

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)					15. COMMERCIAL BUS 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						a. Interior and exterior of bus cleaned.		
b. Courtesy of passenger agents						b. Lavatory clean and functional with sufficient tissue, towels, soap, and water, if applicable.		
c. Flight information display						c. Equipped with first aid kit.		
d. Promptness in boarding aircraft						d. Clean headrest covers supplied for each seat.		
e. Baggage handling						e. Overhead rack space provided for coats, hats, and parcels.		
f. Meal service						f. Temperature controlled so as to ensure passenger comfort regardless of outside temperature.		
g. Aircrew courtesy						g. Lighting adequate to service needs of individual passengers.		
h. Aircraft cleanliness						h. Carrier personnel neat, courteous, and helpful.		
i. Aircraft cabin temperature						i. Carrier arranged for clean and sanitary meal stops. Meals consisted of good quantity, quality, and variety.		
j. Announcements (Timing, Clarity, Content)						j. Meal stops made during specified meal hours.		
k. Arrival timeliness						k. During movement, bus operator briefed person in charge concerning irregular events and reasons for delay.		
l. Flight safety						16. REMARKS (Continue on back if necessary)		
m. Overall flight rating								

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)*