



Metro

**SERVICE COUNCIL MEMBER
LINE RIDE REPORT**

Name: _____

Date: ___ / ___ / ___

Line: _____ Bus#: _____ Bus Run #: _____ Operator Badge #: _____

Boarding Location: _____ & _____

Alighting Location: _____ & _____

Time On: ___ : ___ AM/PM Time Off: ___ : ___ AM / PM Was the bus on time? Yes / No

Direction: North / South/ East / West Service Type: Weekday / Saturday / Sunday / Holiday

Overall Bus Cleanliness: Good / Fair / Poor

Select One: Observation / Commendation / Complaint

Was the exterior head sign correct? Yes / No

Were there brochures in bin? Yes / No

Was the driver's appearance professional? Yes / No

Was the driver courteous? Yes / No

Were there passenger pass ups? Yes / No

Was the bus crowded? Yes / No

Was the heater operational? Yes / No

Was the floor clean? Yes / No

Was the air conditioner operational? Yes / No

Were the seats clean? Yes / No

Was there graffiti on the bus? Yes / No

Was the bus exterior clean? Yes / No

Did the driver give fare information? Yes / No

Was a fare evasion observed? Yes / No

Were there trash bags available? Yes / No

Did the bus travel at a safe driving speed? Yes / No

Did the driver give connection information? Yes / No

Did the automated bus stop calling system work? Yes / No

Did the driver call out major stops and transfer points? Yes / No

Additional Follow-up Requested: Yes / No

Additional Comments: _____



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