

# School Vehicle Idling Report Form

Monitoring Person (Print):	Date:	Time Range:
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Vehicle ID	District/Contractor	Driver	Vehicle is Shut off to avoid extended idling during waiting or loading <input type="checkbox"/> yes <input type="checkbox"/> no	Notes/or reason for exception*
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
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			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	

*\* exceptions for occupant safety and comfort when temp <20°F; for mechanical work; to defrost windshield; to run wheelchair lift*