

**ATTACHMENT U**

- I. SECTION 5311/5316 MONITORING FORMATS**
- II. SECTION 5310/5317 MONITORING FORMATS**
- III. SUB-RECIPIENT ALCOHOL/DRUG CHECKLIST**

**SECTION 5310/5317 PROGRAM MONITORING REPORT**

Project: \_\_\_\_\_

Project Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Subcontractor/Operator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of Last Monitoring: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

**Emergency Response & Recovery Contacts**

Primary Contact	Address _____
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	Phone: _____
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Secondary Contact	Address _____
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	Phone: _____
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**Type of Agency:** (check one) a. Public Non-profit b. Governmental c. Private Non-profit d. Other (specify) \_\_\_\_\_

Primary Agency Function(s): (Check one)

- a. Health Care
- b. Transportation
- c. Training
- d. Social Services
- e. Counseling
- f. Other (specify) \_\_\_\_\_

Service area:

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Board Type (Please attach a list of Board members, position, and contact information, if applicable.)

- a. Board of Directors
- b. Advisory Board
- c. N/A

## **I. Administration and Management**

Review previous monitoring report and list action taken:

1. On all concerns or recommendations cited.
  
  
2. Specifically identify all unresolved concerns or questions.

### **Management**

1. Who is responsible for the day-to-day management of the transit program?
  
  
2. Please describe staffing and the responsibilities of key staff:  
(attach job descriptions)

3. Does the sub-recipient have written policies, procedures, plans and programs?  Yes  No  N/A

If yes, (please attach)

- |   |  |
|---|--|
| Job descriptions (required)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personnel policies (required)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Customer Complaint Resolution policy (required)                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee Complaint Resolution policy (required)                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADA Policies (required)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Service Animal Policy (required)                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Equipment Policy (required)<br>(respirators, portable oxygen) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Safety policies and procedures (required)                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Title VI procedures (required)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency procedures (required)                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Operators' manual/service policies                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Capital Acquisition Asset Management Plan<br>(CAAMP) (required)       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maintenance plan (required)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limited English Proficiency Plan (LEP) (required)                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Contracts**

1. Contract(s) on file. (attach copy of each)  Yes  No

a. Do all contracts have applicable FTA clauses?  Yes  No

b. Comments:

c. Who is responsible for managing the contract(s)?

d. What procedures are used to ensure that quality service is provided?

Comments and/or suggested changes:

2. List current service contracts by contractor and amount:

3. List amounts received to date by contractor and amount:

4. Cite coordination efforts that have been made.

**II. Client Services**

A. Clientele Being Served:

General Public  Non-elderly Disabled Only

Agency Clients  Elderly/Disabled

Non-disabled Elderly  Disabled over 60

Other (Specify) \_\_\_\_\_

B. How are passengers selected for service? \_\_\_\_\_

C. Average number of passenger trips: Per Day \_\_\_\_\_ Per Month \_\_\_\_\_

D. Purpose of trips by percentage:

_____ Nutrition	_____ Shopping/Personal
_____ Medical	_____ Educational
_____ Employment	_____ HHS Agency
_____ Social/Recreational	_____ Other (Specify) _____

E. Type of scheduling used:

Fixed Route                       Demand Response

Other (Specify) \_\_\_\_\_

F. Average number of miles all vehicles traveled:

Per Day \_\_\_\_\_                      Per Month \_\_\_\_\_

G. Days vehicle(s) available for use: \_\_\_\_\_

H. Days vehicle(s) routinely used: \_\_\_\_\_

(a) Do you operate your vehicles on: (Check all that apply.)

Weekdays                       Weeknights after 6pm                       Weekends

I. Hours of the day vehicle(s) available: \_\_\_\_\_

J. Average number of hours vehicle(s) actually operated each day: \_\_\_\_\_

**III. Financial**

Audit Performed:  Yes    No    N/A

If yes, indicate type. \_\_\_\_\_

A. Attach a copy of Audit Report.

Summarize any findings and action taken as a result of the Audit.

Year-end Statement Submitted:  Yes    No    N/A  
**(Non-Traditional 5310/17)**

(If Yes, check one of the following)

- Undergoing PTD Review
- Submitted to IAD
- Completed
- Final Payment Processed

B. Attach a copy of Audit Report and/or Year-end Statement.

Summarize any findings and action taken as a result of the Audit or Year-end Statement.

C. Has a Corrective Action Plan been developed to address findings?

- Yes     No     N/A

Attach copy of plan.

D. Comment on status of corrective actions:

E. Review appropriate reports for previous two months and address the following:

**Reimbursement Request (Non-Traditional 5310/17)**

- 1. Submitted on time  Yes  No
- 2. Signed original(s) submitted  Yes  No
- 3. Programmed amounts correct  Yes  No
- 4. Current expenses identified  Yes  No
- 5. Support documentation (Invoices, receipts, tickets) for all expenses  Yes  No
- 6. All expenses documented as paid  Yes  No
- 7. All expenses allowable  Yes  No
- 8. Line item transfers documented  Yes  No  N/A
- 9. Totals requested to date correct  Yes  No

10. Total budgeted funds correct  Yes  No
11. Reimbursement advice memos reviewed and on file  Yes  No  N/A
12. Explain any expenses that could not be reconciled with documentation:

## Operating

A. Method for accepting contributions from riders:

- Fare box
- Donation Box
- Driver(s)
- N/A
- Other (Specify) \_\_\_\_\_

B. How are contributions used? \_\_\_\_\_

C. Indicate source(s) and amount(s) of funds budgeted to support operating expenses:

- \_\_\_\_\_ Title III
- \_\_\_\_\_ Title XX
- \_\_\_\_\_ United Way
- \_\_\_\_\_ City
- \_\_\_\_\_ County
- \_\_\_\_\_ CSBG
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

D. List amounts received year-to-date:

- \_\_\_\_\_ Title III
- \_\_\_\_\_ Title XX
- \_\_\_\_\_ United Way
- \_\_\_\_\_ City
- \_\_\_\_\_ County

\_\_\_\_\_CSBG  
 \_\_\_\_\_Other (Specify)\_\_\_\_\_

**IV. Performance**

- A. Performance standards are computed.  Yes  No
- B. Computations are used in project management.  Yes  No
- C. Review performance standards with Project Manager.

Justify or explain significant changes and make comments:

**V. Reports**

Monthly Vehicle Reports

\_\_\_\_\_Initials

- 1. Completed on each vehicle used  Yes  No
- 2. Summary Report completed  Yes  No  
**(5310 Traditional)**
- 3. Quarterly Fleet Summary Reports  Yes  No  
**(Non-Traditional 5310/17)**
- 4. Quarterly Budget Analysis  Yes  No  
**(Non-Traditional 5310/17)**
- 5. Completed correctly  Yes  No
  - a. Computations correct  Yes  No
  - b. Revenue identified  Yes  No
  - c. Vehicle identified correctly  Yes  No
  - d. Cost identified  Yes  No
- 6. Submitted on time  Yes  No
- 7. Reports cite vehicles out of service  Yes  No

Comments and/or suggested changes:

8. Six month Fleet Summary Reports \_\_\_\_\_  Yes  No  
(5310 Traditional) Initial

Who is responsible for preparing and submitting reports?

- a. Are reports submitted on time?  Yes  No  N/A

If no, what are the reasons for the delay?

Reviewer, discuss any comments or issues with the reports.

## VI. Project Records

- Contractor maintains financial project records for at least 3 years  Yes  No  N/A

### Capital Expense and Property Records

1. Bids or quotations solicited as appropriate.  Yes  No  N/A
2. Was a cost estimate and/or price analysis done prior to solicitations  Yes  No  N/A
3. Project advertised for all purchases over \$50,000 unit cost.  Yes  No  N/A
4. Bid specifications provided for adequate competition.  Yes  No  N/A
5. Lowest bid accepted in each case.  Yes  No  N/A
- a. Bid(s) on file.  Yes  No  N/A
- b. Written approval from MDOT.  Yes  No  N/A
6. Procurement records document history in accordance with 4220.1F (If No, Explain).  Yes  No  N/A
7. Written Standards of Conduct.  Yes  No  N/A
8. In-kind documented correctly.  Yes  No  N/A
9. Does contractor purchase real property for the Section 5310/17 assisted project?  Yes  No  N/A

10. Does contractor make incidental use of any real property?  Yes  No  N/A
- a. If yes, was MDOT approval obtained?  Yes  No  N/A
- b. Explain incidental use below:
11. Does contractor maintain continuing control over the property?  Yes  No  N/A
- a. Any liens, assignments, loans or other financial obligations affecting or involving project equipment or facilities? If so please describe in detail below and attach documentation  Yes  No  N/A
12. Is revenue used for transit, capital, or operating expenses?  Yes  No  N/A
13. Does contractor have any excess real property?  Yes  No  N/A
- a. If yes, is there an excess real property inventory and utilization plan?  Yes  No  N/A
- b. Has the plan been updated, if necessary?  Yes  No  N/A
14. Does contractor have equipment records that provide the following required information? (description, id number, acquisition date, cost, federal percentage, grant number, location, use and condition, disposition action, vested title).  Yes  No  N/A
15. Did contractor conduct a physical inventory of all MDOT/FTA funded equipment in the past two years?  Yes  No  N/A
16. Were the results of the inventory reconciled with the equipment records?  Yes  No  N/A
17. Contractor has an adequate control system to prevent loss, damage or theft of property/equipment?  Yes  No  N/A
18. Contractor maintains control of all Federally-funded sub-contractor-operated or leased equipment?  Yes  No  N/A
19. Did contractor dispose of any FTA-funded real property or equipment during the last year?  Yes  No  N/A
20. Property disposition documents adequate.  Yes  No  N/A

21. Does contractor have a Capital Acquisition Asset Management Plan (CAAMP)?  Yes  No
- a. Is CAAMP approved by MDOT  Yes  No
- b. Capital Replacement Plan being used?  Yes  No
- c. Is replacement plan consistent with “capital reserve account?”  Yes  No  N/A

If no, please explain: \_\_\_\_\_

Summarize the status of capital equipment approved but not purchased:

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Vehicle Expense Records

1. Operational expense documented adequately (mileage and vehicle identification)  Yes  No
2. In-kind documented correctly  Yes  No  N/A
3. Insurance policy current  Yes  No
4. Insurance limits adequate  Yes  No
5. All vehicles listed on policy  Yes  No
6. Insurance premium consistent with budget  Yes  No
7. Amounts requested for reimbursement are for approved vehicles only  Yes  No
8. Is MDOT listed as loss payee on the policy  Yes  No
9. All property/equipment shown on policy  Yes  No
10. Copy of policy on file with PTD  Yes  No

Comments:

Other Records

- 1. In-kind documented correctly  Yes  No  N/A
- 2. Any excessive/questionable cost (Explain below)  Yes  No  N/A
- 3. Fidelity Bond current (Please attach)  Yes  No  N/A
- 4. Coverage amounts adequate  Yes  No  N/A
- 5. Approved project contract file includes the following:
  - a. Notice to proceed  Yes  No  N/A
  - b. Signed contract  Yes  No  N/A
  - c. Approved budget  Yes  No  N/A

**VII. Operating Procedures**

- A. Is project fully staffed? (If No, list vacancies and reasons)
- B. **Attach** a list of current drivers' names and CDL numbers
- C. All drivers have completed:

- 1. Selection process  Yes  No
- 2. DMV check (annual) Date Completed \_\_\_\_\_  Yes  No
- 3. Physical exams  Yes  No
- 4. Behind the wheel supervised orientation  Yes  No
- 5. Safety training  Yes  No

D. Review drivers' training records and list type and frequency below: \_\_\_\_\_

Comments: \_\_\_\_\_

**E. Ridership**

- 1. Daily ridership reports are kept for each vehicle.  Yes  No
- 2. What percentage of passengers during the past quarter were general public?

F. Maintenance

1. Does this project have an acceptable written Preventive Maintenance Program?  
Explain:\_\_\_\_\_

2. Have there been excessive or recurring maintenance expenditures

**If yes, explain in detail**

Yes  No

Have these been discussed with PTD staff?

Yes  No

If yes give details of actions to resolve:\_\_\_\_\_

3. Preventive maintenance program includes lifts and other accessibility features(e.g. ramps, tie downs, lights, PA System and enunciators)

Yes  No

4. Staff will review maintenance records for at least one month to determine if the project is complying with the Scheduled Preventive Maintenance Program developed by MDOT:

a. Records maintained on each vehicle

Yes  No

b. Regularly scheduled preventive maintenance being performed

Yes  No

c. Drivers or other staff performs **daily** inspections of vehicles prior to operating each day

Yes  No

d. Daily inspection reports are signed

Yes  No

e. Required maintenance has interfered with provision of transit services

Yes  No

f. Project is complying with applicable EPA regulations for disposition of waste materials

Yes  No

g. Vehicle Warranties on file

Yes  No

h. Summarize any problems identified and possible corrective actions to be taken:\_\_\_\_\_

- i. Designated number of staff periodically visits and assess bus stop locations  Yes  No  N/A
5. Do services comply with the applicable ADA-required service provisions, including:
- a. Maintenance of accessible features  Yes  No
- b. Procedures to ensure lift availability when lift is inoperable, is vehicle taken out of service and repaired before return to service?  Yes  No
- c. Are alternative arrangements made?  Yes  No
- d. If vehicle(s) is/are left in service is it repaired within 5 days?  Yes  No
- e. Lift and securement use.  Yes  No  N/A
- f. Announcements on vehicles (fixed route service only).  Yes  No
- g. Vehicle identification mechanisms.  Yes  No
- h. Service animals.  Yes  No
- i. Use of accessibility features.  Yes  No  N/A
- j. Public information/communications.  Yes  No
- k. Lift deployment at any designated stop.  Yes  No
- l. Service to persons using respirators or portable oxygen.  Yes  No
6. Agency has a vehicle security display?  Yes  No
1. Vehicle keys are secured at the end of each shift  Yes  No
2. Keys are kept in lock box or other secure storage location  Yes  No
3. Keys are signed in and out  Yes  No

**VIII. Civil Rights/Non-Discrimination**

- A. Grantee has written policies prohibiting unlawful discrimination in:
  - a. Employment  Yes  No
  - b. Contracting  Yes  No
  - c. Service provision  Yes  No
  
- B. Does Grantee employ 50 or more transit related employees?  Yes  No  
  
Number of transit related employees. \_\_\_\_\_
  
- C. Grantee has an EEO/Affirmative Action Plan.  Yes  No  N/A
  
- D. Title VI and ADA Policies are posted in places visible to the Public (i.e. available on agency website)  Yes  No
  
- E. All Grantee subcontracts contain non-discrimination clauses  Yes  No
  
- F. Grantee maintains records of discrimination complaints.  Yes  No
  
- G. Have there been any Civil Rights complaints filed against the project. If yes, please attach details.  Yes  No  N/A
  
- H. Records of how complaints were resolved are maintained.  Yes  No  N/A
  
- I. The project is in compliance with Title VI Civil Rights Assurances.  Yes  No  N/A
  
- J. The project has policies and procedures detailing public outreach and involvement efforts initiated to ensure that minority and low income individuals have meaningful access to program activities. (Please attach)  Yes  No  N/A
  
- K. The project has a written plan for providing language assistance for persons with limited English proficiency (LEP) (Please attach)  Yes  No  N/A

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**XI. Planning**

- A. Does the agency/project make use of a planning process?  Yes  No  N/A
- B. Who has primary responsibilities for service planning?
- C. How is the planning process used to evaluate and improve transit system/service performance?
1. Do drivers have input?  Yes  No  N/A
2. Are passengers surveyed?  Yes  No  N/A
3. Are other persons/organizations surveyed?  Yes  No  N/A
- D. Is project located in an MPO planning area?  Yes  No  N/A
1. What is the level of involvement with the MPO?  Yes  No  N/A
2. Is the project included in the MPO?  Yes  No  N/A
3. Does the project/organization have a short range development plan?  Yes  No  N/A

E. Explain the level of involvement with Planning and Development District, City and County planning entities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Describe public participation process:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XII. Education/Awareness Program**

- A. Does project/organization have an education/awareness plan?  Yes  No  N/A
- B. Does project have route maps/ brochures  Yes  No  N/A
- C. Does project use ads, public notices or fliers?  Yes  No  N/A
- D. How does project promote services:

E. What is the amount and source of marketing/promotion budget?

**XIII. Vehicle Inventory**

\_\_\_\_\_  
Initials

- A. Vehicle titles on file with MDOT  Yes  No  N/A
- B. Vehicle titles correct  Yes  No  N/A
- C. All approved vehicles providing services  Yes  No  N/A
- D. Number of vehicles purchased with Section 5311 Funds \_\_\_\_\_
- E. Number of vehicles purchased with Section 5310 Funds \_\_\_\_\_
- F. Number of vehicles purchased with Section 5316 Funds \_\_\_\_\_
- G. Number of vehicles purchased with Section 5317 Funds \_\_\_\_\_
- H. Number of vehicles purchased with Title XX Funds \_\_\_\_\_
- I. In-kind vehicles \_\_\_\_\_
- J. Other \_\_\_\_\_
- K. Total \_\_\_\_\_
- L. Number of vehicles designated as backup \_\_\_\_\_
- M. Review MDOT Vehicle Inventory with project records and list any necessary changes below:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XV. Contractor's Observations and Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Concerns and Recommendations**

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**XIV. Vehicle Inspection**

A. List information for all vehicle(s) inspected: Copy additional sheets as necessary to inspect project vehicles. Provide copy (s) of completed inspection to Asset Management

Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Vehicle DOT #: \_\_\_\_\_ Capacity: \_\_\_\_\_  
VIN #: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Mileage: \_\_\_\_\_

A. MDOT's Monitor will inspect and/or ride several project vehicles during the monitoring visit. Date vehicle was last check \_\_\_\_\_

- |   |   |
|---|---|
| 1. Logos are on vehicles as required.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Outside clean.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Interior clean.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Operable safety equipment (fire extinguisher and first aid kit) on vehicles. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Inspection stickers current.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Tag(s) current.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Visible body damage  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 8. Broken windows/doors   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 9. Seats damaged  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10. Floor damaged   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 11. Emergency exits clearly labeled   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 12. Emergency exits operable  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 13. Destination signs visible   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 14. Lift and tie downs operable   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

15. P/A system operable

Yes  No  N/A

16. All vehicles contain complaint resolution signage.  
(English/Spanish)

Yes  No

B. Summarize major findings:

Monitored by:

\_\_\_\_\_  
MDOT Monitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Staff Review (ADA/Inventory/Maintenance)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Staff Review (DBE/Training/Alcohol & Drug)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Staff Review (Other Reports)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PTD Administrator

\_\_\_\_\_  
Date



A. Managerial Capability

Sub-recipient must have the managerial capability to implement the project, manage contracts, and comply with federal and state requirements. To demonstrate managerial capability, sub-recipients/grantees must have an adequate number of staff; maintain adequate documentation of key policies; and submit timely, accurate, and complete quarterly reports.

1. Board Type (Attach a list of Board members, position, and contact information, if applicable.)

- a. Board of Directors
- b. Advisory Board
- c. N/A

2. Who is responsible for the day-to-day management of the transit program?

3. Please describe staffing and the responsibilities of key staff:

(Attach job descriptions)

a. Does the number of staff appear appropriate for the number and complexity of tasks and the size of the program?

- Yes     No     N/A

b. Does the sub-recipient have written policies, procedures, plans and programs?

- Yes     No     N/A

If yes, (please attach)

Job Descriptions (required)  Yes  No

Personnel Policies (required)  Yes  No

Customer Complaint Resolution Policy (required)  Yes  No

Employee Complaint Resolution Policy (required)  Yes  No

Fare evasion Policies (required)  Yes  No

ADA Policies (required)  Yes  No

Service Animal Policy (required)  Yes  No

Medical Equipment Policy (required)  
(respirators, portable oxygen)  Yes  No

- Safety Policies and Procedures (required)  Yes  No
- Drug and Alcohol Policy (required 5311)  Yes  No
- Title VI Procedures (required)  Yes  No
- Emergency Procedures (required)  Yes  No
- Operators' Manual/Service Policies  Yes  No
- Training Program  Yes  No
- Hazard Mitigation Plan (required)  Yes  No
- Accounting Manual  Yes  No
- Capital Acquisition Asset Management Plan (CAAMP) (required)  Yes  No
- Maintenance Plan (required)  Yes  No
- Education/Awareness Plan (Marketing)  Yes  No
- Limited English Proficiency Plan (LEP) (required)  Yes  No

**II. Audit:**

- A. Has an audit been performed this program year?  Yes  No  N/A

(If Yes, indicate type.)

- 
- Year-end Statement Submitted:  Yes  No  N/A

(If Yes, check one of the following)

- Undergoing PTD Review
- Submitted to IAD
- Completed
- Final Payment Processed

- B. Attach a copy of Audit Report and/or Year-End Statement.

Summarize any findings and action taken as a result of the Audit or Year-End Statement.

C. Has a Corrective Action Plan been developed to address findings?

Yes     No     N/A

(Attach copy of plan)

D. Comment on status of corrective actions:

E. Financial Management Checklist administered?

Yes     No     N/A

### III. Administration

A. Review previous monitoring report and list action taken:

1. On all concerns or recommendations cited.
2. Specifically identify all unresolved concerns or questions.

B. Review goals and objectives and cite level of accomplishment below:

1. List goals and objectives of current program year.
2. What are the sub-recipient strategies to address current goals and objectives?

C. Performance:

1. Performance standards are computed.  Yes     No
2. Computations are used in project management.  Yes     No
3. Review performance standards with Project Manager.

Justify or explain significant changes and make comments:

D. JARC – Job Access/Reverse Commute

1. Actual number of jobs that can be accessed as a result of funding \_\_\_\_\_.
2. How are passengers selected for service?
3. Actual number of rides (as measured by one-way trips) \_\_\_\_\_

#### IV. Financial

A. Does the sub-recipient have a written accounting manual?

B. Has the manual been adopted and approved by the agency's governing authority?

C. Who is responsible for the maintenance of financial records?

D. Are bank reconciliations performed monthly?

E. Contractor has Capital Reserve Account

Yes  No  N/A

1. Approved by MDOT

Yes  No  N/A

2. Supported by accounting/ audit records/audit

Yes  No  N/A

3. Daily trip sheets/ridership reports reconcile with deposit records

Yes  No  N/A

4. Farebox revenue records adequate (including deposit records/ procedures).

Yes  No  N/A

5. Implemented fare evasion policies to prevent theft

Yes  No  N/A

6. Summarize farebox revenue collection, recording and deposit procedures, including chain of custody.

Comments: \_\_\_\_\_

\_\_\_\_\_

F. Review appropriate financial records and address the following:

1. Current/Approved Budget on file

Yes  No

2. Budget Narrative correct:

Yes  No

a. All line items identified

Yes  No

b. Calculation/computations explain all extension amounts

Yes  No

c. All staff positions identified by title and percentage of time

Yes  No

d. All local match identified by source and amount

Yes  No

e. All contract revenue identified by source,

- type and amount  Yes  No
- f. Documentation of local match commitment  Yes  No
- g. All other revenue(s) identified by source and amount  Yes  No
- h. All "Other" specifically identified/explained  Yes  No
- i. Indirect supported by approved rate/plan  Yes  No
- j. Revenue projections appear realistic  Yes  No
- k. Quarterly budget analysis completed  Yes  No
- l. Inter-budget or inter-program transfers are occurring.  Yes  No

(If Yes, explain below)

- 3. All contract revenue reported by source and amount in general ledger or cash receipts journal  Yes  No
- 4. Any changes in source/amount of contract revenue projections  Yes  No
- 5. Do you contract with private operators or other agencies?  Yes  No

(If yes, please identify.)

- 6. Contract(s) on file. (attach copy of each)  Yes  No
  - a. Do all contracts have applicable FTA clauses?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- 7. Who is responsible for managing the contract(s)?
- 8. What procedures are used to ensure that quality service is provided?

Sub-recipients must have procedures for managing service contractors to ensure that quality service is provided.

- 9. Contract revenue records adequate.  Yes  No
- 10. Contracts contain required clauses  Yes  No
- 11. Records reflect all interest earned by the project on transportation income.  Yes  No

Comments and/or suggested changes:

- 12. List current service contracts by contractor and amount:
- 13. List amounts received to date by contractor and amount:
- 14. List all other funding sources by source and amount:
- 15. Cite coordination efforts that have been made:

G. Review appropriate reports for previous two months and address the following:

Reimbursement Request

- 1. Submitted on time  Yes  No
- 2. Signed original(s) submitted  Yes  No
- 3. Programmed amounts correct  Yes  No
- 4. Current expenses identified  Yes  No
- 5. Support documentation (Invoices, receipts, tickets) for all expenses  Yes  No
- 6. All expenses documented as paid  Yes  No
- 7. All expenses allowable  Yes  No
- 8. Line item transfers documented  Yes  No  N/A

- 9. Totals requested to date correct  Yes  No
- 10. Total budgeted funds correct  Yes  No
- 11. Reimbursement advice memos reviewed and on file  Yes  No  N/A
- 12. Explain any expenses that could not be reconciled with documentation:

**V. Reports**

Monthly Vehicle Reports

\_\_\_\_\_  
Initials

- 1. Completed on each vehicle used  Yes  No
- 2. Summary Report completed  Yes  No
- 3. Completed correctly  Yes  No
  - a. Computations correct  Yes  No
  - b. Revenue identified  Yes  No
  - c. Vehicle identified correctly  Yes  No
  - d. Cost identified  Yes  No
- 4. Submitted on time  Yes  No
- 5. Reports cite vehicles out of service  Yes  No

Comments and/or suggested changes: \_\_\_\_\_

\_\_\_\_\_

Quarterly Fleet Summary Reports

\_\_\_\_\_  
Initial

Yes  No

- 1. Who is responsible for preparing and submitting the quarterly reports?
  - a. Are reports submitted on time?  Yes  No  N/A

If no, what are the reasons for the delay?

Reviewer, discuss any comments or issues with the reports.

Other Reports

\_\_\_\_\_  
Initials

- 1. DBE Reports submitted on time  Yes  No  N/A
- 2. DBE Reports completed correctly  Yes  No  N/A
- 3. What efforts are being made to solicit DBE participation in agency purchases/contracting opportunities?
- 4. Contractor required to have a DBE program?  Yes  No  N/A
  - a. Has program been approved by MDOT  Yes  No  N/A

Comments and/or suggested changes:

**VI. Project Records**

- A. Contractor maintains financial project records for at least 3 years  Yes  No  N/A

Administrative Records

- 1. Bids solicited for all appropriate purchases.  Yes  No  N/A
- 2. Was a cost estimate and/or price analysis done prior to solicitations?  Yes  No  N/A
- 3. Project advertised for all purchases over \$50,000 unit cost.  Yes  No  N/A
- 4. Bid specifications provided for adequate competition.  Yes  No  N/A
- 5. a. Lowest bid accepted in each case  Yes  No  N/A
  - b. Written approval from MDOT  Yes  No  N/A
- 6. Procurement records document history in accordance with 4220.1F (If No, Explain)  Yes  No  N/A
- 7. Written Standards of Conduct  Yes  No  N/A

## Capital Expense and Property Records

1. Bids or quotations solicited as appropriate.  Yes  No  N/A
2. Was a cost estimate and/or price analysis done prior to solicitations  Yes  No  N/A
3. Project advertised for all purchases over \$50,000 unit cost.  Yes  No  N/A
4. Bid specifications provided for adequate competition.  Yes  No  N/A
5. Lowest bid accepted in each case.  Yes  No  N/A
  - a. Bid(s) on file.  Yes  No  N/A
  - b. Written approval from MDOT.  Yes  No  N/A
6. Procurement records document history in accordance with 4220.1F (If No, Explain).  Yes  No  N/A
7. Written Standards of Conduct.  Yes  No  N/A
8. In-kind documented correctly.  Yes  No  N/A
9. Does contractor purchase real property for the Section 5311 or Section 5310 assisted project?  Yes  No  N/A
10. Does contractor make incidental use of any real property?  Yes  No  N/A
  - a. If yes, was MDOT approval obtained?  Yes  No  N/A
  - b. Explain incidental use below:
11. Does contractor maintain continuing control over the property?  Yes  No  N/A
  - a. Any liens, assignments, loans or other financial obligations affecting or involving project equipment or facilities? If so please describe in detail below and attach documentation  Yes  No  N/A
12. Is revenue used for transit, capital, or operating expenses?  Yes  No  N/A
13. Does contractor have any excess real property?  Yes  No  N/A

- a. If yes, is there an excess real property inventory and utilization plan?  Yes  No  N/A
- b. Has the plan been updated, if necessary?  Yes  No  N/A
14. Does contractor have equipment records that provide the following required information? (description id number, acquisition date, cost, federal percentage, grant number, location, use and condition, disposition action, vested title).  Yes  No  N/A
15. Did contractor conduct a physical inventory of all MDOT/FTA funded equipment in the past two years?  Yes  No  N/A
16. Were the results of the inventory reconciled with the equipment records?  Yes  No  N/A
17. Contractor has an adequate control system to prevent loss, damage or theft of property/equipment?  Yes  No  N/A
18. Contractor maintains control of all Federally-funded sub-contractor-operated or leased equipment?  Yes  No  N/A
19. Did contractor dispose of any FTA-funded real property or equipment during the last year?  Yes  No  N/A
20. Property disposition documents adequate.  Yes  No  N/A
21. Does contractor have a Capital Acquisition Asset Management Plan (CAAMP)?  Yes  No
- a. Is CAAMP approved by MDOT  Yes  No
- b. Capital Replacement Plan being used?  Yes  No
- c. Is replacement plan consistent with "capital reserve account?"  Yes  No  N/A

If no, please explain:

Summarize the status of capital equipment approved but not purchased:

---

Other Records

1. In-kind documented correctly  Yes  No  N/A

2. Any excessive/questionable cost (Explain below)  Yes  No  N/A
3. Fidelity bond current (please attach)  Yes  No  N/A
4. Coverage amounts adequate  Yes  No  N/A
5. Employee time records adequate:
- a. Maintained for all staff  Yes  No  N/A
  - b. Signed by employee  Yes  No  N/A
  - c. Approved with supervisor's signature  Yes  No  N/A
  - d. Reflect hours worked, leave and holidays  Yes  No  N/A
  - e. Consistent with allocations approved via budget  Yes  No  N/A
6. Approved project contract file includes the following:
- a. Notice to proceed  Yes  No  N/A
  - b. Signed contract  Yes  No  N/A
  - c. Approved budget  Yes  No  N/A
  - d. Original application  Yes  No  N/A
  - e. Certificate of Convenience & Necessity  Yes  No  N/A
  - f. Annual renewal current (Intrastate Carrier)  Yes  No  N/A

Comments: \_\_\_\_\_

Vehicle Expense Records

1. Operational expense documented adequately (mileage and vehicle identification)  Yes  No
2. In-kind documented correctly  Yes  No  N/A
3. Insurance policy current  Yes  No
4. Insurance limits adequate  Yes  No
5. All vehicles listed on policy  Yes  No

- 6. Insurance premium consistent with budget  Yes  No
- 7. Amounts requested for reimbursement are for approved vehicles only  Yes  No
- 8. Is MDOT listed as loss payee on the policy  Yes  No
- 9. All property/equipment shown on policy  Yes  No
- 10. Copy of policy on file with PTD  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

**VII. Operating Procedures**

- 1. Is project fully staffed? (If No, list vacancies and reasons)
- 2. **Attach** a list of current drivers' names and CDL numbers
- 3. All drivers have completed:

- A. Selection process  Yes  No
- B. DMV check (annual)  Yes  No
- C. Physical exams  Yes  No
- D. Behind the wheel supervised orientation  Yes  No
- E. Safety training  Yes  No
- F. Review drivers' training records; list type and frequency below:

Comments: \_\_\_\_\_

\_\_\_\_\_

- G. Service changes: Note any changes in service (routes, demand response, fares, etc.)
- H. If service changes were made, justify:

1. Were changes authorized by MDOT?
2. Did services changes required MDOT Motor Carrier Division approval?  
If yes, has approval been received?

I. Ridership

1. Daily ridership reports are kept for each vehicle.  Yes  No
2. Ridership reports are reconciled with farebox revenues.  Yes  No
3. What percentage of passengers during the past quarter were general public?

J. Charter Service:

1. Charter service is being provided  Yes  No  N/A
2. Approved by MDOT/FTA  Yes  No  N/A
3. Approved by PSC  Yes  No  N/A
4. Summarize any proposed changes in this service:

K. Service provided to \_\_\_\_\_ within \_\_\_\_\_ contiguous states:

- Yes  No  N/A
1. Federal Motor Carrier Administration Authority obtained?  Yes  No  N/A
  2. State authorization obtained?  Yes  No  N/A

L. Maintenance

1. Does this project have an acceptable written Preventive Maintenance Program?

Explain:

2. Have there been excessive or recurring maintenance expenditures  Yes  No

(If yes, explain in detail)

- Have these been discussed with PTD staff?  Yes  No

If yes give details of actions to resolve:

3. Preventive maintenance program includes lifts and other accessibility features(e.g. ramps, tie downs, lights, PA System and enunciators)  Yes  No
4. Staff will review maintenance records for at least one month to determine if the project is complying with the Scheduled Preventive Maintenance Program developed by MDOT:
- a. Records maintained on each vehicle  Yes  No
  - b. Regularly scheduled preventive maintenance being performed  Yes  No
  - c. Drivers or other staff performs **daily** inspections of vehicles prior to operating each day  Yes  No
  - d. Daily inspection reports are signed  Yes  No
  - e. Required maintenance has interfered with provision of transit services  Yes  No
  - f. Project is complying with applicable EPA regulations for disposition of waste materials  Yes  No
  - g. Vehicle Warranties on file  Yes  No
  - h. Summarize any problems identified and possible corrective actions to be taken:
  - i. Designated number of staff periodically visits and assess bus stop locations  Yes  No  N/A
5. Do services comply with the applicable ADA-required service provisions, including:
- a. Maintenance of accessible

- features.  Yes  No
- b. Procedures to ensure lift availability when lift is inoperable, is vehicle taken out of service and repaired before return to service?  Yes  No
- c. Are alternative arrangements made?  Yes  No
- d. If vehicle(s) is/are left in service is it repaired within 5 days?  Yes  No
- e. Lift and securement use.  Yes  No  N/A
- f. Announcements on vehicles (fixed route service only).  Yes  No
- g. Vehicle identification mechanisms.  Yes  No
- h. Service animals.  Yes  No
- i. Use of accessibility features.  Yes  No  N/A
- j. Public information/communications.  Yes  No
- k. Lift deployment at any designated stop.  Yes  No
- l. Service to persons using respirators or portable oxygen.  Yes  No
6. Agency has a vehicle security display?  Yes  No
- a. Vehicle keys are secured at the end of each shift  Yes  No
- b. Keys are kept in lock box or other secure storage location  Yes  No
- c. Keys are signed in and out  Yes  No

### VIII. Civil Rights/Non-Discrimination

A. Grantee has written policies prohibiting unlawful discrimination in:

- a. Employment  Yes  No

b. Contracting  Yes  No

c. Service provision  Yes  No

B. Does Grantee employ 50 or more transit related employees?  Yes  No

Number of transit related employees. \_\_\_\_\_

C. Grantee has an EEO/Affirmative Action Plan.  Yes  No  N/A

D. Title VI and ADA Policies are posted in places visible to the general public.(i.e. available on agency website)  Yes  No

E. All Grantee subcontracts contain non-discrimination clauses.  Yes  No

F. Grantee maintains records of discrimination complaints.  Yes  No

G. Have there been any Civil Rights complaints filed against the project.  Yes  No  N/A

If yes, please attach details.

H. Records of how complaints were resolved are maintained.  Yes  No  N/A

I. The project is in compliance with Title VI Civil Rights Assurances.  Yes  No  N/A

J. The project has policies and procedures detailing public outreach and involvement efforts initiated to ensure that minority and low income individuals have meaningful access to program activities.  Yes  No  N/A

(Please attach)

K. The project has a written plan for providing language assistance for persons with limited English proficiency (LEP)  Yes  No  N/A

(Please attach)

Comments: \_\_\_\_\_

L. Is the special labor protection warranty (Section 5333(b))

posted clearly for all employees to see?  Yes  No  N/A

Sub-recipients must report any special labor warranty complaints and how they were resolved to MDOT.

Have any special labor protection warranty complaints been received?  Yes  No  N/A

If yes, explain in detail

a. How were the complaints resolved?

**IX. ADA Paratransit Plan/Paratransit Service**

\_\_\_\_\_  
Initials

A. An acceptable ADA Paratransit Plan has been developed and approved by MDOT and FTA.  Yes  No  N/A

If No, please explain:

B. The ADA Plan was filed on time.  Yes  No  N/A

C. The Plan (Update) appears to be reasonable based on the following:

1. Current fixed route and paratransit service  Yes  No  N/A

2. Eligibility process and public participation  Yes  No  N/A

3. Coordination of funding and resources  Yes  No  N/A

4. Period of time projected to implement the plan  Yes  No  N/A

5. Ridership estimate projections  Yes  No  N/A

6. Demand estimates  Yes  No  N/A

D. Are there circumstances that bear on the ability of the Grantee to carry out the Plan (Update) as presented?  Yes  No  N/A

If Yes, please explain:

1. Milestones are achievable.  Yes  No  N/A

2. Required financial resource projections are realistic  Yes  No  N/A

3. Cost projections are adequate.  Yes  No  N/A

4. The Grantee has the operational and management capabilities.  Yes  No  N/A

E. Is the Plan (Update) consistent with statewide planning activities?

Yes  No  N/A

If No, please explain:

F. The Project has the operating and capital resources Estimated to implement the proposed Plan.

Yes  No

G. The Project has a formal ADA complaint procedure.

Yes  No

H. All complaints have been responded to in writing.

Yes  No  N/A

I. The Project provides complementary paratransit services.

Yes  No  N/A

J. The Project has eligibility criteria and/or a certification process for persons with disabilities.

Yes  No  N/A

K. Adequate time for vehicle boarding and disembarking.

Yes  No  N/A

L. Accessible vehicles marked with blue symbol

Yes  No  N/A

**X. Drug and Alcohol Abuse Program**

A. The Contractor has implemented a drug testing program.

Yes  No  N/A

B. The program complies with 49CFR, Part 655.

Yes  No  N/A

C. Policy and program approved by MDOT

Yes  No  N/A

D. Date program monitored \_\_\_\_\_ Policy approval date: \_\_\_\_\_

E. The contractor has submitted a signed certification of compliance.

Yes  No

If not, explain below:

F. Who is responsible for the random pulls, records management, and reporting (quarterly & annually) Designated Employee Representative?

G. Did your agency obtain the percentages for drug & alcohol testing for the previous calendar year?  
**25%-Drugs 10%-Alcohol**

Yes  No  N/A

If not, explain below:

**XI. Planning**

A. Does the agency/project make use of a planning process?

Yes  No  N/A

- B. Who has primary responsibilities for service planning?
- C. How is the planning process used to evaluate and improve transit system/service performance?
1. Do drivers have input?  Yes  No  N/A
2. Are passengers surveyed?  Yes  No  N/A
3. Are other persons/organizations surveyed?  Yes  No  N/A
- D. Is project located in an MPO planning area?  Yes  No  N/A
1. What is the level of involvement with the MPO?
2. Is the project included in the MPO?  Yes  No  N/A
3. Does the project/organization have a short range development plan?  Yes  No  N/A
- E. Explain the level of involvement with Planning and Development District, City and County planning entities:
- F. Describe public participation process:

**XII. Education/Awareness Program**

- A. Does project/organization have a education/awareness plan?  Yes  No  N/A
- B. Does project have route maps/ brochures  Yes  No  N/A
- C. Does project use ads, public notices or fliers?  Yes  No  N/A
- D. How does project promote services:
- E. What is the amount and source of marketing/promotion budget?

**XIII. Vehicle Inventory**

- A. Vehicle titles on file with MDOT  Yes  No  N/A
- B. Vehicle titles correct  Yes  No  N/A
- C. All approved vehicles providing services  Yes  No  N/A
- D. Number of vehicles purchased with Section 5311 Funds \_\_\_\_\_

Initials \_\_\_\_\_

- E. Number of vehicles purchased with Section 5310 Funds \_\_\_\_\_
- F. Number of vehicles purchased with Section 5316 Funds \_\_\_\_\_
- G. Number of vehicles purchased with Section 5317 Funds \_\_\_\_\_
- H. Number of vehicles purchased with Section 5309 Funds \_\_\_\_\_
- I. In-kind vehicles \_\_\_\_\_
- J. Other \_\_\_\_\_
- K. Total \_\_\_\_\_
- L. Number of vehicles designated as backup \_\_\_\_\_
- M. Review MDOT Vehicle Inventory with project records and list any necessary changes below:

Comments: \_\_\_\_\_

**XIV. Vehicle Inspection**

- A. List information for all vehicle(s) inspected: Copy additional sheets as necessary to inspect project vehicles. Provide copy (s) of completed inspection to Asset Management

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle DOT #: \_\_\_\_\_ Capacity: \_\_\_\_\_ VIN #: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_ Mileage: \_\_\_\_\_

- B. MDOT's Monitor will inspect and/or ride several project vehicles during the monitoring visit. Date vehicle was last check \_\_\_\_\_

- 1. Logos are on vehicles as required.  Yes  No  N/A
- 2. Outside clean.  Yes  No  N/A
- 3. Interior clean.  Yes  No  N/A
- 4. Operable safety equipment (fire extinguisher and first aid kit) on vehicles.  Yes  No  N/A
- 5. Inspection stickers current.  Yes  No  N/A
- 6. Tag(s) current.  Yes  No  N/A

- 7. Visible body damage  Yes  No  N/A
- 8. Broken windows/doors  Yes  No  N/A
- 9. Seats damaged  Yes  No  N/A
- 10. Floor damaged  Yes  No  N/A
- 11. Emergency exits clearly labeled  Yes  No  N/A
- 12. Emergency exits operable  Yes  No  N/A
- 13. Destination signs visible  Yes  No  N/A
- 14. Lift and tie downs operable  Yes  No  N/A
- 15. P/A system operable  Yes  No  N/A
- 16. All vehicles contain fareboxes  Yes  No  N/A
- 17. All vehicles contain complaint resolution signage.  
(English/Spanish)  Yes  No

C. Summarize major findings:

**XV. Contractor's Observations and Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monitored by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FTA Drug Abuse and Alcohol Misuse Testing Program Subrecipient Program Compliance Checklist

Agency/Organization Name:				
Calendar Year:				
Date of Compliance Review:				
MDOT Policy Approval Date:				
Agency's Drug and Alcohol Program Manager:				
<p><b>Grantees and their contractors must have a drug and alcohol-testing program in place for all safety-sensitive employees. Maintenance contractors for providers in nonurbanized areas not required to have a drug and alcohol-testing program.</b></p>				
<i>Ref</i>			<i>Yes</i>	<i>No</i>
655.12(a)		<i>Policy Statement – Does the policy statement include:</i>		
655.12(a)	1)	A statement describing your organization's policy on prohibited drug use and alcohol misuse in the workplace?	X	
655.15(a)	2)	The identity of the person, office, branch, and/or position designated to answer employee questions about your organization's anti-drug use and alcohol misuse programs?	X	
655.15(b)	3)	The categories of employees who are subject to FTA Drug and Alcohol testing requirements?	X	
		List safety-sensitive positions:  Drivers:  Mechanic _____  Shop Supervisor _____  Dispatchers:		
655.15(c)	4)	Specific information concerning the behavior and conduct prohibited by the FTA regulations?	X	
655.15(d)	5)	The specific circumstances under which a covered employee will be tested under the FTA regulations?	X	
655.15(e)	6)	The procedures that will be used to:		
	a)	Test for the presence of illegal drugs or alcohol misuse?	X	
	b)	Protect the employee's privacy?	X	
	c)	Protect the integrity of the drug and alcohol testing process?	X	
	d)	Safeguard the validity of the test results?	X	

<i>Ref</i>			<i>Yes</i>	<i>No</i>
		e) Ensure that the test results are attributed to the correct employee?	X	
655.15(f)	7)	The requirement that an employee must submit to drug and alcohol testing administered in accordance with FTA regulations?	X	
655.15(g)	8)	A description of the kind of behavior that constitutes:		
		a) A refusal to take a drug or alcohol test?	X	
		b) A statement that such a refusal constitutes a violation of your organization's policy?	X	
655.15(h)	9)	The consequences for:		
		a) An employee who has a confirmed positive drug test?	X	
		b) An employee who has a confirmed alcohol test with an alcohol concentration of 0.04 or greater?	X	
		c) An employee who refuses to submit to a drug or alcohol test?	X	
		d) Do those consequences include the requirement that, in the case of a confirmed positive test or refusal, the employee be removed immediately from the safety-sensitive function and be evaluated by a substance abuse professional?	X	
	10)	The consequences for a covered employee who is found to have an alcohol concentration of 0.02 or greater but less than 0.04?	X	
655.15(i)	11)	A distinction between what portions of your organization's drug and alcohol testing program are operated under your own authority and those that are required under FTA regulations?	X	
655.16	<i>Policy Distribution</i>			
	1)	Was written notice of your organization's anti-drug and alcohol misuse policies and procedures provided to:	X	
		a) Every covered employee?	X	
		b) Where appropriate, representatives of the employee organizations (unions)? N/A	N/A	N/A
		c) Do you have documentation on file of the notice being distributed to employees? <i>Comments:</i>	X	
40.25	<i>Pre Employment Administrative Requirements</i>			
40.25(a)	1)	Did you request the following information from the employee's/applicant's previous employers covering the prior 2 years?		X
40.25(b)		a) Did the employee/applicant have any Alcohol tests with a result of .04 or greater?	N/A	N/A
		b) Did the employee/applicant have a verified positive drug tests?	N/A	N/A
		c) Did the employee ever refuse to be tested (including adulterated or substituted results)?	N/A	N/A
		d) Did the employee/applicant have any other violations of the DOT drug and alcohol testing regulations	N/A	N/A
40.25(d)	2)	Did your organization refrain from placing the employee/applicant in safety sensitive duty until the information was received?	N/A	N/A

<i>Ref</i>			<i>Yes</i>	<i>No</i>
		a) If no, do you have documentation on file that reflects your good faith efforts to obtain the information?	N/A	N/A
40.25(e)	3)	Did you receive information from previous employers that indicated the employee/applicant had violated the DOT drug and alcohol testing regulations?	N/A	N/A
		a) If yes, was the person hired?	N/A	N/A
		<i>Contracted Services</i>		
40.15	1)	Service Agents/Third Party Administrators (C/TPA's) - Do you use a service agent to perform any of the tasks needed to comply with the USDOT and FTA drug and alcohol regulations? If yes,	X	
		a) Who is your service agent?		
		• Do you have a contract?	X	
		• Does your contract contain the required FTA language?	X	
		b) What tasks does the service agent perform for you?		
40.15(b)	c)	Have you reviewed the service agent's procedures to ensure they are in compliance with 49 CFR Part 40 and Part 655?	X	
		• When was the review completed?		
		• Were there any compliance problems?		X
		• If yes, did you conduct a follow up review?	N/A	N/A
		(i) When? _____		
40.17	2)	Do you receive information from your C/TPA without significant delay? <i>Comments:</i> _____	X	
40, C-E		<i>Urine Collection Facilities</i>		
		a) What collection sites are used by your organization?		
655.45	b)	Do these collection facilities allow for testing at all hours of your service?	X	
40.35	c)	Have you provided the name of your Designated Employee Representative to each collection facility?		
40.33	d)	Have the collection site personnel received the required training?	X	
		Does your organization have documentation of the training?	X	
		e) Has your organization conducted an on-site review of the collection facility(s) to ensure they are in compliance with DOT drug and alcohol testing regulations?		
		• If yes, Date of review:		
		• Were there any findings?		X

Ref					Yes	No	
			(i)	If yes, did you conduct a follow-up review?	N/A	N/A	
			(ii)	Date of follow-up review: _____			
			(iii)	Were the issues resolved?	N/A	N/A	
				Comments: _____			
40, F	<b>Laboratories</b>						
	a)	What laboratory does your organization use?					
40.81	b)	Do you have documentation that shows the laboratory is certified, by HHS, under the National Laboratory Certification Program?			X		
		•	Attach documentation				
40, G	<b>Medical Review Officer (MRO)</b>						
	a)	Who is your MRO?					
40.121 (a)	b)	Does the MRO have the proper credentials?			X		
40.121(b)	c)	Does the MRO possess the required basic knowledge?			X		
40.121(c-d)	d)	Has the MRO completed the required training?			X		
40.121(e)	e)	Do you have documentation on file to evidence the above?			X		
	f)	Have you or your TPA conducted a review of the MRO?			X		
		•	If yes, were there any compliance problems?				X
			(i)	If yes, did you conduct a follow up review?	N/A	N/A	
			(ii)	Date of follow up review: _____			
				Comments: _____			
Part 40, J-N	<b>Breath Alcohol Technicians and Screening Test Technicians</b>						
40.213	a)	Who are your BATs or SSTs?					
	b)	Do you have documentation on file evidencing their training?			X		
40.231	c)	What devices are used by your BAT's or STT's?					
	d)	Have you conducted a review of the BAT's or STT's practices and procedures? If yes, date: _____			X		
				Comments: _____			
		•	Were there any compliance problems?				X

<i>Ref</i>					<i>Yes</i>	<i>No</i>
			(i)	If yes, did you conduct a follow up review?	N/A	N/A
			(ii)	Date of follow up review: _____		
Part 40, O	<i>Substance Abuse Professional</i>					
		a)		Who is your SAP?		
40.281(a)		b)		Does the SAP have the proper credentials?	X	
40.281(c)		c)		Has the SAP completed the required training?	X	
			•	Do you have documentation on file to evidence the training?	X	
		d)		Have you conducted a review of the SAP's practices and procedures? If yes, date: _____	X	
			•	Were there any compliance problems?		X
			(i)	If yes, did you conduct a follow up review?	N/A	N/A
			(ii)	Date of follow up review: _____ <i>Comments:</i> _____		
655.14	<i>Employee Education and Training</i>					
655.14(a)	1)	Does your organization display and distribute, to every covered employee:				
		a)		Information material about the drug and alcohol testing program?	X	
		b)		Community service hot-line telephone number for employee assistance (if available)?	X	
655.14(b)1	2)	Do covered employees receive at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment?			X	
655.14(b)2	3)	Do supervisors and other employees, authorized to make reasonable suspicion determination, receive:				
		a)		At least 60 minutes of training on the physical, behavioral, and performance indicators of probable drug use?	X	
		b)		At least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse?	X	
		c)		Has the drug and alcohol program manager received the minimum required training?	X	
		c)		<i>Comments</i>		

<i>Ref</i>			<i>Yes</i>	<i>No</i>
	<i>Testing Requirements</i>			
655.21 (a) & 655.31(a)	1)	Does your organization's program include testing under the following circumstances?		
	a)	Pre-employment (required for drug, optional for alcohol)	X	
	b)	Post-accident	X	
	c)	Reasonable suspicion	X	
	d)	Random	X	
	e)	Return to duty/follow-up		X
655.21(b)	2)	Does your organization ensure that the test includes detection of the following drugs?		
	a)	Marijuana	X	
	b)	Cocaine	X	
	c)	Opiates	X	
	d)	Amphetamines	X	
	e)	Phencyclidine	X	
	f)	Ectasy		
655.21(c)	3)	Is the use of the substances, identified above, prohibited at all times?	X	
655.21(c)	4)	Requirements specific to Alcohol testing		
655.31(b)	a)	Does your program prohibit covered employees with an alcohol concentration of 0.04 or greater from performing, or continuing to perform a safety-sensitive function?	X	
655.31(a)	b)	Are covered employees prohibited from using alcohol within 4 hours prior to performing safety sensitive functions?	X	
655.33(b)	c)	On-Call status: N/A		
655.33(b)1		• Are on-call employees prohibited from consuming alcohol during the on-call period?	N/A	N/A
655.33(b)2		• Do employees, in on-call status, have an opportunity to acknowledge the use of alcohol at the time he or she is called to report to duty any their inability to perform safety sensitive functions?	N/A	N/A
655.33(b)3		• Do you require an alcohol test if an on-call employee acknowledges alcohol use but claims the ability to perform safety sensitive functions?	N/A	N/A
655.34	d)	Are covered employees prohibited from consuming alcohol for eight hours following an accident or until he/she undergoes a post accident alcohol test (which ever comes first)?	X	
655.35(a) & 40.23(c)	e)	If an employee tests positive with an alcohol concentration of between 0.02 and 0.04 is he/she removed from safety sensitive duty?	X	
655.35(a)	f)	After removing an employee, who with an alcohol concentration that falls between 0.02 and 0.04, do they refrain from returning him/her to safety sensitive duty until:		

<i>Ref</i>				<i>Yes</i>	<i>No</i>
			• The alcohol concentration falls below 0.02?	X	
			• The start of the employee's next regularly scheduled duty period but not less than eight hours following the administration of the test?	X	
655.35(b)		g)	Is any action taken, other than that listed in "e)" above, when an employee tests positive with an alcohol concentration of less than 0.04?		X
			• If yes, does your organization have legal authority to do so?	N/A	N/A
			<i>Comments:</i> _____		
<i>Conditions on Testing</i>					
655.41	1)	Pre-employment testing			
		a)	Drug testing:		
655.41(a)1			• Do you refrain from placing an employee/applicant into safety sensitive duty, for the first time, until after they receive a confirmed negative test result?	X	
655.41(a)2			• If an employee/applicant has previously failed or refused a pre-employment drug test, do you require the employee to provide documentation evidencing that they have successfully completed an SAP referral, evaluation, and treatment plan?	X	
655.41(b)			• Do you conduct a pre-employment test when transferring an employee from a non-safety sensitive function to a safety sensitive function?	X	
655.41(c)			• When a pre-employment test is cancelled, do you require the employee/applicant to take another pre-employment drug test?	X	
655.41(d)			• Does your organization require an employee, not performing safety sensitive functions for 90 or more consecutive days, to submit to a pre-employment drug test?	X	
			• If no, was the employee(s) retained in your random pool? If yes, was the employee(s) removed from your random pool?	X	
655.42		b)	Alcohol Testing:		X
			• Does your organization conduct pre-employment alcohol testing? If yes:		
655.42(a)			• Is the test conducted prior to placing the employee/applicant into a safety sensitive function?	N/A	N/A
655.42(b)			• Is the test required for all employees/applicants?	N/A	N/A
655.42(c)			• Is the test conducted after making a contingent offer of employment?	N/A	N/A
655.42(d)			• Are all pre-employment alcohol tests conducted in accordance with 49 CFR Part 40?	N/A	N/A
655.42(e)			• Is a test result of less than 0.02 received prior to placing the employee into safety sensitive duty?	N/A	N/A
655.43	2)	Reasonable Suspicion Testing			

<i>Ref</i>				<i>Yes</i>	<i>No</i>	
655.43(b)		a)	Have the employees authorized to make reasonable suspicion determinations received the required training?	X		
		b)	Have any reasonable suspicion tests been conducted? If yes,		X	
		•	Was the employee who made the determination authorized and trained to make reasonable suspicion determinations?	N/A	N/A	
		•	Was the determination based on specific, current, and describable observations concerning the appearance, behavior, speech, or body odors of the employee?	N/A	N/A	
655.43(c)		c)	If a reasonable determination was made for alcohol consumption was the test conducted:			
		•	While the employee was performing a safety sensitive function?	N/A	N/A	
		•	Just before the employee was to perform a safety sensitive function?	N/A	N/A	
		•	Just after the employee has ceased performing a safety sensitive function?	N/A	N/A	
655.43(d)		•	Within two hours of the determination?	N/A	N/A	
		(i)	If no, is there documentation on file detailing the reasons the test was not conducted?	N/A	N/A	
655.44	3)	Post Accident Testing				
655.44(a)1		a)	Fatal Accidents - Were there any accidents involving the loss of human life? If yes:		X	
		•	Was a post accident test conducted as soon as possible?	N/A	N/A	
		(i)	How long after the accident was the drug test administered? _____			
		(ii)	How long after the accident was the alcohol test administered? _____			
		•	Were all surviving covered employees operating the vehicle(s) involved in the accident tested?	N/A	N/A	
		•	Were other covered employees, who's actions may have contributed to the accident, tested?	N/A	N/A	
655.44(a)2		b)	Non-Fatal Accidents - Were there any other accidents (as defined in 49 CFR Part 655.4)? If yes,	X		
		•	Was a post accident test conducted as soon as possible?	X		
		(i)	How long after the accident was the drug test administered? <b>Immediately (within 30 minutes)</b> _____			

Ref					Yes	No
			(ii)	How long after the accident was the alcohol test administered? <u>Immediately (within 30 minutes)</u>		
655.44(a)2			•	Were all covered employees operating the vehicle(s) involved in the accident tested?	X	
			•	Were other covered employees, who's actions may have contributed to the accident, tested? If not,	X	
			(i)	Do you have documentation on file that shows that the employees' actions can be completely discounted as a causing factor to the accident?	X	
655.45	2)	Random Testing				
655.45(a)		a)		Were random drug tests performed on the equivalent of 25 percent of your organization's covered employees?	X	
		b)		Were random alcohol tests performed on the equivalent of 10 percent of your organization's covered employees?	X	
655.45(e)		c)		What procedures does your organization use for its random draw? <b>Drug Pak-MEA</b>		
655.45(g)		d)		Are random tests conducted throughout your organization's hours of service?	X	
		e)		Are random tests conducted at varying times during the month?	X	
655.45(h)		f)		Are employees selected for random tests required to proceed to the testing facility immediately upon notification?	X	
655.46	3)	Return to Duty Tests				
				N/A		
		a)		Did any employees refuse to submit to a drug or alcohol test?	N/A	N/A
		b)		Did any employees have a confirmed positive test result?	N/A	N/A
		c)		If the answer to "a)" or "b)" above was yes:		
			•	Was a return to duty test conducted?	N/A	N/A
			(i)	If not, why? <b>Zero Tolerance</b>		
40.301			(ii)	If yes, did the employee complete the SAP process?	N/A	N/A
40.301(c)1			(iii)	Does your organization have documentation to support this claim?	N/A	N/A
				Comments: _____		
655.61	<b>Test results</b>					
40.21	1)			Does your organization "Stand Down" employees prior to the MRO completing the verification process?		X
		a)		If yes, were you granted a waiver by USDOT?	N/A	N/A
		b)		Do you have documentation on file showing this waiver?	N/A	N/A

Ref			Yes	No
655.61 (a) & 40.23	2)	Did any employees or applicants have a confirmed positive test result for drugs or alcohol (.04 or greater); or refuse to submit to a test? If yes:		X
	a)	Was the employee immediately removed from safety sensitive duty?	N/A	N/A
655.62	b)	Was the employee/applicant referred to a Substance Abuse Professional (SAP?)	N/A	N/A
	c)	Did the employee comply with the SAP recommendations?	N/A	N/A
		• Do you have documentation on file evidencing compliance with the SAP recommendations?	N/A	N/A
655.61(b)	d)	Were return to duty and follow up tests conducted?	N/A	N/A
		• If no, why? _____ _____		
40.23(b)	3)	Did your organization receive any test results that were verified adulterated?		X
	a)	If yes, did you treat the result as a refusal to test?	N/A	N/A
40.23(e)	4)	Did your organization receive any test results that indicated the specimen was diluted?		X
	a)	If yes, was the diluted test result positive or negative? _____		
40.197(a)		• If verified positive, was the test treated as other positive tests?	N/A	N/A
40.197(b)		• If verified negative, did you require the employee to be re-tested?	N/A	N/A
40.197(c)		(i) Are all employees treated in this manner?	N/A	N/A
40.23(f)	5)	Did you receive any test results indicating that the specimen was invalid? If yes,		X
	a)	Did you direct the employee to submit another test under direct observation?	N/A	N/A
	b)	Did you attach any other consequences?	N/A	N/A
	c)	Was the employee given advance notice?	N/A	N/A
	d)	Did you indicate the same type of test as the original on the CCF1?	N/A	N/A
40.23(f)	6)	Did you receive any cancelled tests? If yes,		X
	a)	Was a negative test required (pre-employment, return to duty, follow up) If yes,	N/A	N/A
		• Was the employee/applicant directed to immediately submit to another test?	N/A	N/A
		Comments: _____		
655-71 & 40.333	<i>Records control and retention</i>			
655.71 (a)	1)	Where are your testing records kept? <b>In the Project Director's office in a locked file cabinet.</b>		
	2)	Is this a secure location?	X	

<i>Ref</i>			<i>Yes</i>	<i>No</i>
		a) Who has access to the records?		
655.71 (c)	3)	What types of records are maintained by your organization? _____		
655.71(c)		a) Records related to the collection process		
		• Collection log books (if used)	X	
		• Documents relating to the random selection process	X	
		• Documents generated in connection with a decision reasonable suspicion test (when applicable)	N/A	N/A
		• MRO documents verifying existence of a medical explanation for inadequate urine or breath (when applicable)	N/A	N/A
655.71(c)2		b) Records related to test results		
		• The employer's copies of the chain of custody form	X	
		• Documents related to test refusals (when applicable)	N/A	N/A
		• Documents from employee disputing the test results (when applicable)	N/A	N/A
655.71(c)3		c) Records related to SAP referral		
		• Employee/applicant referral (when applicable)	N/A	N/A
		• Return to duty	N/A	N/A
		• Follow up tests	N/A	N/A
		• Employee's/Applicant's entry into and successful completion of the SAP recommended treatment program (when applicable)	N/A	N/A
655.71 (c)4		d) Employee Training records		
		• Training materials on drug and alcohol awareness are available	X	
		• Awareness training - Names, dates, and times of training	X	
		• Reasonable suspicion training conducted	X	
		• Certification that the training complies with 49 CFR Part 655	X	
655.71(b)	4)	How long do you retain the records? _____		
		a) Five Years		
		• Verified positive test results (when applicable)	N/A	N/A
		• Documentation of test refusals (when applicable)	N/A	N/A
		• Employee referrals to SAP (when applicable)	N/A	N/A
		• Copies of the annual MIS report(s)	X	
		b) Two Years		

<i>Ref</i>				<i>Yes</i>	<i>No</i>
			• Records related to the collection process	X	
			• Documentation of employee training	X	
		c)	One Year		
			• Records of negative test results	X	
40, P	5)	Confidentiality			
40.321		a)	Have you released any employee drug and alcohol testing information to anyone without the written permission of the employee?		X
			• If yes, what were the circumstances that surrounded the release of information? _____ _____		
			• Did you receive written consent from the employee authorizing you to release the information?	N/A	N/A
655.72	<i>MIS Reports</i>				
	1)	Did you submit your annual MIS report to MDOT in a timely manner?		X	
	2)	Did the reports contain all of the required information?		X	

\_\_\_\_\_  
MDOT REVIEWER(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRUG AND ALCOHOL PROGRAM MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE REPORT/CHECKLIST RELEASED TO PROJECT

<p><b>COMMENTS AND RECOMMENDATION:</b></p>
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