



TEXAS DEPARTMENT OF PUBLIC SAFETY

SCHOOL BUS TRANSPORTATION PROGRAM

DISCUSSION TOPICS

- ◉ Requirements for School Bus Drivers
- ◉ Texas Commercial Driver License
Self Certification
- ◉ DOT Drug & Alcohol Testing Requirements



REQUIREMENTS FOR SCHOOL BUS DRIVERS TRC §521.022



At a minimum, to become employed and maintain employment status as a school bus driver, a person must meet the following requirements:

- Must be at least 18 years of age or older and hold the appropriate class of driver's license for the vehicle operated.
 - Minimum Class B Commercial Driver License
 - Both P & S Endorsements




- Must pass an annual physical examination in accordance with the requirements of Title 49, Code of Federal Regulations, Parts 391.41 and 391.43.

MEDICAL EXAMINER'S CERTIFICATE		
I certify that I have examined _____ In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:		
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intrastate zone (49 CFR 391.62)	
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)	
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> Qualified by operation of 49 CFR 391.64	
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.		
SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE		



- Must maintain an acceptable driving record in accordance with the following minimum standards established by the Department.


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TEXAS DEPARTMENT OF PUBLIC SAFETY
 5805 N. LAMAR BLVD. - BOX 4087 - AUSTIN, TEXAS 78773-0001
www.txdps.state.tx.us

DRIVER LICENSE DIVISION
 512-424-2600
 EN ESPANOL 512-424-7181

SCHOOL BUS DRIVER RECORD: 09/17/2013



STEVEN C. McCRAW
DIRECTOR



DAVID G. BAKER
CHERYL MacBRIDE
DEPUTY DIRECTORS

- THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.
 - THIS RECORD REFLECTS ENFORCEMENT ACTIONS, CONVICTIONS, AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

REQUESTED BY:

NO REPORT OF APPROVED DRIVER EDUCATION COURSE.

Date of Birth:
Sex:
Eye Color:

DRIVER LICENSE INFORMATION

Driver License Number:	License Type: CDL	License Class: B
Date Originally Issued:	Date Last Issued:	Date of Expiration:
Restrictions: NONE		
Endorsements: SCHOOL BUS; PASSENGER		

MEDICAL CERTIFICATE INFORMATION

CDL Self-Certification Category: EXCEPTED INTERSTATE

STATUS INFORMATION Driver eligibility reflects a person's eligibility to drive at the time this document was requested. Administrative Status details additional notes related to the person's record that do not affect driving eligibility.

Driver Eligibility: ELIGIBLE
 Administrative Status: NONE

ENFORCEMENT HISTORY This section displays enforcement actions that may affect a person's eligibility to drive.

THE RECORD CONTAINS NO HISTORY OF ENFORCEMENT ACTIONS

EVENT HISTORY This section displays information relating to convictions, crash involvement, and safety courses completed.

THE RECORD CONTAINS NO HISTORY OF EVENTS.

End of Record



- Must maintain an acceptable driving record in accordance with the following minimum standards established by the Department.
 - District is required to perform pre-employment inquiries into driving records and inquire at least once every 12 months into the drivers complete driving record.
 - Penalty Points Tables
 - Table I – 1 penalty point assessed for 3 years
(Driving Safety Course, Defective tail lights, No stop lamps)
 - Table II – 2 penalty points assessed for 3 years
(Accidents)
 - Table III – 3 penalty points assessed for 3 years
(Speeding, Improper turn, Fail to yield right of way, No seat belt)
 - Table IV – 10 penalty points assessed for 10 years
(DWI, Driving while license invalid, Boating while intoxicated)
 - Table V – 10 penalty points assessed for 10 years
(ALR Suspensions-failure or refusal, ALR CMV Disqualifications)



TABLE I
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION

Assess **one (1) penalty point** for each conviction if the date of the violation is within three (3) years of the date of the driving record evaluation.

Brakes not on all wheels required	No beam indicator
Carry passenger without a helmet	No clearance lamps
Clearance lamps improperly mounted	No fire extinguisher
Clearance lights not visible sufficient distance	No front seat belts (when required)
Defective parking lamp(s)	No head lamp(s) - not equipped
Defective safety glazing material	No motorcycle endorsement
Defective stop lamp(s)	No mud flaps or improper mud flaps
Defective tail lamp(s)	No multiple-beam road lighting equipment
Defective turn signal lamps	No parking lamps
Defective windshield wiper	No reflector(s) when required
Driving safety course sec. 143(a)(1)	No stop lamps
Hazardous material placard violation	No tail lamp(s) - not equipped
Head lamps glaring not adjusted	No turn signal lamps when required
Identification lamps not visible sufficient distance	No white flag on tow chain (or cable)
Improper flashing lights	No windshield wiper
Improper use of back-up lamp	Pull more than one trailer or other vehicle
Improperly directed or adjusted lamp(s)	Red light(s) on front
Mirror violation	Reflectors improperly mounted
More than four driving lamps lighted	Reflectors not visible sufficient distance
Muffler violation	Side marker lamps not visible sufficient distance
No automatic brake application on breakaway (trailer)	Slow-moving vehicle emblem violation

SBT-12 (Rev 06/18/09)



- Must be certified in school bus safety education or have enrolled in a school bus safety education class.
- 20 hours initial training, 8 hours refresher training every three years.

TEXAS SCHOOL BUS DRIVER SAFETY TRAINING CERTIFICATE

This is to certify that the driver
identified hereinafter has satisfactorily
completed a school bus driver safety
training course approved by the
Texas Department of Public Safety.

SBT-5



- Before a person is employed to operate a school bus to transport students, the employer must obtain a criminal history record check.



TEXAS COMMERCIAL DRIVER LICENSE SELF CERTIFICATION



Federal Regulations along with the State of Texas Administrative Rules are requiring a commercial driver to certify regarding the type of commercial motor vehicle operation they drive in or expect to drive in with their CDL.

March 2012 – DPS started a soft launch for those applying for a new CDL, renewing a current CDL or any other changes to their license (address, name change, etc.)

All CDL holders have until January 2014 to be self certified. Those not self certified will risk the possibility of losing their CDL along with all endorsements and would have to retest to obtain a new CDL.





Texas Commercial Driver License Self-Certification Affidavit



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

Last Name	First Name	Middle Name	Maiden Name
Driver License Number	Birth Date	Social Security Number	

I certify my commercial transportation is:

- ☐ Category 1. Non-excepted Interstate. I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*
- ☐ Category 2. Excepted Interstate. I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*
- ☐ Category 3. Non-Excepted Intrastate. I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*
- ☐ Category 4. Excepted Intrastate. I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a, CDL-10 box 10 or box 11)*

I certify that I have read, understand and meet the above checked categories for a commercial driver license.

Signature

Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

Email (pdf format only): CDLMedCert@dps.texas.gov

Fax: 512-424-2002

Mail: Texas Department of Public Safety

Enforcement & Compliance Service

Attention: CDL Section

P.O. Box 4087

Austin, Texas 78773



Category 2

CDL-10 Form

CERTIFICATION OF PHYSICAL EXEMPTION 49 CFR PART 391/390

CDL-10 (Rev. 9/99)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME		/FIRST NAME		/MIDDLE NAME		/MAIDEN NAME	
DRIVER LICENSE NUMBER		BIRTH DATE			SOCIAL SECURITY NUMBER		
		MO.	DAY	YEAR	AGE NOW		

INSTRUCTIONS: In order to claim physical exemption from 49 Code of Federal Regulations (CFR) Part 391/390 you must meet and certify to the following qualification requirements.

I certify that I:

- a. Am at least 18 years of age.
- b. Am not disqualified to operate a motor vehicle.

I certify that I am exempt from the physical provisions of 49 CFR, Part 391/390 as I will operate a commercial motor vehicle only in the following capacity. Check the appropriate box(es):

- ☐ School bus drivers employed by a private or parochial school and school bus drivers employed by a company that operates school buses under contract with a school are exempt from 49 CFR, Part 391/390, while transporting school children and/or school personnel from home to school and from school to home;
- ☐ Transportation performed by the Federal Government, a state, or any political subdivision of a state (this includes school bus drivers employed directly by a school district), or any agency established under a compact between states that has been approved by the Congress of the United States;

Drivers who claim an exemption under either one of the provisions listed above and who are seeking to obtain or maintain employment as a school bus driver must undergo and pass an annual physical examination as required by V.C.S. Art. 6687b, Section 5(a), recodified as Texas Transportation Code Ann., Section 521.022 (1996).

- ☐ The occasional transportation of personal property by individuals not for compensation nor in the furtherance of a commercial enterprise;
- ☐ The transportation of human corpses or sick and injured persons;
- ☐ The private transportation of passengers.
- ☐ Persons operating fire trucks and rescue vehicles while involved in emergency and related operations. (These are persons not exempted from CDL because they are not an employee of a political subdivision nor are they volunteer fire fighters.)
- ☐ Intracity zone drivers with limited exception from 49 CFR, Part 391/390 who possess a DOT medical examiner's certificate restricted to intracity operation. (Medical certificate must be presented to DPS employee at time of application.)
- ☐ The transportation of farm machinery, supplies, or both to or from a farm for custom-harvesting operations on a farm or the transporting of custom-harvested operations to storage or market.
- ☐ Drivers operating motor vehicles controlled and operated by a beekeeper engaged in the seasonal transportation of bees.
- ☐ The operation of a vehicle operated intrastate and used in oil or water well servicing or oil or water well drilling and which is constructed as a machine consisting, in general, of a mast, an engine for power, a draw works, and a chassis permanently constructed or assembled for such purpose. (CDL must be restricted to intrastate.)
- ☐ The operation of a mobile crane that is an unladen self-propelled vehicle constructed as a machine used to raise, shift, or lower weights. (CLD must be restricted to intrastate.)

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE QUALIFICATIONS FOR PHYSICAL EXEMPTION FROM 49 CFR, PART 391/390.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer



Category 1

CDL- 4 Form

QUALIFICATIONS OF INTERSTATE DRIVER CERTIFICATION

CDL-4 (Rev. 9/99)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME		/FIRST NAME		/MIDDLE NAME		/MAIDEN NAME	
DRIVER LICENSE NUMBER		BIRTH DATE		SOCIAL SECURITY NUMBER			
		MO.	DAY	YEAR	AGE NOW		

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in interstate or Foreign commerce, you must certify to and meet the qualifications as taken from Federal Rule 49 C.F.R., Part 391.

Interstate Commerce means trade, traffic, or transportation in the United States which is between a place in a State and a place outside of such State (including a place outside of the United States) or is between two places in a State through another State or a place outside of the United States.

I certify that I:

- a. am at least 21 years of age;
- b. can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
- c. am not disqualified to drive a motor vehicle.

I further certify that I:

1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
2. Have no impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
3. Have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
5. Have no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

(OVER)



11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13. Have no current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTERSTATE OR FOREIGN COMMERCE. I FURTHER CERTIFY THAT I MEET ANY OTHER APPLICABLE PROVISIONS AS REQUIRED BY 49 CFR PART 391.11.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

DEPARTMENT USE ONLY
() WAIVER PRESENTED



Category 3, Box B

Category 4, Box A

CDL-5 Form

QUALIFICATIONS OF INTRASTATE DRIVER CERTIFICATION AND EXEMPTION

CDL-5 (Rev. 11/02)

All information on this form except the signature must be TYPEWRITTEN or PRINTED in BLACK INK.
The signature shall be WRITTEN in BLACK INK.

LAST NAME		FIRST NAME		MIDDLE NAME		MAIDEN NAME	
DRIVER LICENSE NUMBER		BIRTH DATE			SOCIAL SECURITY NUMBER		
		MO.	DAY	YEAR	AGE NOW		

In order to obtain a commercial driver license which authorizes the operation of a commercial motor vehicle in intrastate commerce, you must certify to and meet the following qualifications as taken from 49 Code of Federal Regulations (CFR), Part 391, and the Texas Transportation Code, Chapter 522.

Intrastate commerce is the transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line or international boundary is crossed. The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate. If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

I certify that I:

- a. Am at least 18 years of age
- b. Am not disqualified to drive a motor vehicle.

I further certify that I: (check the appropriate box)

☐

- a. Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous material placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989 and am not required to meet the medical standards set forth in the Federal Motor Carrier Safety Regulations.

Drivers who claim this exemption and who are seeking to obtain or maintain employment as a school bus driver must undergo and pass an annual physical examination as required by V.C.S. Article 6687b, Section 5(a), recodified as Texas Transportation Code Ann., Section 521.022 (1996).

☐

- b. Meet the physical qualifications of 49 CFR, Part 391, as follows:
1. Have no loss of a foot, a leg, a hand, or an arm, or have been granted a waiver;
 2. Have no impairment of:
 - i. A hand or finger which interferes with prehension or power grasping; or
 - ii. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver.
 3. Have no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
 4. Have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
 5. Have no established medical record history or clinical diagnosis of a respiratory dysfunction likely to interfere with my ability to control and drive a motor vehicle safely;
 6. Have no current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;
 7. Have no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with my ability to control and operate a motor vehicle safely;
 8. Have no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle;
 9. Have no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a motor vehicle safely;
 10. Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; or have been granted a waiver.

(OVER)



11. First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 55 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
12. Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and
13. Have no current clinical diagnosis of alcoholism.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND MEET THE PRECEDING QUALIFICATIONS FOR COMMERCIAL MOTOR VEHICLE DRIVERS IN INTRASTATE COMMERCE. I FURTHER CERTIFY THAT I WILL OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY.

Write Usual Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Notary Public or Authorized Officer

DEPARTMENT USE ONLY

Waiver Presented:

() LIMB
() VISION





CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING

- Applicability
- Types of Alcohol & Controlled Substance Tests
- Reports of Positive Tests

Applicability to 49 CFR Part 382

If you are required by law to have a CDL to operate a specific type of vehicle, you are **REQUIRED** to be drug and alcohol tested.



Rule of thumb



PURPOSE AND SCOPE

- Purpose of this is to help reduce or prevent truck and bus accidents, fatalities, and injuries by:
 - Requiring drivers to have a single valid commercial motor vehicle driver's license
 - Disqualifying drivers who operate commercial motor vehicles in an unsafe manner



TYPES OF TESTS REQUIRED

- ◉ Pre-employment
- ◉ Random
- ◉ Reasonable Suspicion
- ◉ Post Accident
- ◉ Return-to-Duty
- ◉ Follow-up



WHAT DRUGS DO LABORATORIES TEST FOR?

- Five-Panel Drug Test includes:
 - Marijuana
 - Cocaine
 - Phencyclidine (PCP)
 - Amphetamines
 - Opiates



TEST REQUIRED: PRE-EMPLOYMENT

- ⦿ No employer shall allow a driver to perform a safety-sensitive function until they have received a **negative controlled substance** pre-employment test result.
- ⦿ Also applies when a current employee is transferring from a non-safety sensitive position to a safety sensitive job for the first time.
- **NOTE: ALCOHOL TESTING IS NOT REQUIRED**



TEST REQUIRED: RANDOM

- You must randomly test drivers at a minimum annual percentage rate of:
 - Alcohol testing 10%
 - Controlled Substance 50%

The 10% and 50% tests mean the number of tests performed not necessarily the number of drivers tested. One driver can be called more than once.



TEST REQUIRED: RANDOM

- ⦿ Tests must be unannounced
- ⦿ Test dates must be spread reasonably throughout the calendar year
- ⦿ All drivers must have an equal chance of being selected.
- ⦿ Scientifically Valid Method
 - Random number table
 - Computer-based random number generator

NOTE: Drawing slips of paper from a container IS NOT SCIENTIFICALLY VALID.



TEST REQUIRED: REASONABLE SUSPICION

- ⦿ Required to alcohol and/or controlled substance test when employer has reasonable suspicion to believe a driver has violated prohibitions of subpart B.
- ⦿ Only a trained supervisor or company official who is trained in accordance with 49 CFR 382.603 shall make the required observations.
 - Training consists of at least 60 minutes of training on alcohol misuse and an additional 60 minutes of training on controlled substances use.
 - Recurrent training for supervisor personnel is not required.
- ⦿ Reasonable suspicious factors must be based on observations concerning:
 - Appearance, behavior, speech, or body odor.



TEST REQUIRED: POST-ACCIDENT

- ◉ As soon as practicable following an accident involving a CMV each employer shall test for alcohol and controlled substances for each surviving driver:
 - Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or
 - Who receives a citation under State or local law for a moving traffic violation arising from the accident, if the accident involved:
 - ◉ Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - ◉ One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

Type of Accident	Citation Issued to CMV driver:		Test must be performed by employer:	
Human Fatality	Yes	_____	_____→	Yes
	No	_____	_____→	Yes
Bodily injury with immediate medical treatment away from the scene	Yes	_____	_____→	Yes
	No	_____	_____→	No
Disabling damage to any motor vehicle requiring tow away	Yes	_____	_____→	Yes
	No	_____	_____→	No



TEST REQUIRED: POST-ACCIDENT

- ◉ Alcohol tests if not performed within **2** hours following the accident, a record shall be prepared and maintained on file stating the reasons the test was not promptly administered. After **8** hours cease attempts and maintain the same record.
- ◉ Controlled substance tests if not performed within **32** hours following the accident, a record shall be prepared and maintained on file stating the reasons the test was not promptly administered.



REPORTS OF VALID POSITIVE RESULTS

- ⦿ Required to report to Texas DPS within **10** days of receiving notice of valid positive alcohol or drug test.
- ⦿ Submission Requirements.
 - Must be reported on form prescribed by DPS
 - Form available on DPS website under Forms – Motor Carrier
 - Can either mail or fax forms



QUESTIONS???



CONTACT INFORMATION

● Mailing Address

School Bus Transportation
Texas Department of Public Safety
Box 4087
Austin, TX 78773-0525

● DPS School Bus Transportation Webpage

www.dps.texas.gov/schoolbus

● E-mail address

sbt@dps.texas.gov

● Office Phone Numbers

(512) 424-7396 or (512) 424-7395

