conditions (Pg. B 3-4)	✓			
3. Belts and all Hoses (Pg. B 5-6)	✓			
4. Accessory Mounting and Condition (Pg. B 7-8)	✓			
5. Wiring (Pg. B 9)	✓			
6. Fuel Systems and Lines (Pg. B 10)	✓			
7. Radiator (Pg. B 11)	✓			
C. INSIDE BUS				
1. Emergency Equipment (Pg. C 1-2)	✓			
2. Neutral Safety Switch (Pg. C 3)	✓			
3. Steering (Pg. C 4)	✓			
4. Shifter (Pg. C 5)	✓			
5. Engine Controls (Pg. C 6-7)	✓			
6. Gauges, Dash and Warning Lights, Buzzers (Pg. C 8-9)	✓			
7. Public Address System (Pg. C 23)	0			
8. Air Brake System (Pg. C 10-13)	0			
9. Hydraulic Bakes (Pg. C 14-19)	✓			
10. Windshield Wipers & Washers (Pg. C 20)	✓			
11. Heaters, Defrosters & External Dash Fan(s) (Pg. C 21-22)	✓			
12. Dome and Stepwell Lights (Pg. C 23)	✓			
13. Service Door (Pg. C 24)	✓			
14. Homs (Pg. C 25)	✓			
15. Mirror Adjustment, Condition (Pg. C 26)	✓			
16. Driver's Seat and Belt (Pg. C 27)	✓			
17. Passenger Seats (Pg. C 28-30)	✓			
18. Emergency Door/Windows/Hatches (Pg. C 31-32)	✓			
19. Windshield, Side & Rear Windows, Visor (Pg. C 33-34)	✓			
20. Wheelchair LIFT Door & Securement System (Pg. 35-36)	0			
21. Interior Wiring, Cab Hoses & Wall Seals (Pg. C 37)	✓			
22. General Condition, Bus Interior (Pg. C 38-40)	✓			
D. OUTSIDE BUS				
1. Headlights, Turn Signals, Side Marker, Brake, Tail, Park and Backup Lights, Backup Alarm (Pg. D 1-3)	✓			
2. Clearance & ID Lights, Reflectors, Strobe Light (if Equipped) (Pg. D 4)	✓			
3. School Bus Safety Lights (Pg. D 5)	0			
4. Stop Arm (Pg. D 6)	0			
5. General Condition, Bus Exterior (Pg. D 7-10)	✓			

Mark R. Slisk
 INSPECTED OR REPAIRED BY
February 6 2012
 DATE ANNUAL COMPLETED

OREGON DEPARTMENT OF EDUCATION
Public Service Building
255 Capitol Street NE
Salem, Oregon 97310

Office of Finance and Administration
Pupil Transportation and Fingerprinting
503-947-5600
Fax 503-378-5156

SCHOOL BUS LICENSE APPROVAL (ORS 801.460)
SCHOOL ACTIVITY VEHICLE LICENSE APPROVAL (ORS 801.455)

PURCHASER:

Name of Contractor or District Sheridan School District District No. 48J
Address 433 South Bridge St Sheridan, OR Zip 97378 County Washburn

FIRM SELLING BUS:

Name Newberg Ford Address 3900 Parham Rd, Newberg, Or 97132

BODY INFORMATION:

Make Ford Model Year 2012 Model E150 Body Serial No. _____
Manufacture Date _____ Passenger Capacity 8 Maximum Design Capacity 8 Seat Knee Room _____ inches
Number of Passenger Seat Belts Installed 8 Number of Type 1 Seat Belts 2 Number of Type 2 Seat Belts 6
Body Weight: Empty Loaded 5757 Load Distribution: Front _____ % Rear _____ % Overall Length 216.7 inches
Body Type: A B C D 10 20 21

Equipment:

- Windows
- Full Drop Split Sash _____ in.
- Reflective Markings
- FMVSS 111 Mirror System
- Posted Passenger Capacity
- Fire Block Seat Upholstery
- P.A. System
- Wheelchair Lift
- Wheelchair Positions # _____
- Other

Emergency Exits (specify clear opening)

- Service Doors _____ sq. in.
 - Rear Door _____ sq. in.
 - Left Side Door _____ sq. in.
 - Rear Window _____ sq. in.
 - Right Side Door _____ sq. in.
 - # _____ Roof Hatch(es) _____ sq. in. each
 - # _____ Swing Out Window(s) _____ sq. in. each
- TOTAL INCHES EMERGENCY EGRESS 0 sq. in.

CHASSIS INFORMATION:

Make Ford Model Year 2012 Model E150 I.D. No. _____
Mfg's Rated Axle Capacity _____ front _____ rear Mfg's GVW Rating _____ Wheelbase _____ inches

Engine _____ make _____ cc. in. disp. _____ no. cycles _____ Gas Diesel Propane CNG Hybrid

Tire Size _____ Ply Rating _____ Fuel Tank Capacity _____ Alternator Capacity _____

Brakes: Air Hydraulic

Equipment: Moisture Ejection System Manual to Skirt Automatic Air Dryer
Transmission Automatic Manual 4 Speed Manual 5 Speed
 Wiring Diagram Tachometer 2-Speed Axle Other

I hereby certify that this chassis conforms to all applicable rules under ORS 820.100 to 820.120 and that the vehicle is safe for operation on the highway. (ORS 820.130)

Newberg Ford By _____
Dealer or Company

INSTRUCTIONS FOR FILING THIS REPORT

DEALER

The dealer shall complete and certify the body and chassis section of this form and immediately submit to the Oregon Department of Education, 255 Capitol St. NE Salem, Oregon 97310, or Fax to 503 378-5156

OREGON DEPARTMENT OF EDUCATION

Upon approval, copies will be sent to the purchaser and/or bus dealer.

PURCHASER

Upon receiving approval, submit with license application to DMV. Retain copy of this form until 3 years after disposal of vehicle.

The approval tab from the purchaser's copy must be attached to the license application before a license can be issued by the Motor Vehicles Division.

Form 581-2251-M (Rev. 9/11)

Purchaser _____

Address _____

Year & Make of Chassis _____
(to be filled in by dealer)

Identification No. _____
(to be filled in by dealer)

License No. _____
(to be filled in by Motor Vehicles Division)

APPROVED:

Oregon Department of Education
Pupil Transportation Services

By _____

Date _____

(Staple this tab to license plate application)

3900 Portland Road
P.O. BOX 310
NEWBERG, OR 97132



Phone: 503-538-2171
Fax: 503-538-8478

PURCHASER'S NAME SHERIDAN SCHOOL DISTRICT

DATE Jan 30 2012

PLEASE ENTER MY ORDER FOR ONE

(PRINT OR TYPE)

NEW USED DEMO AS FOLLOWS:

YEAR <u>2012</u>	MAKE <u>Ford</u>	MODEL OR SERIES <u>E150</u>	BODY TYPE <u>van</u>	COLOR <u>white</u>	TRIM <u>XL</u>	STOCK NO. <u>N/A</u>
VIN <u>N/A</u>	SALESPERSON		TO BE DELIVERED ON OR ABOUT <u>Jan 30</u>		20 <u>12</u>	
CASH PRICE OF VEHICLE						23,993.00
INSURANCE						N/A
CASH ON DELIVERY INCLUDES \$ <u>N/A</u> IN REBATES						TAX <u>N/A</u>
DOCUMENTARY CHARGE AND FEES						N/A
LICENSE <u>N/A</u> LIC. TRANSFER <u>N/A</u> TITLE <u>N/A</u> REGISTRATION <u>N/A</u>						N/A
TOTAL						23,993.00

DESCRIPTION OF TRADE-IN VEHICLE				(1) TOTAL CASH PRICE DELIVERED		23,993.00
YEAR	MAKE	MODEL	TYPE	COLOR	CASH ON ORDER \$ <u>20,000.00</u>	CASH ON DELIVERY \$ <u>N/A</u>
VEHICLE IDENTIFICATION NO			STOCK NO		TRADE IN ALLOWANCE AS APPRAISED <u>N/A</u>	
TITLE NO			LICENSE NO		LESS BALANCE OWING TO <u>N/A</u>	

OTHER CHARGES	TYPE OF INSURANCE	AMOUNT	TERM	COST	WARNING	(2) TOTAL DOWN PAYMENT
	FIRE AND THEFT	N/A	N/A	N/A	THE INSURANCE AFFORDED HERE DOES NOT COVER LIABILITY FOR INJURY TO PERSONS OR DAMAGE TO PROPERTY OF OTHERS UNLESS SO INDICATED HEREON.	20,000.00
	COLLISION	N/A	N/A	N/A		(3) UNPAID BALANCE OF CASH PRICE (1 - 2) 3,993.00
	PUBLIC LIABILITY	N/A	DED. N/A	N/A		(4) OTHER CHARGES N/A
	PROPERTY DAMAGE	N/A	N/A	N/A		(5) UNPAID BALANCE (AMOUNT FINANCED) (3 + 4) 3,993.00

Creditor's Name N/A

YOU HAVE THE RIGHT TO RECEIVE AT THIS TIME AN ITEMIZATION OF THE AMOUNT FINANCED.
 I WANT AN ITEMIZATION. I DO NOT WANT AN ITEMIZATION.

YOUR PAYMENT SCHEDULE WILL BE:

NUMBER OF PAYMENTS	AMOUNT OF PAYMENTS	WHEN PAYMENTS ARE DUE
1	3,993.00	01/30/12

CREDIT INSURANCE
CREDIT LIFE INSURANCE AND CREDIT DISABILITY INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT, AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE ADDITIONAL COST.

TYPE	PREMIUM	SIGNATURE
Credit Life	N/A	I want credit life insurance. <u>Signature</u>
Credit Disability	N/A	I want credit disability insurance. <u>Signature</u>
Credit Life and Disability	N/A	I want credit life and disability insurance. <u>Signature</u>

SECURITY: YOU ARE GIVING A SECURITY INTEREST IN:
 THE GOODS OR PROPERTY BEING PURCHASED
 N/A

FILING FEES \$ _____ NON-FILING INSURANCE \$ N/A

LATE CHARGE: IF A PAYMENT IS LATE, YOU WILL BE CHARGED \$ _____ / _____ % OF THE PAYMENT.

PREPAYMENT: IF YOU PAY OFF EARLY, YOU MAY WILL NOT HAVE TO PAY A PENALTY. BE ENTITLED TO A REFUND OF PART OF THE FINANCE CHARGE.

SEE YOUR CONTRACT DOCUMENTS FOR ANY ADDITIONAL INFORMATION ABOUT NONPAYMENT, DEFAULT, ANY REQUIRED REPAYMENT IN FULL BEFORE THE SCHEDULED DATE, AND PREPAYMENT REFUNDS AND PENALTIES.

ANNUAL PERCENTAGE RATE	THE COST OF YOUR CREDIT AS A YEARLY RATE.	N/A %
FINANCE CHARGE	THE DOLLAR AMOUNT THE CREDIT WILL COST YOU.	\$ _____
AMOUNT FINANCED	THE AMOUNT OF CREDIT PROVIDED TO YOU OR ON YOUR BEHALF.	\$ 3,993.
TOTAL OF PAYMENTS	THE AMOUNT YOU WILL HAVE PAID AFTER YOU HAVE MADE ALL PAYMENTS AS SCHEDULED.	\$ 3,993.
TOTAL SALE PRICE	THE TOTAL COST OF YOUR PURCHASE ON CREDIT, INCLUDING DOWN PAYMENT OF \$ _____	\$ 23,993.

CAR BEING PURCHASED
NEWBERG FORD
I, _____ state
(TRANSFEROR'S NAME - PRINT)
that the odometer on the vehicle described above now reads N/A (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described above, unless one of the following statements is checked.
(CHECK ONE BOX ONLY)
 (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
 (2) I hereby certify that the odometer reading is NOT the actual mileage.
WARNING - ODOMETER DISCREPANCY

APPLICATION FOR TYPE 20 DRIVER'S CERTIFICATE (All questions must be answered)

1. Type of application (check one): Original Certificate Certificate Renewal
2. County in which school district is located Yamhill County
3. Name of School district, Private school, Headstart or ESD you will drive for: Sheridan School District 48J
4. Name: Last Arruda First Paula Middle Initial E
Print in full Print in full Print
5. Address 29930 SW Mill Creek Rd Sheridan OR 97378
Mailing address City State Zip+4
6. Gender F Date of Birth 1 / 21 / 66
Month/ Day / Year
7. Driver's License Number: C2470323 Social Security No.: 568-67-6603
See Notice Below
8. Have you held a driver's license in another state in the past 3 years? Yes No 8a. If yes, list state(s) Calif.
- 8b. Has your last name changed in the past 3 years? Yes No
- 8c. If yes, give previous name _____
9. Have you ever had your right to drive or a permit to drive suspended, revoked, or refused? Yes No
- 9a. If yes, give date, place, and reason. _____
10. Do you have a public record or conviction as specified in items 1 through 4 in "information" section? (See page 1)
 Yes No

This application is submitted with the full knowledge that any false or willful concealment of any material fact is sufficient grounds for refusal to issue or revocation of certificate. I understand the Oregon Department of Education will review my driving and criminal records to determine compliance with all requirements. Applicant is entitled to review his/her criminal history for inaccurate or incomplete information. I HEREBY GRANT THE OREGON DEPARTMENT OF EDUCATION PERMISSION TO CHECK CIVIL OR CRIMINAL RECORDS TO VERIFY ANY STATEMENT MADE ON THIS FORM.

11. Date 02 / 17 / 12 Applicant Signature Paula E. Arruda

Notice

Your social security number is being requested under the authority of ORS 326.603 and OAR 581-022-0716 which authorizes a criminal history record check for certain individuals employed through Oregon school districts.

Providing your social security number on this form is voluntary.

If you choose to not disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled.

If you do provide the number, the Oregon State Police and the Federal Bureau of Investigation will use it as an additional identifier to search for any criminal record you may have. Your social security number will only be used as stated above. State and federal laws protect the privacy of your records.

12. This applicant successfully completed the behind-the-wheel training and passed the Type 20 skills test required for a Type 20 certificate in a 15 passenger capacity bus on 2 / 17 / 12.

Signed Charles M. Grant
Certified by ODE Behind-the-Wheel Trainer (applies to original certificate only)

13. The above applicant has demonstrated the knowledge and ability to satisfactorily perform the duties of a Type 20 driver as required and to the best of my knowledge, has driving and criminal records that comply with all requirements listed in OAR 581-053-0550. (Applies to all applications.)
(Signature must not be the same as applicant.)

Signed A. J. Gower
Supervisor

APPLICATION FOR TYPE 20 DRIVER'S CERTIFICATE
(All questions must be answered)

1. Type of application (check one): Original Certificate Certificate Renewal
2. County in which school district is located Yamhill County
3. Name of School district, Private school, Headstart or ESD you will drive for: Sheridan School District 48J
4. Name: Last Cooley First Elaine Middle Initial N
Print in full Print in full Print
5. Address 820 NE Evans St Sheridan OR 97378
Mailing address City State Zip+4
6. Gender F Date of Birth 6 / 28 / 56
Month/ Day / Year
7. Driver's License Number: 1958754 Social Security No.: 544-74-3597
See Notice Below
8. Have you held a driver's license in another state in the past 3 years? Yes No 8a. If yes, list state(s) _____
- 8b. Has your last name changed in the past 3 years? Yes No
- 8c. If yes, give previous name _____
9. Have you ever had your right to drive or a permit to drive suspended, revoked, or refused? Yes No
- 9a. If yes, give date, place, and reason. _____
10. Do you have a public record or conviction as specified in items 1 through 4 in "information" section? (See page 1)
 Yes No

This application is submitted with the full knowledge that any false or willful concealment of any material fact is sufficient grounds for refusal to issue or revocation of certificate. I understand the Oregon Department of Education will review my driving and criminal records to determine compliance with all requirements. Applicant is entitled to review his/her criminal history for inaccurate or incomplete information. I HEREBY GRANT THE OREGON DEPARTMENT OF EDUCATION PERMISSION TO CHECK CIVIL OR CRIMINAL RECORDS TO VERIFY ANY STATEMENT MADE ON THIS FORM.

11. Date 2 / 17 / 12 Applicant Signature Elaine N. Cooley

Notice

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12. This applicant successfully completed the behind-the-wheel training and passed the Type 20 skills test required for a Type 20 certificate in a 15 passenger capacity bus on 2 / 17 / 12.

Signed Charles M. Hart
Certified by ODE Behind-the-Wheel Trainer (applies to original certificate only)

13. The above applicant has demonstrated the knowledge and ability to satisfactorily perform the duties of a Type 20 driver as required and to the best of my knowledge, has driving and criminal records that comply with all requirements listed in OAR 581-053-0550. (Applies to all applications.)

(Signature must not be the same as applicant.)

Signed A. J. Howe
Supervisor

APPLICATION FOR TYPE 20 DRIVER'S CERTIFICATE
(All questions must be answered)

1. Type of application (check one): Original Certificate Certificate Renewal
2. County in which school district is located Yamhill County
3. Name of School district, Private school, Headstart or ESD you will drive for: Sheridan School District 48J
4. Name: Last Croskey First Patrick Middle Initial J
Print in full Print in full Print
5. Address 551 NW Evans St Sheridan OR 97378
Mailing address City State Zip+4
6. Gender M Date of Birth 5 / 15 / 71
Month/ Day / Year
7. Driver's License Number: 6077168 Social Security No.: 519-92-7024
See Notice Below
8. Have you held a driver's license in another state in the past 3 years? Yes No 8a. If yes, list state(s) _____
- 8b. Has your last name changed in the past 3 years? Yes No
- 8c. If yes, give previous name _____
9. Have you ever had your right to drive or a permit to drive suspended, revoked, or refused? Yes No
- 9a. If yes, give date, place, and reason. I Got A DUPE 1 1/2 yrs ago & was suspended go da I received IT in oregon
10. Do you have a public record or conviction as specified in items 1 through 4 in "information" section? (See page 1)
 Yes No

This application is submitted with the full knowledge that any false or willful concealment of any material fact is sufficient grounds for refusal to issue or revocation of certificate. I understand the Oregon Department of Education will review my driving and criminal records to determine compliance with all requirements. Applicant is entitled to review his/her criminal history for inaccurate or incomplete information. I HEREBY GRANT THE OREGON DEPARTMENT OF EDUCATION PERMISSION TO CHECK CIVIL OR CRIMINAL RECORDS TO VERIFY ANY STATEMENT MADE ON THIS FORM.

11. Date 02 / 17 / 2012 Applicant Signature [Signature]

Notice

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12. This applicant successfully completed the behind-the-wheel training and passed the Type 20 skills test required for a Type 20 certificate in a 15 passenger capacity bus on 2/17/12.

Signed [Signature]
Certified by ODE Behind-the-Wheel Trainer (applies to original certificate only)

13. The above applicant has demonstrated the knowledge and ability to satisfactorily perform the duties of a Type 20 driver as required and to the best of my knowledge, has driving and criminal records that comply with all requirements listed in OAR 581-053-0550. (Applies to all applications.)
(Signature must not be the same as applicant.) Signed [Signature]
Supervisor

APPLICATION FOR TYPE 20 DRIVER'S CERTIFICATE
(All questions must be answered)

1. Type of application (check one): Original Certificate Certificate Renewal
2. County in which school district is located Yamhill County
3. Name of School district, Private school, Headstart or ESD you will drive for: Sheridan School District 48J
4. Name: Last Michaelson First Leigh Middle Initial A
Print in full Print in full Print
5. Address 851 NE Yamhill St, PO Box 151 Sheridan OR 97378
Mailing address City State Zip+4
6. Gender F Date of Birth 1 / 7 / 77
Month/ Day / Year
7. Driver's License Number: 7499320 Social Security No.: 255-47-1816
See Notice Below
8. Have you held a driver's license in another state in the past 3 years? Yes No 8a. If yes, list state(s) _____
- 8b. Has your last name changed in the past 3 years? Yes No
- 8c. If yes, give previous name _____
9. Have you ever had your right to drive or a permit to drive suspended, revoked, or refused? Yes No
- 9a. If yes, give date, place, and reason. _____
10. Do you have a public record or conviction as specified in items 1 through 4 in "information" section? (See page 1)
 Yes No

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11. Date 2, 17, 12 Applicant Signature [Signature]

Notice

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12. This applicant successfully completed the behind-the-wheel training and passed the Type 20 skills test required for a Type 20 certificate in a 15 passenger capacity bus on 2/17/12.

Signed [Signature]
Certified by ODE Behind-the-Wheel Trainer (applies to original certificate only)

13. The above applicant has demonstrated the knowledge and ability to satisfactorily perform the duties of a Type 20 driver as required and to the best of my knowledge, has driving and criminal records that comply with all requirements listed in OAR 581-053-0550. (Applies to all applications.)
(Signature must not be the same as applicant.)

Signed [Signature]
Supervisor