



PAI Driver Training



EVERY PAI VEHICLE SHOULD BE EQUIPPED WITH THE FOLLOWING ITEMS:

- Triangles
- Fire Extinguisher
- First Aid Kit
- CPR Mask
- Bio-Hazard Bag
- Gloves
- Web Extensions
- Transfer Belt
- Insurance card, mileage forms, & accident report forms



Pre-Trip Safety Check

1. Walk around the outside of the vehicle.
 - Check for any unreported damage to the vehicle and any low or flat tires.
2. Get inside and start the vehicle.
 - Check for any dashboard lights.
 - Check that the vehicle has enough gas to make it to your destination.
 - Adjust the vehicle seat, steering wheel, and mirrors as needed.

Lift Operation:

- ❑ Ensure the vehicle is in "park", the emergency brake is engaged, and the engine is turned off
- ❑ Be sure to stand clear of the lift
 - ❑ Never operate the lift if someone is walking by
- ❑ The lift is operated by a remote-
 - ❑ Switch for UP/DOWN
 - ❑ Switch for FOLD/UNFOLD
- ❑ Ensure that the vehicle is parked on a level, stable surface and that the lift is level to the ground.
- ❑ If the vehicle lift has a seatbelt, secure the seatbelt prior to operating the lift.
- ❑ If the lift beeps when you try to operate it, ensure the person(s)/wheelchair are correctly loaded (in the center of the platform) and that the end plate on the lift folds fully into the closed position.



Boarding an Individual who utilizes a Wheelchair:



- Load the passenger onto the lift platform and make sure they are positioned in the center.
 - Manual chair- lock the wheelchair brakes.
 - Electric chair- turn the wheelchair off.
- Push the UP switch. Ensure the end plate folds fully into the closed position.
- Raise the platform to the vehicle level.
- From inside the vehicle, unlock the brakes or turn the wheelchair back on and bring the individual onto the bus.
- Some lifts require that the wheelchair is facing forward and some facing backwards depending on the alignment of the tie down tracks within the van- check before loading the individual onto the lift.

Boarding an Individual who utilizes a Walker:

- Secure a transfer belt around the individual's waist.
- Load the passenger onto the lift platform. The driver will position themselves behind the individual on the lift and hold on to the transfer belt.
- Push the UP switch. Ensure the end plate folds fully into the closed position.
- Raise the platform to the vehicle level.
- Bring the individual onto the bus.





Q'Straint Wheelchair Tie-downs



Launch this video through the LMS link

9 Point Tie-Down System

1. Place wheelchair in tie down position and apply both brakes or turn the chair off.
2. Attach the wall side front tie-down at a 40°-60° angle from the chair to the floor.
3. Attach the aisle side front tie-down at a 40°-60° angle from the chair to the floor.
4. Release the brakes or turn on the wheelchair and adjust the tension on the front tie-downs as needed.
5. Attach the wall side rear tie-down at a 30°-45° degree angle from the chair to the floor.
6. Attach the aisle side rear tie-down at a 30°-45° degree angle from the chair to the floor.
7. Rock the wheelchair front and back and adjust the tension as needed. Apply both brakes or turn the wheelchair off.
8. From the side of the chair, position the shoulder strap and lap belt in place and secure.
9. Complete the final departure check before leaving.

How can you prevent accidents?

- Take your time
- Pay attention
- Understand the risks
- Regularly check wheelchair parts
- Practice
- Plan Transportation and logistics ahead of time-
 - How many staff are needed, who is responsible for what, the best order to load individuals, etc.

Defensive Driving

SAFE²DRIVE
driver safety made easy

Defensive Driving

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What to do in the event of an accident:

1

Park the vehicle in a safe location

- Put the vehicle in park, apply the e-brake & turn the vehicle off

2

Turn on the emergency flashers and set out the emergency triangles if near the flow of traffic

3

Check on participants

4

Call 911

- Do not admit fault, get the name and insurance information of the other driver, and provide any information emergency personnel ask for

5

Notify site Director

- The site director will help arrange alternate transportation if needed, towing if needed, and will notify the president

6

Take pictures if applicable and it is safe to do so

Fill out an Accident Report:

PAI

Accident Report

Insured PAI Driver

Driver Name: _____ Driver License #: _____
 Address: _____
 Phone #: _____ Email: _____

Insured PAI Vehicle

License Plate: _____ Vin #: _____
 Make: _____ Model: _____

Accident Information

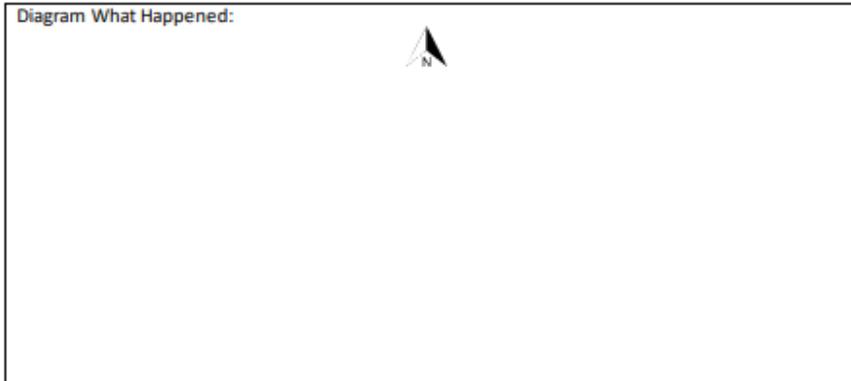
Date: _____ Time: _____ AM PM
 Location of Accident: _____

Accident Details

Involves Injuries? Yes No Involves Property Damage? Yes No
 Law Enforcement at scene? Yes No # of Vehicles Involved: _____
 Citations Issued: Yes No # of Passengers Involved: _____

Describe Accident in Detail: _____

Diagram What Happened:



PAI

Witnesses

Were there witnesses? Yes No
 Witness #1: _____ Phone: _____
 Witness #2: _____ Phone: _____

Other Vehicle

License Plate: _____ Vin #: _____
 Make: _____ Model: _____
 Description of damage (take photos if possible and include with report): _____

Other Vehicle Driver

Driver Name: _____ Driver License #: _____
 Address: _____
 Phone #: _____ Email: _____
 Insurance Company: _____ Policy Number: _____
 Driver injuries reported or are evident? Yes No If yes, describe: _____

Passengers

Name	Phone	Which vehicle?	Injuries?
		<input type="checkbox"/> PAI <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PAI <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PAI <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PAI <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PAI <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PAI <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Person Completing Form

Name: _____ Phone: _____
 Date completed: _____ Email: _____