



Hours of Service - Driver Time Sheet

Carrier Name: Buffalo Trail Public Schools Regional Division No. 28	Driver Name:
Carrier Address: 1041 - 10A Street Wainwright, AB	Month:
Name of School:	School Address:

Day	Start Shift	End Shift	Total On-Duty Hours	Description (i.e., Teaching, Supervising, Coaching, Off Duty, etc)	*FMDD
1				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
2				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
3				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
4				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
5				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
6				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
7				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
8				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
9				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
10				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
11				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
12				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
13				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
14				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
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23				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
24				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
25				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
26				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
27				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
28				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
29				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
30				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	
31				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty	

***FMDD - MUST be reviewed and checked off every time a unit is driven. If you are "not fit" to drive, write it in the FMDD checklist.**

- ✓ I have had 8 hours of off-duty time during the previous day
- ✓ I will not exceed 13 hours of driving time or 15 hours of on-duty time during my work day
- ✓ I am well rested and feel confident I am fit to drive at this time.

Note: All calendar days must be accounted for. Time sheet MUST be submitted to the School Safety Officer by the 1st Wednesday of every month.

School Safety Officer to place copy of driver time sheet in driver's file.

