



## HFS Safety Training Program Application

COMPANY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### A. Passenger Assistance

Does the training contain and/or convey the following:

1. Information applicable for driver and employee attendant?  
 YES     NO
2. Sensitivity training for driver and attendant related to persons with disabilities and courteous treatment of passenger?  
 YES     NO
3. An understanding of different disability factors?  
 YES     NO
4. Instructions on safely loading and unloading passengers, including disabled passengers with mobility devices?  
 YES     NO
5. An explanation of the various mobility devices?  
 YES     NO
6. Instructions on proper loading and securing of mobility devices?  
 YES     NO
7. Does the training include procedures for an attendant to follow when dropping off and picking up a passenger at the medical appointment?  
 YES     NO

### B. Vehicle Operation and Passenger Safety

1. Does the training include a vehicle inspection component?  
 YES     NO
2. Does the training include proper seat belt usage for adults?  
 YES     NO
3. Does the training include infant and child restraint usage including the proper method for securing child seats?  
 YES     NO

4. Does the training include proper usage on security lock-down devices?

YES     NO

C. Emergency Procedures

1. Does the training include information on usage of vehicle emergency equipment, such as fire extinguishers or emergency exits?

YES     NO

2. Does the training include procedures to follow in the case of an accident or vehicle breakdown?

YES     NO

3. Does the training include information on proper precautions and clean up of blood borne pathogens?

YES     NO

D. Comments

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Name (Signature): \_\_\_\_\_