**Transportation Ride Checklist**

**Ride start time: Ride end time:**

**Driver Name: Client Name:**

**Date:**

**Location for ride: Please check here if it was round trip:**

**Pre-ride checklist:**

|  |  |
| --- | --- |
| **Activity** | **Check for complete** |
| Mask on |  |
| Wiped down all shared surfaces (door handles, seatbelt, tongue, buckles, surfaces that have been used by any other individuals in your vehicles) |  |
| Masks available |  |
| Backseat empty of unnecessary items |  |

**Post-ride checklist:**

|  |  |
| --- | --- |
| **Activity** | **Check for complete** |
| Client wore a mask for entire ride |  |
| Dispose of mask (or put in for washing) |  |

**Did the client take a mask from you? Y N**

**Comments or concerns:**

These reports can be emailed to [info@mowl.ca](mailto:info@mowl.ca) or submitted weekly to MOWL offices through the mail slot on the front door.