

DQM Assessment number

Assessor id

score 1, 2, 3 or 4 Overall grade

Date

Time assessment started

comment (around 70 words)

Route number

Time assessment ended

Operator

Location assessment started

Garage

Destination of bus

Registration number

Origin of bus

Fleet number, eg PVL 24

Weather

Running number, eg SW123

Gender of driver? *M or F*

Vehicle type

Company uniform worn? *Y or N*

Passenger Consideration

score 1, 2, 3 or 4

Moving off - smoothly

Mobile phone used in motion

Move off - safely

Door operation

Talking to person whilst driving

Move off - control

Moving off - timing

Radio playing in cab

Use of all mirrors

Stopping - smoothly

Smoking whilst in motion

Give signals

Stopping - position

Reading whilst in motion

Reaction to signals

Comfort - cornering

Handling cash in motion

Stopping safely

Comfort - acceleration

Eating / drinking

Lane discipline

Comfort - braking

Parking brake not applied at stop

Road position

Customer service

Headphones / earphones worn

Junctions/roundabouts

Other safety related issues

Driving one-handed

Keep distance

(based on Other Safety)

Insufficient use of internal mirrors

Adequate clearance

Not paying heed to Advanced Stop Lines.

Appropriate speed

Not acting appropriately in response to on-board alerts and warnings

Anticipation