

BLACKSBURG TRANSIT	Route # & Shift		Date		Employee #	
	Operator: (Print & Sign)					
	Trainee: ☐					
	Shift Pay Time:		On: _____ Off: _____ Total: _____			
	Mileages		Vehicle 1		Vehicle 2	
	Vehicle #:		_____		_____	
	Garage Strt:		_____		_____	
	Route Strt:		_____		_____	
	Route End:		_____		_____	
	Garage End:		_____		_____	
Swap Time:		_____		_____		
Location:		_____		_____		
Reason:		_____		_____		
Altered Service Times: (Early/Late Start/End of service)						
Altered Start: _____ Altered End: _____						
Schedule Failures (Time NOT available to board or carry passengers)						
1) Start Time _____ End Time _____ Reason _____						
2) Start Time _____ End Time _____ Reason _____						
REV 8/25						

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Manual Count Sheet (Use ONLY if not able to connect and use the Ranger)						
	Trip 1	Trip 2	Trip 3	Trip 4	Trip 5	Trip 6
Scheduled Trip Time:						
Counts						
Total:						
	Trip 7	Trip 8	Trip 9	Trip 10	Trip 11	Trip 12
Scheduled Trip Time:						
Counts						
Total:						
	Trip 13	Trip 14	Trip 15	Trip 16	Trip 17	Trip 18
Scheduled Trip Time:						
Counts						
Total:						

Manual Count Sheet (Use ONLY if not able to connect and use the Ranger)						
	Trip 1	Trip 2	Trip 3	Trip 4	Trip 5	Trip 6
Scheduled Trip Time:						
Counts						
Total:						
	Trip 7	Trip 8	Trip 9	Trip 10	Trip 11	Trip 12
Scheduled Trip Time:						
Counts						
Total:						
	Trip 13	Trip 14	Trip 15	Trip 16	Trip 17	Trip 18
Scheduled Trip Time:						
Counts						
Total:						