

## **Preparing for the Site Review**

The following Public Transit Division worksheet is designed to assist the division and public transportation providers to assess the condition of agencies in Oregon. Onsite reviews are conducted to identify strengths, areas that need improvement, and areas where agencies may need training and/or technical assistance from division staff or other resources. Agencies are provided adequate time to respond to any findings reported. Reviewers may ask additional or different questions as necessary to complete each section of the review.

Any of the following documents may be requested before, during or after the site review. Not all of these records pertain to all agencies. In some cases, copies of documents will be requested for Public Transit Division files. Do not remove records from where they are normally kept; agency staff should be knowledgeable of location prior to review. If any of the records are kept off-site, agency staff must be prepared to take reviewers to the records. Copies of key documents, such as audit reports, may be prepared in advance.

### **For all agencies:**

- Board and advisory committee roster(s)
- Meeting minutes
- Employee job descriptions and records
- Volunteer records
- Training records
- Approved budget
- Financial management policy and procedures
- Financial documentation (e.g., receipt books, tickets/passes, spreadsheets)
- IRS Form 990 or 990-N
- Annual financial audit
- Approved Cost Allocation Plan
- Procurement policy and procedures
- Procurement records, including copies of agreements
- Pre & post trip inspection records
- Asset inventory
- Vehicle, equipment and facility maintenance plans, procedures, and records
- Vehicle accident records
- Vehicle manifests
- Service request logs
- Dispatch logs
- System safety and security policy and procedures
- State and Federal Motor Carrier compliance information
- Seat belt and child seat procedures
- Operator on-board procedures
- Marketing materials
- ADA policies and procedures
- ADA compliance records/files

**For agencies funded by federal grants, additional materials may be required:**

- EEO and Title VI policy and complaint records/files
- Lobbying records and reports
- FTA Section 5333(b) Special Warranty policy
- Charter Bus documentation
- Drug and Alcohol program records/files

**For Special Transportation Fund Agency (STF):**

- STF Agency Advisory Committee rosters, bylaws, meeting notices and meeting records.
- Quarterly reports
- Asset inventory for STF-funded capital items
- Contracts with providers

**Physical Areas That May be Accessed by Reviewers:**

- Administration offices and Employee areas
- Maintenance and/or vehicle storage areas
- Vehicles used to provide passenger services regardless of funding source
- Facilities funded or maintained with grants
- Off site locations such as accountant offices

**Pre-Review Activities**

Agencies will be notified of the review and a date will be set that meets the needs of both the agency and PTD.

Agencies may be asked to submit documents prior to the review and documents will be collected during the review.

Agency will be asked to ensure that key staff is available for interview during the site review; the timing of the interviews is flexible to limit impact on daily operations.

**The Review**

Each site review will begin with an orientation with agency representatives. The schedule with specific staff will be determined at that time.

The site review generally takes about eight hours; the time may be divided into two days. For larger or more complex agencies, the review schedule could take longer.

Each site review will include an exit interview with agency representatives to discuss the draft findings. Some findings may not be discussed at the exit interview. Additionally, some of the initial findings discussed at the exit interview could change after additional information is provided, or with further analysis.

It is possible that a finding will require a follow-up visit for additional information and review. For example, a finding in the financial management area of the questionnaire could cause a follow-up visit or desk audit by ODOT Audit Division.

If the PTD review identifies an immediate and severe safety or financial issue, the agency may be asked to respond to the findings immediately. For example, vehicles that are clearly unsafe to operate must be taken out of active service until the unsafe condition is fixed.

### **Post Review**

PTD's goal is to send a report with the initial findings to the agency within six weeks of the review. The timeframe may be shorter or longer, depending on the complexity of the review and the follow-up activities associated with the review. The report will identify a timeline for correcting each of the individual findings. Timelines will vary in association with the severity of the finding.

The agency will have a short period of time (two weeks) after the receipt of the initial report to contest a finding. To contest a finding, the agency will identify the finding, submit documentation substantiating why the finding is in error.

After the agency has an opportunity to contest the findings, the report is finalized. The agency will have 30 days to prepare and submit a correction plan. The correction plan will include a timeline and description of activities designed to correct the area(s) needing work. PTD will review and approve the correction plan. After ODOT acceptance of the correction plan, PTD staff will maintain regular contact with the agency until the correction plan is completed.

## Site Review Checklist

### Financial Management

1. Does the agency have written financial management and cash control procedures? Yes / No
2. Is staff knowledgeable about the policy? (e.g., is policy signed) Yes / No

COMMENTS:

3. Does the agency maintain accurate accounting records, including invoices and payroll? Yes / No
4. PTD staff will review payroll records related to agency staff supported by PTD grants.
5. PTD staff will review agency accounts to track a cost reimbursed by a grant through the accounting system.

COMMENTS:

### Service Records

1. Does the agency use a tally sheet or other method to count rides given? Yes / No
2. Are records kept by the scheduling desk and by the drivers? Yes / No
3. Is the schedule/dispatch log compared to passenger reports on a regular basis? Yes / No
4. Do agency procedures account for all requests for service, including ride refusals? Yes / No

COMMENTS:

### Cash Control

1. Does the agency have procedures to reduce the opportunity for mishandling cash and other revenues such as tickets and passes? Yes / No
  2. Do agency procedures require at least two people to count cash and checks? Yes / No
  3. Do agency procedures include at least two approvals prior to paying invoices? Yes / No
  4. Is petty cash limited in amount with staff access closely monitored? Yes / No
  5. Is credit card use limited to authorized personnel? Yes / No
  6. Does the agency use receipts for accounting for all funds received (except cash put into a fare box)? Yes / No
  7. Are bank deposits made daily with alternative routes and time of day? Yes / No
  8. Does the agency have a method for numbering and accounting for tickets and passes? Yes / No
  9. Are cash, checks, tickets and passes stored in a locked and secure location? Yes / No
  10. Are deposit slips and receipts compared to ensure that all money received was deposited? Yes / No
  11. Do agency procedures match the fare box to passenger manifests on a regular basis? Yes / No
- Frequency: \_\_\_\_\_

12. Do agency procedures limit or prohibit drivers from handling cash? Yes / No
13. Does a supervisor check driver procedures (e.g., fare box and on-board reporting procedures) on a regular basis? Yes / No

COMMENTS:

**Cost Accounting**

1. Does the agency maintain separate accounts within its accounting system for each program and grant for which it receives state or federal funds? Yes / No
2. Does the agency have a defined method for distributing administration expenses between programs? Yes / No
3. Does the agency have an approved Indirect Cost Allocation Plan approved by a cognizant federal agency? Yes / No
4. Does the agency have a method of allocating specific expenses to the individual grant agreements? Yes / No
5. Agency accounting is  Cash  Accrual  Modified  Other (what?) \_\_\_\_\_

COMMENTS:

**Matching Funds**

1. Does the agency have grants that require matching funds? Yes / No
2. Does the agency have a method to track matching funds contributed to grants? Yes / No
3. Is the match from non-DOT sources, including contract service revenues supported by FTA source funds? Yes / No
4. Does the agency use non-cash/donated contributions as match? Yes / No
5. Are the contributions integral to the project supported by the grant? Yes / No
6. Does the agency document the source and amount of in-kind/non-cash contributions, including volunteer time? Yes / No

COMMENTS:

**Annual Audit**

1. Does the agency receive \$500,000 or more annually from all sources of federal of funds? Yes / No
2. If yes, does the agency obtain a Single Audit per the Federal Office of Management and Budget (OMB) A-133 circular? Yes / No
3. Is the Single Audit forwarded to Public Transit Division? Yes / No

COMMENTS:

**Procurement**

1. Does the agency have a written procurement policy and procedures? Yes / No

2. Does the agency limit purchasing to specific individuals? Yes / No
3. Do purchases exceeding a defined threshold (such as \$2,500) require pre-approval by a general manager and/or a governing board? Yes / No
4. Are purchases over \$5,000 procured through an open solicitation and negotiated process? (Examples: fleet fuel, maintenance, insurance, and personal services contracts.) Yes / No
5. Are contracts signed by the governing board or a designated delegate? Yes / No
6. Does the agency have written procedures to ensure that equipment, goods and services are acquired and received as contracted? Yes / No
7. Does the agency exclude geographical preference in solicitations when using federal funds? Yes / No
8. For architectural and engineering contracts, are the required federal clauses included? Yes / No
9. Does the agency include the required federal clauses in its procurements and contracts? Yes / No
10. For procurements over \$25,000, does the agency review the “Excluded Parties Listing System” at <https://www.epls.gov/> to ensure that none of their contractors are debarred, suspended, ineligible or voluntarily excluded from participating in federally funded transactions. Yes / No
11. Does the agency include lobbying certifications in solicitations and obtain signed certifications from all contractors awarded contracts in excess of \$100,000? Yes / No

COMMENTS:

**Continuing Control of Assets**

1. Does the agency operate equipment purchased with state or federal grant funds? Yes / No
2. Is the primary use of the equipment consistent with the original purpose? Yes / No
3. Is the equipment tagged or otherwise identified as property purchased with state or federal funds? Yes / No
4. Indicate if equipment records include: (circle all that apply) description, ID number, title information, procurement source, acquisition date, cost, percentage of state or federal grant share, the grant number/contract number from which it was procured, location of use, condition, and disposition data including date of disposal, sale price and method of determining fair market value.
5. Does the agency have procedures that protect the equipment from misuse, misappropriation, waste and unwarranted deterioration or destruction? Yes / No
6. Does the agency conduct a physical inventory of equipment on a regular basis? Yes / No  
Frequency: \_\_\_\_\_

COMMENTS:

7. Does the Agency have real property/facilities purchased or build by 5310, 5311, 5316 or 5317 grants?
8. Is the facility being used for the original authorized purpose?
9. Is there any “incidental use” of the facility?
10. Is the facility needed, or is there excess available capacity?

COMMENTS:

**Legal Authority and Agency Management**

1. Does the agency have current legal authority to operate in Oregon? Yes / No
2. Is the agency a legally formed entity recognized by the State of Oregon? Yes / No
3. If a private nonprofit agency, does the agency have federal nonprofit status? Yes / No  
List type: \_\_\_\_\_
4. Is the agency submitting the required federal reports, such as I-90 or others? Yes / No

COMMENTS:

**Policy Board, Commission, or Council**

1. Does the agency operate with a policy board, commission or council? Yes / No
2. If yes, are members elected or appointed? If neither, describe other:  
\_\_\_\_\_
3. Are meetings advertised, open to the public, and held in accessible locations? Yes / No  
Please note frequency of meetings: \_\_\_\_\_
4. Are meetings documented and minutes made available to the public? Yes / No
5. Does the board receive member training? Yes / No

COMMENTS:

**Advisory Board – Transportation Services**

1. Does the agency appoint an advisory board to oversee transportation service delivery and policy issues? Yes / No
2. Does the advisory board have written bylaws that identify its responsibilities? Yes / No
3. Do members of the advisory board receive board member training? Yes / No
4. Are advisory board meetings open to the public? Yes / No
5. Are advisory board meetings advertised? Yes / No
6. Are advisory board meetings held in accessible locations? Yes / No
7. Are reasonable accommodations made upon request? Yes / No
8. Are meetings documented and minutes made available to the public? Yes / No
9. Does the agency recruit minorities and persons with disabilities for its advisory board? Yes / No

COMMENTS:

**Equal Employment Opportunity**

1. Does the agency have written personnel policies and procedures covering recruitment, hiring, compensation, termination, etc.? Yes / No
2. Does the agency include an equal employment opportunity statement in job announcements? Yes / No
3. Does the agency recruit minorities and persons with disabilities for employment and volunteerism?  
Yes / No  
Describe: \_\_\_\_\_  
\_\_\_\_\_
4. Has the agency had a written complaint alleging discrimination in its employment practices in the last 3 years? Yes / No
  - a. If yes, please describe and indicate if resolved:  
\_\_\_\_\_
5. Does the agency receive federal operating or capital funds in excess of \$1 million or planning funds in excess of \$250,000, and employ 50 or more employees? Yes / No
6. Does the agency have an approved EEO plan?

COMMENTS:

**Title VI – Civil Rights**

1. Does the agency have a Title VI Plan that informs the public of Title VI obligations? Yes / No
2. Does it include a statement that agency is committed to nondiscriminatory service? Yes / No
3. Does it include a description of the procedures that members of the public should follow to request information about the agency’s nondiscrimination obligations? Yes / No
4. Does it include a description of the procedures that members of the public should follow to file a discrimination complaint? Yes / No
5. In the opinion of the reviewer, does the agency take steps to assure that transit services and benefits provided by the agency are accessible to all eligible passengers regardless of race, color, or national origin? Yes / No
6. Describe how the agency ensures that services are available: \_\_\_\_\_  
\_\_\_\_\_
7. Have there been any written complaints? Yes / No
8. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Does the agency's documentation indicate that the public transportation grant-funded services open to the public are provided on an equal basis, including minority and low-income communities? Yes / No
- 10. Does the agency engage in outreach activities to encourage the public, including minority, low-income and low English proficiency communities, to participate in outreach and involvement activities? Yes / No
- 11. Does the agency offer the public an opportunity to comment when the service plan is proposed to be changed, bus stops are being added or deleted and fares are being changed? Yes / No
- 12. Does the agency provide public comment opportunities when planning new services and capital facilities? Yes / No
- 13. Does the agency have a plan to identify low English proficiency individuals, develop a language assistance program, train staff, provide notice and monitor/update the plan? Yes / No

COMMENTS:

**Lobbying**

- 1. Has the agency, its contractors or subcontractors used non-federal funds for lobbying in connection with a request for federal assistance (including requests for 5309 earmarks)? Yes / No
- 2. If yes, has the Standard Form LLL been submitted to ODOT? Yes / No

COMMENTS:

**Labor Warranty (5311 only):**

- 1. Does the agency maintain a copy of the US Department of Labor Special Section 5333(b) Labor Warranty and including the required posting on an employee bulletin board? Yes / No
- 2. <http://www.dol.gov/esa/olms/regs/compliance/compltransit.htm>
  - a. If yes, has the warranty been reviewed by Human Resources staff and are the provisions in the warranty understood? Yes / No
  - b. Does the agency have union employees? Yes / No
  - c. If yes, list union: \_\_\_\_\_ Local \_\_\_\_\_

COMMENTS:

**Transit Operations**

- 1. Are transit operations open to the general public? Yes / No
- 2. If no, identify eligible passengers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS:

**Marketing Services**

1. Does the agency market its transportation services with paid advertising or promotions? Yes / No
2. If yes, **for 5311 recipients only**, is the marketing effort directed specifically to the general public? Yes / No
3. If yes to number 1 above, **for 5310, 5316, 5317 and STF recipients only**: is the marketing or promotional information targeted to the eligible or target users? Yes / No

COMMENTS:

**Operational efficiencies, planning and coordination**

1. Does the agency keep records sufficient to ensure that the Revenue Service hours, passenger trips and other required data reported to ODOT and National Transit Database are accurate? Yes / No
2. Are records computerized? Yes / No
3. If yes, name of program(s) used: \_\_\_\_\_

COMMENTS:

**Operational Goals and Data Collection**

1. Does the agency have goals to measure service delivery, for example cost per ride, cost per mile, rides per mile and per hour? Yes / No
2. Does the agency use data collected to monitor operations and to develop efficiencies in providing transit services? Yes / No

COMMENTS:

**Transportation Coordination**

1. Does the Agency coordinate with other agencies to reduce operating costs, reduce duplication of services, gain service contracts financed with state and federal (human service) funds or to serve more people? Yes / No
2. If yes, Explain: \_\_\_\_\_
3. Is the agency a "lead agency" for planning, coordinating or delivering transit services? Yes / No

- 4. Has the agency participated in developing a local or regional human service/transportation coordinated plan? Yes / No
- 5. Are the agency's board members knowledgeable of the adopted Coordinated Plan and does it use the plan's priorities to evaluate current transit performance and to plan for new services? Yes / No
- 6. Does the agency have a vehicle sharing arrangement with other agencies? Yes / No
  - a. If yes, name agencies: \_\_\_\_\_
  - b. If no, explain reason: \_\_\_\_\_

COMMENTS:

**Operational Employees:**

- 1. Does the agency have a defined employee/volunteer training program? Yes / No
- 2. Does the agency maintain current training records on all employees? Yes / No
- 3. Does the training include the following?  
**Circle all that apply:**  
defensive driving, passenger assistance, ADA requirements, passenger relations, evacuation and emergency procedures, behind the wheel orientation, drug and alcohol program policy and prevention, customer service
- 4. List any other training offered for your employees: \_\_\_\_\_
- 5. Does the agency have a written job description for every employee and volunteer position? Yes / No
- 6. Do employees and volunteers receive regular performance appraisals? Yes / No
- 7. Does the agency pre-qualify employees and volunteers prior to employment? Yes / No
- 8. If yes, **circle all that apply:** criminal background check, driver's license, physical, aptitude test, reference check, prior employer check;  
and list any others: \_\_\_\_\_
- 9. Does the agency have "hours of service" standards for their drivers? Yes / No
- 10. Has the agency sent appropriate staff to ODOT or FTA sponsored program or managerial training within the past two years concern public transit program requirements? Yes / No

COMMENTS:

**Transportation Safety**

1. Does the agency have a written system safety and security plan? Yes / No
2. If yes, Date written: \_\_\_\_\_
3. Does the agency have a safety/security officer designated? Yes / No
4. If yes, name of person and title: \_\_\_\_\_
5. Does the agency plan coordinate with local public safety agencies? Yes / No
6. If yes, has the agency disseminated the plan to employees and to affected passenger agencies? Yes / No
7. Has the agency had an accident or incident requiring one or more of the following within the past year?
  - a. Vehicle crash requiring the vehicle to be towed from scene? Yes / No
  - b. Vehicle crash causing driver or passenger injuries, which required medical assistance? Yes / No
  - c. If yes to either of the above questions, was the driver determined to be at fault? Yes / No
  - d. Was a citation issued to the driver? Yes / No
  - e. Were there any moving violations issued to drivers while driving agency equipment, or in the course of agency duties? Yes / No
  - f. If yes, explain: \_\_\_\_\_
  - g. Were there any passenger or employee incidents (slip, trip, fall) requiring medical assistance? Yes / No
  - h. If yes, describe: \_\_\_\_\_
8. Does the agency have a safety committee? Yes / No
9. Does the agency investigate accidents and incidents? Yes / No
10. Does the agency have a communicable disease plan? Yes / No
11. Does the agency have an "hours of service" policy for drivers? Yes / No

COMMENTS:

**Vehicle Maintenance Records**

1. Does the agency have a written vehicle maintenance plan? Yes / No
2. If yes, date written or last updated: \_\_\_\_\_
3. Maintenance manager's name & title: \_\_\_\_\_

COMMENTS:

**ODOT STAFF: Vehicle Records Review**

1. List vehicle ID numbers for records selected to sample:
  
  
  
  
  
  
  
  
  
  
2. Are maintenance records easily retrieved and well-organized? Yes / No
3. Scheduled maintenance – mileage or time?
4. Check for evidence of the following:
  - a. Regular brake inspections?
  - b. Regular lift inspection and maintenance?
  - c. Steering and suspension inspections?
  - d. Regular lube, oil & filter service?
  - e. Pre-trip inspections standard and daily?
  - f. Does the pre-trip include lift deployment?
  - g. Are post-trip inspections standard and daily?

COMMENTS: Indicate vehicle ID number and any problems noted:

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**ODOT STAFF: Vehicle Visual Inspection**

1. List ID numbers of vehicles inspected:

**ODOT Staff will indicate the following:**

2. Do vehicles show signs of excessive wear or lack of care? Yes / No
3. Is the exterior clean and free of damage and rust? Yes / No
4. Are doors, mirrors, lights, wipers and horn working/in good condition? Yes / No
5. Does the emergency door and safety interlock system working? Yes / No
6. Does the interlock system prevent vehicle movement when the lift is deployed? Yes / No
7. Is the ground free of excessive fluid leakage where vehicles are parked? Yes / No
8. Are tires unevenly worn, or do not show Lincoln's head on a penny? Yes / No
9. Is the interior clean, and is upholstery, floor covering, securement areas, railings in good condition?  
Yes / No
10. Does the vehicle start easily and run smoothly, without excessive exhaust? Yes / No

COMMENTS: List by vehicle ID number and note any issues and problems:

11. Does the agency have seatbelts on its passenger vehicles? Yes / No
12. If yes, are child safety and booster seats used?
13. Are drivers trained to properly secure child safety/booster seats? Yes / No

COMMENTS:

**Charter Bus:**

1. Does the agency use federally funded equipment, facilities or operating funds to support charter operations, defined as: transportation provided at the request of a third-party for the exclusive use of a bus or van for a negotiated price, or transportation provided on an irregular basis or limited duration with a premium fare or paid for by a third party? Yes / No
2. If yes, does the service fall into one or more of the allowed exemptions? Yes / No
3. If yes, is the service one of the defined “community-based” charter services, and are all appropriate notifications, recordkeeping and reporting requirements met? Yes / No

COMMENTS:

**School Bus Services**

1. Does the agency use federally funded equipment, facilities or operating funds to offer exclusive school bus services to students? Yes / No
2. Does the agency provide tripper service defined as “regularly schedules service open to the public, designed to accommodate the needs of schools students and personnel using various fare collections or subsidy systems”? Yes / No If yes, describe:

COMMENTS:

**USDOT Federal Highway Administration regulations**

**Drug and alcohol testing**

1. For 5310 and STF recipients only: Does your agency require CDL (commercial driver licenses) for all drivers operating vehicles with a capacity of 16 passengers or more (including the driver)? Yes / No
2. If yes, does the agency comply with drug and alcohol testing regulations 49 CFR 382? Yes / No
3. Does the agency cross state lines to provide transit services? Yes / No
4. If yes, does the agency have Federal Motor Carrier Authority to cross state lines, or is exempt from the regulation? Yes / No

COMMENTS:

## Americans with Disabilities Act

Note to reviewers: Complete this section for all agencies

1. Indicate the type of agency:

- public, **or:**
- sub-recipient or sub-contractor of 5311 funds, **or:**
- private non-profit or private for-profit, **or:**
  - primarily in the business of transportation
  - not primarily in the business of transportation
- fixed route service, **or:**
- route deviation or other demand-response service strategy

COMMENTS:

- 2. Did PTD staff travel on one of the agency's vehicles in regular service? Yes / No
- 3. Provide comments, describe the route, the vehicle, etc.:

COMMENTS:

- 4. Does agency pre-trip checklist include cycling the lift to ensure that it is working order and checking for the presence and condition of the tie-downs in the securement area? Yes / No
- 5. Does agency require use of securements? Yes / No
- 6. Does the agency have a written policy requiring use of securement? Yes / No
- 7. Does the agency allow the lift to be used by standees to board/de-board the vehicle? Yes / No
- 8. Does the agency require the driver to assist passengers with disabilities, if they need assistance, to board and de-board the vehicle?
- 9. Does the agency allow service animals to travel with persons with disabilities? Yes / No
- 10. **For fixed route only:** Does the agency require that the driver announce stops (or does the vehicle have an audible announcement in lieu of driver announcements)? Yes / No
- 11. **For paratransit only:** Does the agency allow Personal Care Attendants (PCA) to travel with persons with disabilities and at no cost? Yes / No
- 12. Does the agency allow persons with disabilities using respirators or portable oxygen on either the bus or paratransit? (Does not include large tanks prohibited by HAZMAT) Yes / No
- 13. Do the agency's policies ensure adequate time for boarding and de-boarding for persons with disabilities? Yes / No

14. Does the agency provide information to the public regarding availability of accessible services? Yes / No
15. If yes, is it via  Website  Brochures/Schedules  Other: If other, please describe: \_\_\_\_\_
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16. Is the agency's representative knowledgeable regarding ADA service requirements appropriate to the specific services offered by the agency to the public? Yes / No
17. Has the representative attended training? Yes / No
18. Does the representative have information and reference materials? Yes / No

COMMENTS:

**Public Fixed-Route: Complementary Paratransit**

1. Does the agency have a complementary paratransit service that provides services to persons with disabilities who are unable to use or access the fixed route? Yes / No
2. If yes, indicate service strategy:  
 Route deviation,  separate paratransit operated by agency,  
 contracted out to other entity,  other (please list): \_\_\_\_\_
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3. Does the agency have a program to determine eligibility for paratransit services? Yes / No
4. If yes, indicate entity performing eligibility determinations: \_\_\_\_\_
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5. Does the agency offer services to non-ADA passengers, in addition to ADA eligible? Yes / No
6. If yes, do the agency's policies protect ADA eligible passengers' access to service? Yes / No
7. Are equivalency standards met for the following:
8. Response time? Yes / No
9. Fares (no more than twice that of regular fixed-route fare)? Yes / No
10. Geographic area of service?
11. (Provided at least 3/4 mile and not more than 1-1/2 mile of fixed route)? Yes / No
12. Hours and days of service? Yes / No
13. Availability of information and alternative formats? Yes / No
14. Is service at least curb-to-curb? Yes / No
15. Per reasonable accommodations, is service door-to-door for specific ADA-eligible individuals who require more service? Yes / No
16. Are reservations available on a day-before basis? Yes / No
17. Are all trip requests fulfilled? Yes / No
18. Are denials limited to unforeseen events? Yes / No
19. Are all denials documented? Yes / No

COMMENTS:

**Public Demand-Responsive Services: Equivalent Service Standards**

1. Does the agency have policies that allow persons with disabilities equivalent access to the transportation services? Yes / No
2. Are all service requests documented? Yes / No
3. Are the reasons for trip denials documented? Yes / No
4. Are denials incidental and rare? Yes / No
5. Do the agency's policies and procedures ensure that the following equivalency standards are met:
  - a. Response time is the same? Yes / No
  - b. Fares are the same? Yes / No
  - c. Geographic area of service is the same? Yes / No
  - d. Hours and days of service is the same? Yes / No
  - e. Availability of information is the same? Yes / No
  - f. Reservations capability is the same? Yes / No
  - g. Constraints on capacity or service availability are the same? Yes / No
  - h. No restrictions or priorities are given based on trip purpose? Yes / No

COMMENTS:

**Private Fixed-Route and Demand Responsive Services: Equivalent Service Standards**

1. Is the agency providing service under a service agreement paid for by a public entity, and is following "stand-in-the-shoes" requirements? Yes / No
2. Does the agency have policies that allow persons with disabilities equal access to the transportation service? Yes / No
3. Are service denials documented? Yes / No
4. Are denials incidental and rare? Yes / No
5. Do the agency's policies and procedures ensure that the following equivalency standards are met:
  - a. Response time is the same? Yes / No
  - b. Fares are the same? Yes / No
  - c. Geographic area of service is the same? Yes / No
  - d. Hours and days of service is the same? Yes / No

- e. Availability of information is the same? Yes / No
- f. Reservations capability is the same? Yes / No
- g. Schedules and headways (for fixed route) are the same? Yes / No
- h. Constraints on capacity or service availability are the same? Yes / No
- i. Are restrictions or priorities given based on trip purpose (for demand response)? Yes / No

COMMENTS:

**Federal Transit Administration Anti-drug Use and Alcohol Abuse Prevention Program (FTA 5311 and JARC only)**

1. Does the agency have a policy that it disseminates to its employees? Yes / No
2. Are employees required to sign a "permission to test" document? Yes / No
3. Does the agency hire service agents? Yes / No
4. If yes, what type of service agent:  TPA  MRO  SAP  BAT  Lab
5. If other, note: \_\_\_\_\_
6. Agency tasks:  Random selection  BAT  Training
7. If other, note: note: \_\_\_\_\_
8. Has the agency checked eligibility requirements to ensure conformance to regulations? Yes / No
9. Has the agency performed audits of service agent procedures to ensure conformance to regulations? Yes / No
10. Is the agency representative knowledgeable regarding Drug and Alcohol testing requirements appropriate to the agency? Yes / No
11. Has the representative attended training? Yes / No
12. Does the representative have information and reference materials? Yes / No

COMMENTS:

**Drug and Alcohol Program Records Review**

1. Are drug and alcohol program records kept in a separate, secure location? Yes / No
2. Where are records kept? \_\_\_\_\_
3. Is access limited? Yes / No
4. Are records easily retrieved and well-organized? Yes / No
5. Are non-DOT records separate from DOT testing records? Yes / No
6. Does the agency have MIS forms on file? Yes / No
7. Are pre-employment requests for information on file and the information sent by prior employers in the file? Yes / No
8. Does the agency have evidence of training that includes name, dates, and content? Yes / No
9. Are records being retained per the following schedule? Yes / No
  - a. 5-years: verified positive, documentation of test results, employee referrals to SAP, copies of MIS;
  - b. 2-years: collection records, employee training;
  - c. 1-year: negative test results

10. Does the agency have records that indicate the following:
  - a. 1-hour training for all safety-sensitive employees? Yes / No
  - b. Employee information regarding affects of alcohol use and abuse? Yes / No
  - c. Reasonable suspicion: signs and symptoms of drug and alcohol use; 1-hour for alcohol and 1-hour for drugs? Yes / No
11. Does the agency have a random testing program? Yes / No
12. If yes, does the testing cycle appear to have a discernable pattern and are during all days and hours of service? Yes / No
13. For any type of test, does the referral form from employer to collection site indicate if the test is DOT or non-DOT? Yes / No
14. For non-DOT tests, is the collection site using other than DOT-specific forms? Yes / No
15. Does the agency perform post-accident testing as required by FTA? Yes / No  
(Reviewers will sample at least 2 accidents in past year, if applicable)
16. Do accident reports identify the FTA-defined threshold of accident? Yes / No
17. Are post-accident tests based on FTA-defined threshold? Yes / No
18. Are cancelled tests documented? Yes / No

COMMENTS:

**New Employee Records Regarding Drug & Alcohol Program**

1. Does the agency's pre-employment information (e.g., classified newspaper ad, job announcement) include requirement to test? Yes / No  
(Reviewers will sample at least 2 new employees in past year)
2. Are applicants asked to provide written permission to contact pervious employers? Yes / No
3. Are applicants asked to indicate on agency's application whether or not he/she had a prior positive test? Yes / No
4. In the case of a positive history, is the applicant asked to provide documentation regarding completion of SAP-defined treatment plan? Yes / No
5. Is documentation of negative pre-employment test received by agency before new employee assumes safety sensitive position? Yes / No
6. If test was positive, is an applicant referred to SAP and to treatment resources available in community? Yes / No

COMMENTS:

**Random Collection Records**

1. ODOT Staff will review the following documentation, as relevant:  
(Reviewers will sample at least 1 safety sensitive employee who was selected for random test in prior year.)
2. related to notification to test
3. related to proceeding to collection site
4. sent to employer by collection site
5. sent to employer by MRO
6. positive test result (as determined by MRO), documentation that employee was removed from safety sensitive position
7. positive test result, employee was referred to SAP
8. SAP submitted treatment plan to employer
9. Was employee was terminated? Yes / No
10. If yes, documentation showing employee completed treatment plan with a return to duty test prior to returning to safety sensitive position
11. Employee is enrolled in or has completed follow-up testing as determined by SAP
12. Employee is in random pool during follow-up testing period.

COMMENTS:

### **Special Transportation Fund Program Review**

Note: This review pertains to the STF Agency and its administrative agency, as applicable. The requirements are defined by Oregon Administrative Rules Chapter 732.

1. Is the STF Agency up-to-date in applications for current formula funding allocation? Yes / No
2. If no, why not? \_\_\_\_\_  
\_\_\_\_\_
3. Is the STF Agency up-to-date in quarterly reports from all agencies receiving funds? Yes / No
4. If no, why not? \_\_\_\_\_  
\_\_\_\_\_
5. Does the STF Agency delegate program administration to a second, separate agency? Yes / No
6. If yes, list the duties of the Administrative entity: \_\_\_\_\_  
\_\_\_\_\_
7. Is there an agreement that includes the defined duties between the two entities? Yes / No
8. Does the STF Agency, individual providers, or administrative entity maintain an inventory of capital items purchased in whole or part with STF? Yes / No
9. Has the STF Agency appointed an advisory committee of at least five members, and does the membership have a minority of individuals representing agencies receiving STF funds? (For tribes, the committee is composed of three individuals.) Yes / No
10. Has the STF Agency adopted bylaws for the committee? Yes / No
11. Does the STF Advisory Committee meet at least two times per year? Yes / No
12. Does the STF Agency adhere to open meeting laws: publishes meeting notices and keeps records of all meetings? Yes / No
13. Does the STF Agency use the adopted Coordinated Plan to assist in making funding decisions? Yes / No

**For SAMTD, TriMet, LTD, RVT, and Basin Transit Service, only:**

14. How does the STF Agency determine the percentage allocation of STF formula to the in- and out-of-district areas? \_\_\_\_\_  
\_\_\_\_\_
15. Is the percentage equivalent to the proportionate share of population in and outside the district's boundaries? Yes / No

COMMENTS: