

## REPORT OF COMMERCIAL CARRIER PASSENGER SERVICE

(Prescribed by DTR 4500.9-R)

1. SCHEDULED PAX		2. ACTUAL PAX			3. DATE (YYYYMMDD)			4. CAM/MAIN/MRO NUMBER		5. PSRO NUMBER	
6. NAME OF ORIGIN ACTIVITY						7. NAME OF DESTINATION ACTIVITY					
8. GROUP LEADER						9. DESTINATION TRANSPORTATION OFFICER TELEPHONE NUMBER			10. DUTY OFFICER TELEPHONE NUMBER		
a. NAME (Last, First, Middle Initial)				b. RANK/GRADE							
c. UNIT/COMMAND NAME				d. TELEPHONE NUMBER		11. NAME OF AIR CARRIER/BUS COMPANY					
e. UNIT/COMMAND ADDRESS (Include ZIP Code)						12. ORIGIN			13. DESTINATION		
14. AIR CARRIER PASSENGER SERVICE (X as applicable)						14. AIR CARRIER PASSENGER SERVICE (X as applicable)					
AREAS TO BE RATED		UNSATIS-FACTORY	MARGINAL	SATIS-FACTORY	VERY SATIS-FACTORY	EXCELLENT	AREAS TO BE RATED			YES	NO
a. Check-in convenience		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Interior and exterior of bus cleaned.			<input type="checkbox"/>	<input type="checkbox"/>
b. Courtesy of passenger agents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Lavatory clean and functional with sufficient tissue, towels, soap, and water, if applicable.			<input type="checkbox"/>	<input type="checkbox"/>
c. Flight information display		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Equipped with first aid kit.			<input type="checkbox"/>	<input type="checkbox"/>
d. Promptness in boarding aircraft		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Clean headrest covers supplied for each seat.			<input type="checkbox"/>	<input type="checkbox"/>
e. Baggage handling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Overhead rack space provided for coats, hats, and parcels.			<input type="checkbox"/>	<input type="checkbox"/>
f. Meal service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Temperature controlled so as to ensure passenger comfort regardless of outside temperature.			<input type="checkbox"/>	<input type="checkbox"/>
g. Aircrew courtesy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Lighting adequate to service needs of individual passengers.			<input type="checkbox"/>	<input type="checkbox"/>
h. Aircraft cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Carrier personnel neat, courteous, and helpful.			<input type="checkbox"/>	<input type="checkbox"/>
i. Aircraft cabin temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Carrier arranged for clean and sanitary meal stops. Meals consisted of good quantity, quality, and variety.			<input type="checkbox"/>	<input type="checkbox"/>
j. Announcements (Timing, Clarity, Content)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Meal stops made during specified meal hours.			<input type="checkbox"/>	<input type="checkbox"/>
k. Arrival timeliness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. During movement, bus operator briefed person in charge concerning irregular events and reasons for delay.			<input type="checkbox"/>	<input type="checkbox"/>
l. Flight safety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. REMARKS (Continue on back if necessary)				
m. Overall flight rating		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

## VEHICLE INSPECTION CRITERIA

### COMMERCIAL BUS MOVEMENT STANDARDS OF SERVICE AND SURVEILLANCE CHECKLIST

#### Section I - Identification Data

#### Section II - Driver Documents

1. Driver's license
2. Medical certificate
3. Driver's record of duty status (log)
4. Vehicle Inspection Report

#### Section III - Vehicle Inspection (Walk Around)

1. Parking brake
2. Front of bus
  - a. Proper lighting
  - b. Windshield wipers
  - c. Cracked windshield
3. Left side of bus
  - a. Wheels and rims
  - b. Front tires (4/32" tread depth required)
4. Rear of bus
  - a. Exhaust system
  - b. Oil leaks
  - c. Tail lights, turn signals, stop lights, and emergency flashers
5. Right side of bus
  - a. Wheels and rims
  - b. Rear tires (2/32" tread depth required)
6. Air loss rate (air leaks)
7. Low air warning device
8. Fuel system
9. Exterior appearance

#### Section IV - Interior Inspection

1. Fire extinguisher (properly secured)
2. Emergency warning devices
3. Standee line and sign
4. Seats properly secured to flooring
5. Lavatories clean, door lock operational, towelettes supplied if no fresh water system
6. Temperature control
7. Emergency push-out windows operational and properly marked

#### Section V - Carrier Responsibilities

1. Meal stops and driver exchange points

#### Section VI - Miscellaneous

1. Buses spotted on time, sufficient seating, and baggage space

## DUTIES OF GROUP LEADER

1. Serve as the intermediary between all group members and carrier representatives.
2. Responsible for handling of GTRs and any other accountable documents.
3. Prohibit the completion or alteration of carrier tickets by personnel other than bona fide employees of the carrier.
4. Properly dispose of any unused GTRs or other accountable documents.
5. Ensure baggage is positioned for carrier loading. Carrier representative will load baggage.
6. Notify originating and destination TO in the event of unusual delays.
7. Observe condition of carrier equipment prior to departure utilizing vehicle inspection criteria listed. Contact the TO on any disputed items.
8. Annotate meal ticket with actual number of meals provided.
9. Notify TO when any personnel are hospitalized, deceased, or missing.
10. Complete the DD Form 1341 and turn in to the TO.

### 16. REMARKS *(Continued)*