



HUMAN PERFORMANCE ATTACHMENT

Motorcoach Driver MTA Training Records

Flushing, NY

HWY17MH015

(14 pages)



New York State Department of Motor Vehicles
ARTICLE 19-A BIENNIAL BEHIND THE WHEEL ROAD TEST
 www.nysdmv.com

Entered on 8/24/12

DS-875 (8/09)
 JFK Transportation
 Payroll: B07322

INSTRUCTIONS TO CERTIFIED EXAMINER:

- This test shall not be given on the same day as the annual defensive driving performance observation. The test should be taken without passengers in the vehicle.
- If the driver fails the test, he/she is disqualified from driving under Article 19-A. He/she may make a request to the carrier for a reexamination.
- Examiner will circle the point value of those items not properly performed. Driver is disqualified if 40 or more points are circled or, if a DISQUALIFICATION (DQ) item is circled, or if any two 10-point items are circled.

DRIVER INFORMATION

Driver's Last Name MONG	First RAYMOND	M. I. D	Date of Birth (Month/Day/Year)		
Street Address		City	State	Zip Code	
Client/License (from Driver License)	State NY	Class of Driver's License CDL *B*	Endorsements PASSENGER	Restrictions NONE	Expiration Date
Driver Signature <i>[Signature]</i>					

CARRIER INFORMATION

Carrier/DBA Name M. T. A. Bus Co.	Legal Name (if different)	Federal ID Number	19-A Business ID Number		
Street Address 750 Zerega Avenue		City Bronx	State NY	Zip Code 10473	

VEHICLE INFORMATION

Type of Vehicle <i>Orion # 3888</i>	Adult Seating Capacity <i>36 seats</i>	GVWR <i>42540</i>	Vehicle	State <i>NY</i>
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1. PRE-TRIP TEST	Point Value	EN-ROUTE (Continued)	Point Value
A. Failed to check wheels, tires	5	J. Failed to use proper speed - impedes traffic	5
B. Failed to check validation of required vehicle stickers	5	K. Failed to use proper steering control	5
C. Failed to check lights	5	L. Failed use proper braking	5
D. Failed to check windshield, wipers, horn, and steering	5	M. Failed to use proper acceleration	5
E. Failed to check emergency equipment (fire extinguisher, and emergency reflectors)	5	N. Failed to use proper speed for conditions	DQ
F. Failed to check seats and restraints when equipped	5	O. Failed to anticipate and/or identify hazards	5
G. Failed to check passenger entry and emergency exits	5	P. Failed to yield right-of-way	DQ
H. Failed to check all gauges, heater, and defroster	5	Q. Failed to use proper lane/s	10
I. Failed to check all mirrors and adjust as needed	5	R. Failed to properly use transmission	5
J. Failed to perform static brake check	5	S. Failed to observe traffic control devices	DQ
K. Failed to properly use seat belt	5		
L. Failed to perform 50ft. brake test	10	4 PARKING AND BACKING	
2 DEPARTING		A. Failed to leave vehicle to check rear before backing (no observer)	10
A. Failed to signal	5	B. Failed to observe (backing)	DQ
B. Failed to observe	10	C. Unable to park	DQ
C. Failed to use caution	10	D. Failed to properly position the vehicle	5
3 EN-ROUTE		E. Stopped too far away from, or hit, curb	5
A. Failed to properly signal	5	F. Excessive maneuvers in parking	5
B. Failed to observe	10	5 SIMULATED PROCEDURES FOR RECEIVING/ DISCHARGING PASSENGERS	
C. Failed to demonstrate proper judgement approaching/at intersection, speed, turning, stopping, observing, etc.	10	A. Failed to use caution at approaching/departing, receiving/discharging points	DQ
D. Failed to make proper lane changes; signals _____, observes _____, procedure _____	5	B. Failed to properly activate warning lights/devices (where applicable)	DQ
E. Failed to regularly check mirrors while driving	5	C. Lacked knowledge of proper crossing procedure as required by NYS Education Department (where applicable)	DQ
F. Failed to stop properly at RR crossing	DQ	D. Failed to observe pedestrians/passengers or other hazards at receiving and discharge points	DQ
G. Failed to use proper clutch/engine control	5		
H. Failed to use proper judgement in traffic	10		
I. Failed to demonstrate proper following distance	DQ		

EXAMINER'S CERTIFICATION

SCORING: Total Points Circled Above 0 Disqualification (DQ) Circled Above YES NO
 Two 10-point items Circled Above YES NO

RESULTS: QUALIFIED DISQUALIFIED

CERTIFIED EXAMINER'S COMMENTS: (write or type reverse side)

Certified Examiner's Name <i>Santos</i>		Client/License ID Number (from Driver License)			
Certified Number	Certification Class <i>AB</i>	Endorsements <i>P</i>	Restrictions <i>A3-B</i>	Expiration Date <i>8-9-18</i>	
Certified Examiner's Signature <i>[Signature]</i>			Date of Test <i>8-24-2012</i>		



CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S DRIVING RECORD UNDER ARTICLE 19-A

Location: JFK Transportation

Payroll: B07322

DRIVER INFORMATION

Driver's Last Name MONG		First RAYMOND	M.I. D	Date of Birth (Month/Day/Year) [REDACTED]	
Street Address [REDACTED]			City [REDACTED]	State NY	Zip Code [REDACTED]
Client/License ID Number (from Driver License) [REDACTED]		State NY	Class of Driver's License CDL *B*	Endorsements PASSENGER	Restrictions NONE
Expiration Date [REDACTED]					

CARRIER INFORMATION

Carrier/DBA Name M. T. A. Bus Co.	Legal Name (if different)	Federal ID Number [REDACTED]	19-A Business ID Number
Street Address 750 Zerega Avenue		City Bronx	State New York
		Zip Code 10473	

Were you involved in **ANY** motor vehicle accident(s) during the past 12 months? YES NO If YES, Complete Accident information section below:

ACCIDENT INFORMATION: (if additional space is needed, use back of this page)

Date of Accident	Location City, State, Zip Code, County	Briefly Describe property damage, type of vehicle involved and approximate dollar value of damage for each vehicle	Number of People Injured	Were there any fatalities? YES or NO
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

Were you convicted of **ANY** traffic violation(s) (other than parking) or any crime(s) during the past 12 months? YES NO If YES, complete Record of Convictions Section below:

RECORD OF CONVICTIONS (if additional space is needed, use the back of this form)

Date of Violation	Date of Conviction	Of what Charge Were You Convicted?	Type of Motor Vehicle Operated	Court Location City, State, Zip Code, County
6-10-10	11-21-11	Improper Turn	<input checked="" type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	Manhattan, New York
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	
			<input type="checkbox"/> CMV <input type="checkbox"/> Non-CMV	

DRIVER CERTIFICATION

I certify that the information above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months, and accidents I was involved in during the past 12 months. If no violations or accidents are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months, or have been involved in any accidents during the past 12 months.

[Signature] (Driver Signature) 8-15-12 (Date)

CARRIER CERTIFICATION

I have compared the information given by the driver with the attached driver's abstract of operating record. I have ensured that all accident and conviction details not appearing on the driver's abstract are listed on this form. I HAVE ATTACHED THE DRIVER'S ABSTRACT(S), WHICH MUST BE DATED WITHIN 30 DAYS PRIOR TO THE DATE OF THIS INTERVIEW.

I interviewed this employee and certify that this driver meets the standards for safe driving, has been instructed in, and is in compliance with, the provisions of Article 19A, and is qualified to drive a bus.

Stephen Lella (Print Name of Carrier Representative) **Supt.** (Title)
 [Signature] (Authorized Signature of Carrier Representative) 8/15/12 (Date of Interview)

ENTERED
CS



New York State Department of Motor Vehicles

DS-875Y(8/09)
Depot: JFK Transportation
Payroll: [REDACTED]

ARTICLE 19-A ORAL/Written EXAMINATION RESULTS

INSTRUCTIONS TO CERTIFIED EXAMINER

After administering the exam, and using the answer key provided (Form DS-875Z, "Article-19A Written Examination Answer Sheet"), complete this form and attach it to the driver's completed examination.

TYPE OF EXAMINATION		
<input type="checkbox"/> Oral	<input checked="" type="checkbox"/> Written	<input type="checkbox"/> Re-examination

DRIVER INFORMATION							
Driver's Last Name		First	M.I.	Date of Birth			
MONG		RAYMOND	D	[REDACTED]			
Street Address			City	State	Zip Code		
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]		
Client/License ID Number (from Driver License)	State	Class of Driver's License	Endorsements	Restrictions	Expiration Date		
[REDACTED]	NY	CDL *B*	PASSENGER	NONE	[REDACTED]		
Driver Signature							
[Signature]							

CARRIER INFORMATION			
Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number
M. T. A. Bus Co.		[REDACTED]	[REDACTED]
Street Address	City	State	Zip Code
750 Zerega Avenue	Bronx	NY	10473

DRIVER EXAMINATION RESULTS	
<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed - Driver Disqualified

Test #3
Section A: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Section B: 1, 2, 3, 4, 5,

EXAMINER'S CERTIFICATION				
<i>I certify that I have tested the above driver in compliance with Section 6.12 and/or Section 6.15 of Part 6 of the Commissioner's Regulations. The employer has been notified of the results.</i>				
Certified Examiner's Last Name			Client/License ID Number (from Driver License)	
LELIA Stephen			[REDACTED]	
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date
[REDACTED]	B	P	—	3-24-18
Certified Examiner's Signature			Date	
[Signature]			8-16-12	

EMERGED
CS



New York State Department of Motor Vehicles
REPORT ON ANNUAL DEFENSIVE DRIVING
PERFORMANCE FOR DRIVER UNDER ARTICLE 19-A

DS-873 (8/09)

Depot: JFK Transportation

Payroll: B07322

www.nysdmv.com

INSTRUCTIONS TO CERTIFIED EXAMINER:

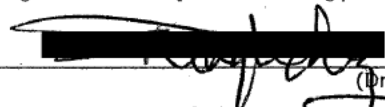
- Regular observation of a driver's defensive driving performance must be conducted while the driver is operating the vehicle with passengers.
- **This observation shall NOT be conducted on the same day as biennial behind-the-wheel road test.**
- Discuss performance with driver, complete rating, driver acknowledgement, and examiner certification.

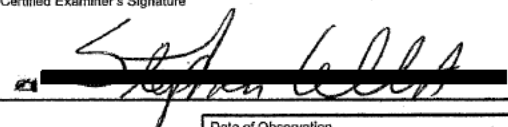
SECTION 1 - DRIVER INFORMATION					
Driver's Last Name	First	M. I.	Date of Birth(month/day/year)		
MONG	RAYMOND	D	[REDACTED]		
Street Address	City	State	Zip Code		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
Client/License ID Number (from Driver License)	State	Class of Driver's License	Endorsements	Restrictions	Expiration Date
[REDACTED]	NY	CDL *B*	PASSENGER	NONE	[REDACTED]

SECTION 2 - CARRIER INFORMATION					
Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number		
M. T. A. Bus Co.		[REDACTED]	[REDACTED]		
Street Address	City	State	Zip Code		
750 Zerega Avenue	Bronx	New York	10473		

SECTION 3 - VEHICLE INFORMATION					
Type of Vehicle	Adult Seating Capacity	GVWR	Vehicle Plate Number	State	
2009 ORION Hybrid	36	42,540	[REDACTED]	N.Y.	

SECTION 4 - OBSERVATION (may be conducted inside or outside the vehicle)				Observation Conducted: <input checked="" type="checkbox"/> Inside <input type="checkbox"/> Outside	
	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
1. Observation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Obeys Traffic Signs, Signals and Road Hazard Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Traffic Lane Use (include center line violation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Observes Proper Following Distance..	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Speed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Procedure for Receiving and Discharging Passengers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Properly Signal Intention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Traffic Interaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6. Vehicle Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments: (required if Unsatisfactory checked above)					

SECTION 5 - DRIVER ACKNOWLEDGEMENT	
I acknowledge discussion of my defensive driving performance with the examiner who observed and rated my performance.	
 (Driver Signature)	8-22-12 (Date)

SECTION 6 - EXAMINER CERTIFICATION					
Certified Examiner's Name	Client/License ID Number (from Driver License)			Expiration Date	
STEPHEN LELLA	[REDACTED]			3-24-18	
Certification Class	Endorsements	Restrictions	Certified Examiner's Signature		
B	P				
I certify that the above report is, to the best of my knowledge, true and correct, that I personally observed the above driver's defensive performance, and that I currently hold a valid examiner certification as required in accordance with Article 19-A of the New York State Vehicle and Traffic Law.			Date of Observation		
			8-22-12		

ENTERED
CS

TEST 3

19-A Biennial Written or Oral Test for Bus Operators of Vehicles Covered by Article 19-A of the Vehicle and Traffic Law

Name MONG RAYMOND D Driver's Signature [Signature]
(Print) Last First M.I.

Pass/Payroll# [Redacted] Depot JFK Date of Test 8-16-12

Name of Carrier NYCTA/MaBSTOA/MTA BUS

You are required to answer ALL questions – 15 in Section A and 5 in Section B.

Each question is worth 5 points. To pass, you must correctly answer at least 12 out of 15 questions in Section A and at least 4 out of 5 questions in Section B for a total score of 80. If you fail, you are disqualified from driving under Article 19A. You may make a request to your carrier or a re-examination.

Instructions to driver:

1. Before beginning the exam, print and sign your name and enter the current date at the top of each page in this booklet.
2. Read each of the questions. Circle the letter of the correct answer in this test booklet.

Section A

1. You should avoid driving through deep puddles or flowing water. If you must, which of these steps can help keep your brakes working? (39)
 - A. Driving through quickly.
 - B. Gently putting on the brakes while driving through the water.
 - C. Applying hard pressure on both the brake pedal and accelerator after coming out of the water
 - D. Turning on your brake heaters.
2. Your Blood Alcohol Concentration (BAC) is determined by which of the following? (43)
 - A. Your weight.
 - B. The amount of alcohol you drink.
 - C. How fast you drink.
 - D. All of the above.

Certified Examiner Initials Here [Redacted]

Drivers Name (print) RAYMOND D MONG

Drivers Signature [Redacted] Date 8-16-12

9. Which of these statements about drinking alcohol is true. (50)

- A. Not everyone who drinks is affected by alcohol.
- B. Coffee and fresh air will help a drinker sober up.
- C. A few beers have the same effect on driving as a few shots of whiskey or a few glasses of wine.
- D. All of the above.

10. You are driving a vehicle that could safely be driven at 55MPH on an open road. But traffic is now heavy, moving at 35MPH though the speed limit is 55. The safest speed for your vehicle is most likely: (4)

- A. 25 MPH
- B. 35 MPH
- C. 45 MPH
- D. 55 MPH

11. Which of these statements about managing space is true? (52)

- A. Many accidents are caused by drivers keeping too much space in front of their vehicles.
- B. Smaller vehicles require more space to stop than larger ones.
- C. When the road is slippery, you need much more space to stop.
- D. All of the above.

12. Every time you leave your vehicle, you should: (53)

- A. Turn the steering wheel as far to the left as you can.
- B. Leave it in gear (if it has a manual transmission).
- C. Apply the parking brake.
- D. All of the above.

13. Brake "fade" (54)

- A. Is a problem that only occurs with drum brakes.
- B. Can be caused by the brakes getting very hot.
- C. Can be corrected by letting up on the brakes for 1-2 seconds and then reapplying them.
- D. All of the above.

14. The most important reason for being alert to a hazard is so: (1)

- A. Law enforcement personnel can be called.
- B. You will have time to plan your escape if the hazard becomes an emergency.
- C. You can help impaired drivers.
- D. Accident reports will be accurate.

Drivers Name (print) MONG, RAYMOND D

Drivers Signature [Redacted] Date 8-16-12

15. You are driving at 50 MPH. Driving conditions are ideal (dry pavement, good visibility). What is the least amount of space that you should keep in front of your vehicle to be safe? (2)

- A. 2 seconds
- B. 3 seconds
- C. 4 seconds
- X D. 5 seconds

Section B

1. If a rider wants to bring a car battery or a can of gasoline aboard your bus, you should: (14)

- A. Put the car battery or gasoline in the cargo compartment.
- B. Not allow the rider to do it.
- C. Tell the rider to sit in the rear of the bus.
- D. Collect an extra fare for this type of cargo.

2. According to Part 6 of Commissioner's Regulations "Special Requirements for Bus Drivers", no person shall consume a drug or controlled substance within ___ hours before going on duty of having physical control of a bus. (30)

- A. 24
- B. 12
- C. 6
- D. 4

3. Which of these statements about hazards is true? (16)

- X A. If you can see any part of another vehicle, assume the driver sees you.
- B. A car with out-of-state license plated is a hazard because that state may not have inspection laws.
- C. Movement inside a parked car could mean that a person is about to step out of it.
- D. All of the above.

4. Which of these statements about managing space to the sides of your bus is true? (1)

- A. You should avoid traveling next to others when possible.
- B. You should keep your bus to the right side of your lane.
- C. The lane position of buses is not affected by wind.
- D. All of the above.

5. A driver who operates a vehicle under Article 19A of the Vehicle and Traffic Law and who fails to notify his/her employer of a suspension, revocation, or withdrawal of privileges to operate a motor vehicle within the prescribed time frame is subject to: (20)

- A. A minimum of a five (5) working day suspension.
- B. A minimum of a ten (10) working day suspension.
- C. A suspension of one (1) day for each day they fail to notify their employer up to a maximum of 5 days.
- D. A maximum five (5) working day suspension.

Certified Examiner Initials Here [Redacted]

*PERMANENT
RECORD*

**DO NOT REMOVE
BELOW THIS PAGE**

Name RAYMOND MORG Payroll # [REDACTED]

Training Depot JFK

Bus Orientation Classes & Qualifying Rides By Instructor

Date	Assignment	Tour	Bus No.	Instructor's Name
8-13-12	Orientation	07 ⁰⁰ / 15⁰⁰		Vazquez/Gonzalez
8-14-12	DAY 1 Training	9 ⁰⁰ / 17⁰⁰	4648	Lella
8-15-12	DAY 2 Training	9 ⁰⁰ / 17⁰⁰	4146	Steve Lella
8-16-12	DAY 3 Training	9 ⁰⁰ / 17⁰⁰	4148	Lella
8-17-12	DAY 4 Training	9 ⁰⁰ / 17⁰⁰	4648	Lella
8-20-12	DAY 5 Training	9 ⁰⁰ / 17⁰⁰	4650	Lella
8-21-12	DAY 6 Training	9 ⁰⁰ / 17⁰⁰	4146	Lella
8-22-12	DAY 7 Training	9 ⁰⁰ / 17⁰⁰	4146	Lella
8-23-12	DAY 8 Training	9 ⁰⁰ / 17⁰⁰	3888	Mr. Santos
8-24-12	DAY 9 Training	9 ⁰⁰ / 17⁰⁰	3888	Mr. Santos
8-27-12	DAY 10 Training	9 ⁰⁰ / 17⁰⁰	5169	Mr. Stewart
8-28-12	DAY 11 Human Resource	9 ⁰⁰ / 17⁰⁰	N/A	James - Carlos fuente
8-29-12	GI DAY	7 ⁰⁰ / 15⁰⁰		Boston
8-30-12	JFK	7 ⁰⁰	3657	Tom Braddy ^{Kagan}
8-31-12	JFK	8:30	3562	Kagan
9-21-12	JFK MCI	9 ⁰⁰ / 5⁰⁰	3176	George ^{George} Burrows

STUDENT B/O'S RECORD OF PASSENGER LINE TRAINING

(To be completed by the instructing operator after each day's work)
 Instructing Operator must ensure that the student B/O receives a minimum of six (6) hours actual driving time each day.

The student operator will enter the actual driving time daily

Date	Run & Route	Bus Number		Actual Daily Driving Time	Name & Pass Number of Instructing Operator
		1st	2nd		
JFK 9-4-12	820 Q10	8981	8981	6:55 ^{AM} -8:25 ^{PM}	Moore 5157
9-5-12	409 Q40	3643	3113	8:30-11:30	BETAcount 1816
9-6-12	219 Q10	4151		6:11-2:19pm	C-Scott 2268
9-7-12	225 Q10	3688		6:26 ^{AM} -3:26 ^{PM}	
JFK 9-8-12		3665		Line Training 5:00AM-1:00pm	KAGAN 2047
FR 9-10-12	703 Q17	3360			Lawrence Lary
9-11-12	006 Q52	3765		6:15-3:24	Antonio
9-12-12	204 Q22	3746		5:38-2:24	3644 Haggerty
9-13-12	701 Q17	3180		5:28-5:45	Tonny
FR 9-14-12	213 Q22	3712	3316	6:15-6:55	ERIC
JFK 9-17-12	305 Q37	3684		5:11-1:51	Bird
9-18-12	703 Q37	3570		5:55-3:19	AL PRISCO 2206
9-19-12	803 Q8	3562		4:29-1:29p	Michael
9-20-12	813 Q8	3646		6:01-2:28	Joseph Joseph Rubino
9-24-12	285 Q37	3708	3633	5:11-1:51	T-Bird
9-25-12	228 Q10	4079	3557	6:50-7:50	Thomas

Student B/O Raymond Mong Payroll No. XXXXXXXXXX

Student Operators with permits are prohibited from operating on bridges/tunnels



Memorandum

Date: March 27, 2001
To: Michael McLaughlin, Bus Driver Certification, DMV
From: Stephen A. Vidal, Chief Officer, Safety, Training & Performance
Re: 19A Annual Defensive Driving Review Procedures

As we discussed last week, NYC Transit is piloting modifications to the Annual Defensive Driving Reviews we conduct for operators in the year they are not scheduled for their biennial behind-the-wheel road test.

The purpose of these modifications is to ensure all operators receive a comprehensive evaluation of their driving skills annually rather than biennially as is required by the commissioner's regulations.

Without modifying our procedures, the real possibility exists that two years could pass without a 19A examiner observing operators making right and/or left turns; driving in heavy traffic, approaching bus stops and engaging the wheelchair lift.

As you all know, the commissioner's regulations indicated that the Annual Defensive Driving Review should be conducted in passenger service. As such, when we conduct the reviews from the Zerega Training Center, every effort is made to simulate passenger service to the extent possible, including the use of other operators on the bus as passengers.

These Defensive Driving reviews last a minimum of 30 minutes and are conducted on the prescribed routes developed by my Assistant Chief Officer for Training & 19 Compliance and his staff. The routes provide the 19A examiner the opportunity to evaluate and reinstruct, if necessary, operators as they approach and set-up right and left turns; travel in both light and heavy traffic; and enter and exit at least three (3) bus stops.

Should an operator perform unsatisfactorily, he/she is instructed to return to the Zerega Training Center the next business day for follow-up training followed by another Defensive Driving Review.

As you suggested, I have had my staff review these procedures with Pat Tesone Principle Examiner, Bronx DMV.

Receipt	New York State DMV
Business ID:	[REDACTED]
Business Name:	M.T.A. BUS CO.
Federal ID:	[REDACTED]
Address:	750 ZEREGA AVENUE BRONX, NY 10473
Carrier Type:	NON-SCHOOL
Contact Person:	HARRY GOODHEART
Driver RAYMOND D MONG, Client ID: [REDACTED], was successfully activated on 08/30/2012 by user ANAPOLIS	
<p style="text-align: center;">EMPLOYER CERTIFICATION</p> <p style="text-align: center;">This driver meets the applicable qualification requirements as specified in Sections 6.3, 6.4, 6.5 and/or 6.6 of the regulations of the Commissioner of Motor Vehicles.</p>	



Memorandum

Date: 5/7/14

To: Assistant General Manager, JFK Depot

From: Walter Orlowski, Safety & Training Officer

Re: CUSTOMER SERVICE / CONFLICT RESOLUTION

Bus Operator: Raymond MONG Pass/Payroll# [REDACTED]

reported to Zerega Training Facility on 7:00 AM

at 7:00AM in Full Uniform and was assigned to:

Disp./Mgr: Joseph J Holm

The Operators 19A forms were filled out and his/her accident record was reviewed. The Bus Operator made a pre-trip and post-trip inspection of bus # 3433 and pulled out from the Zerega Training Facility. The Bus Operator was reinstructed on the proper procedures in making left and right turns, and covering the brake pedal when approaching intersections. The Bus Operator was also reinstructed in the proper method of pulling in and out of bus stops, the proper set-up and use of all mirrors and the wheelchair lift. The opportunity was taken to reinstruct the Bus Operator in the proper procedures of Defensive Driving techniques.

This Operator, while under controlled supervision, operated the bus in a professional manner. It is recommended that this Bus Operator return to passenger service.