



**Department of Human Services
Office of Facilities and Support Services, Transportation Services Section
Site Visit Questionnaire**

Vehicle Operator/Contractor: _____ DHS Region: _____ Visit Date: _____

- Scheduled Visit**
 Random Inspection Visit

Vehicles Inspected: _____

Preventive (Scheduled) Maintenance Program (Check all that apply):

- ARI Certified Vendor
- ARI Recommended Intervals
- Local Repair Shop (Please List Name of Shop) _____
- Onsite Certified Mechanic
- No Preventive Maintenance Program
- Oil Change and Inspection Every 3,000 Miles
- Oil Change and Inspection Every 5,000 Miles
- Other (Please Describe) _____

Unscheduled Maintenance Program (Check all that apply):

- ARI Certified Vendor
- Local Repair Shop (Please List Name of Shop) _____
- Onsite Certified Mechanic
- Other (Please Describe) _____

The following files and policies will need to be viewed on the day of the site visit (Please have on site):

- Daily Vehicle Inspection Sheets
- Driver Qualification Folders (Accident Reporting and Trainings (CPR, First Aid, Driver Improvement, PASS))
- Drug and Alcohol Testing Policy
- National Criminal Records Checks for all Drivers (GCIC and Fingerprint)
- Title VI Plan and Office Postings
- EEO Program, Abbreviated EEO Program, or EEO Policy Statement **(See threshold requirements at <https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/eo-guidance>.)**

***The following deficiencies were noted (to be completed by Transportation Services Section Staff):**

Missing Verification of: Preventive Maintenance Program Unscheduled Maintenance Program

- Incomplete/Missing Daily Inspection Sheets
- Incomplete/Missing Driver Qualification Folder(s)
- Missing Drug and Alcohol Testing Policy
- Missing National Criminal Records Checks _____
- Missing Title VI Plan and Office Postings
- Vehicle(s) Redlined _____

** A written Site Visit Summary Report will be emailed within two weeks.*

Site Visit Contact: _____

Email Address: _____ Telephone #: _____

Contact's Signature: _____ Date: _____

Regional Coordinator's Signature: _____ Date: _____