**INTRODUCTION & HOW TO USE THIS TEMPLATE**

The Regional Transportation Commission (RTC) is responsible for monitoring the use of real property, facilities and equipment funded by the Federal Transit Administration (FTA) to protect the Federal interest and to ensure that the equipment is maintained in a state of good repair.

As such, RTC maintains a permanent vehicle record for each vehicle purchased with Section 5310 funds in its ***Fixed Asset System***. To ensure that vehicles are properly maintained, RTC reviews vehicle maintenance records/reports, and physically inspects vehicles as part of the on-site visit, and/or as requested.

Subrecipients must maintain assets according to the manufacturer’s recommended maintenance schedule and in accordance with the grant contract. For all vehicles, a comprehensive maintenance plan is required. This plan should include documented vehicle maintenance/accident repairs and ensure oversight for routine scheduled or non-scheduled maintenance activities. The following document is structured as a template which outlines the required elements of the Subrecipient Vehicle Fleet Maintenance Plan. Your agency may choose to use this template or create your own. To use this template you will need to complete the text highlighted in yellow to personalize your own *Subrecipient Vehicle Fleet Maintenance Plan*.

Several documents are required to be submitted as appendices to the plan. It is critical that any changes made to the Maintenance Plan be documented, and an updated plan provided to the RTC. Changes might include revisions, addendums and updates to Appendix documents.

Lastly, the private non-profit organization or public agency remains the registered owner of the vehicle(s) and remains fully responsible for program compliance including, but not limited to, operation oversight, reporting, insurance, maintenance and monitoring. RTC will maintain titles until grantee request’s disposal. A Certificate of Insurance must be provided at time of grant agreement execution. This shall be maintained throughout the useful life of the vehicle(s) and until RTC releases lien of the title. All vehicles purchased must be accessible and comply with ADA requirements.

**Subrecipients must submit their maintenance plans on or before October 31st.**

Complete the text highlighted in yellow and attach the appropriate documentation requested to personalize the Maintenance Plan. Agencies are encouraged to make any necessary revisions to this document so that it reflects maintenance activities practiced by the Subrecipient.

***Delete these pages upon completion of your document.***

SUBRECIPIENT

VEHICLE FLEET

MAINTENANCE PLAN

## FORMAL APPROVAL OF PLAN

This Plan has been approved by the appropriate governing entity

or official(s) responsible for policy decisions.

Authorized Signature Date of Approval

## AGENCY OR SUBRECIPIENT

##### Physical Address Phone Number

**E-mail Address**

## VEHICLE FLEET MAINTENANCE PLAN

**INTRODUCTION**

**(Agency Name)** in its continuous development and concern for the safety of its staff and community members has developed this maintenance plan. This is a living document that will be updated on an “as needed” basis and reviewed annually for compliance to new rules, regulations, and laws.

This plan is designed to keep all vehicles and related equipment in safe, reliable, and operational condition. It requires management, drivers, and related staff to be well trained and accountable for specific roles.

**SPECIFIC ROLES**

*MANAGEMENT*

**(Agency Title of Staff)** will make sure that all staff is properly trained and certified as deemed appropriate to perform preventive maintenance on the vehicles and will document all maintenance related activities.

*DRIVERS*

The drivers must be certified according to State laws. Driver must know the proper starting, shifting, and braking procedures to extend the life of the vehicle and must be vigilant in reporting his/her observations. No vehicle should be sent into service low on oil, antifreeze, automatic transmission, or power steering fluid. Unsealed batteries and windshield washer fluid must also be checked and filled. Drivers should be alert for unusual noises, bad tires, noisy or poor brakes, and clutch adjustments.

All drivers should be completely familiarized with the vehicles including engine compartment, driver controls, and passenger safety devices. Drivers should be trained to recognize unusual noises and describe basic mechanical problems to the supervisor and/or mechanic.

## VEHICLE FLEET MAINTENANCE

**GOALS AND OBJECTIVES**

**(Agency Name)** will use the maintenance plan to obtain the goals listed below:

***Examples:***

* ***To ensure proper running condition, cleanliness, and proper equipment of all program vehicles.***
* ***To provide less down time of the vehicles and timely maintenance for repairs before a break down can occur.***

##### ENTER GOAL 1 HERE

1. ENTER GOAL 2 HERE

##### ENTER GOAL 3 HERE, ETC.

Our objectives to complete the goals listed above include:

***Examples:***

* ***To provide proper training classes for all drivers to understand the importance of pre-trip inspections and post-trip checks.***
* ***To perform pre-trip inspections of all vehicles before they make a trip.***
* ***To perform preventive maintenance on all vehicles at 3 months or 3,000 miles of use and once a year or 20,000 mile complete check.***
* ***To have a monitoring system in place to ensure that the preventive maintenance program is being performed.***
* ***To perform preventive maintenance and servicing on new vehicles to maintain warranty coverage and recover costs of warranty repairs.***

##### ENTER OBJECTIVE HERE

1. ENTER OBJECTIVE HERE
2. ENTER OBJECTIVE HERE, ETC.

**(Agency Name)** has the means to carry out the goals and objectives by:

##### PROVIDE EXPLANATION HERE

1. PROVIDE EXPLANATION HERE

**GENERAL AGENCY AND VEHICLE FLEET INFORMATION**

**(Describe the type of vehicles in the fleet, the basic kind of transportation provided by the Agency, basic area that is covered, specific location(s) where the vehicle(s) is/are parked, and state how many vehicle(s) is/are ADA-serviceable.)**

**FLEET DESCRIPTION**

**TYPE OF TRANSPORTATION PROVIDED**

**WHERE TRANSPORTATION IS PROVIDED**

**SECURITY OF VEHICLES/STORED & PARKED**

**NUMBER OF/TYPLE OF ADA SERVICEABLE VEHICLES**

**PREVENTIVE MAINTENANCE INSPECTIONS AND SERVICES**

**INTRODUCTION**

Vehicle and component (e.g., handicapped access equipment) manufacturers manuals are an important part of the vehicle maintenance plan as they define specific maintenance intervals and provide critical information when the maintenance work is actually to be performed.

Preventive maintenance (PM) inspections and Scheduled services should follow the recommended intervals by the manufacturer. If preventive maintenance services are not being done according to the guidelines of the manufacturer, the agency may jeopardize any claim to a warranty.

##### (Appendix A: INSERT Preventive Maintenance Schedule)

Services eligible for warranty payment must be made by the appropriate personnel and filed with the manufacturer. Documentation of such services should remain in the vehicle file.

**(Agency Name)** operates a warranty recovery program to ensure that cost of parts and repairs on warranty-covered items are recovered.

Authorization for warranty return and labor claims, if applicable, are obtained from the manufacturer or vendor. Information is supplied to the vendor on the circumstances of the failure, if known. The item is then returned to the vendor warranty department for repair or replacement. **(Agency Name)** retains copy of the warranty claim form for tracking purposes. The Agency will also notify RTC of all warranty returns.

**DOCUMENTATION**

Preventive maintenance (PM) inspections and Scheduled services should be performed, and documented according to a proper schedule. All documentation including maintenance forms, logs, receipts, inspections, and trip logs should be kept through the life of the vehicle plus 3 years. Whenever a mechanic or tow truck is dispatched to a vehicle in service, documentation should be submitted and placed in the vehicle file. **(Agency Title of Staff)** is responsible for maintaining the vehicle documentation.

##### (See Appendix B: INSERT documentation that captures this information OR use SAMPLE Information for Onsite Mechanic/Tow in Appendix B)

##### PM INSPECTIONS

Preventive maintenance (PM) inspections are basic inspections to help provide an opportunity to detect and repair damage or wear conditions before major components need repairs.

These inspections generally cover:

* A list of specific items to be checked
* Record repairs and the routine application of fluids
* Indicate inspection interval (i.e., daily or weekly); and mileage
* Indicate if repair/replacement is needed for an item.

##### (See Appendix C: INSERT daily inspection document OR use SAMPLE provided in Appendix B - *Daily Inspection Checklist*)

**IDENTIFIED DEFECTS**

Identified defects should be reported to **(Agency Title of Staff)**. Defects must be reviewed and repaired based on the categories listed:

* SAFETY DEFECT

The vehicle cannot be released until the repairs are completed, except in case of an emergency. Safety cannot be compromised.

#### MECHANICAL DEFECT

A defect that will worsen and increase cost. The vehicle cannot be released until the repairs are completed, except in case of an emergency.

#### ELECTIVE MECHANICAL DEFECT

A defect that does not compromise safety will not cause further damage if operated but needs to be corrected prior to the next PM cycle. Repair should be scheduled. Due to transportation costs and disruption to operations, this decision should not be made lightly.

#### ELECTIVE OR COSMETIC DEFECT

The defect will not compromise safety and will not cause further damage or cost as it is an aesthetic defect. The vehicle should be scheduled for an off-peak time in the future, as determined by management, or at the next scheduled PM Service.

##### (See Appendix D: INSERT documentation capturing defects OR use SAMPLE provided in Appendix D - *Reporting Defects sheet*)

##### TYPES AND DESCRIPTIONS OF PM INSPECTIONS

The manufacturer’s recommended service schedule should be adhered to by either mileage or months. Basic PM Services are 4 levels that are listed below:

##### *(Note: See Manufacturer’s Manual for mileage/month internals- enter information accordingly)*

Level A – Conducted at **(? Miles/ ? month intervals)**. Change oil and filter, inspect tires, electrical system, service all fluid levels, lubricate chassis and doors, check A/C, hoses, fire extinguishers, belts, brakes, lights, test drive, body damage, etc. Inspect and test vehicle lift.

Level B – Conducted at **(? Miles/ ? month intervals)**. Includes all items in level A. Check coolant, specific gravity, and pH .

Level C – Conducted at **(? Miles/ ? month intervals)**. All items in levels A and B, plus change fuel filter, replace air filter, and inspection of braking system.

Level D – Conducted at **(? Miles/ ? month intervals)**. All items in levels A, B, and C, plus inspection and repack of wheel bearings.

##### (See Appendix E: INSERT documentation to capture PM Service Schedule OR use SAMPLE provided in Appendix E - *PM Service Schedule sheet*.)

**PRE/POST TRIP INSPECTIONS**

An important aspect of preventive maintenance is the establishment of strong communication between drivers and management. An easy way to ensure and document this communication link is through the use of the driver’s daily vehicle inspection checklist that is either a pre-trip or post- trip inspection.

The driver should identify any defects and report them to **(Agency Title of Staff)**. All checklists are to be maintained in the vehicle’s permanent file.

The pre- and post-trip inspection forms shall be legibly completed and signed by the vehicle driver. A pre-trip inspection should include at a minimum:

##### (See Appendix F: INSERT documentation to capture Pre and Post Trip Inspection information OR use SAMPLE Reports in Appendix F and Appendix G.)

* Cleanliness – Properly maintained and free of loose articles.
* Lights and reflectors – High/low beams, tail lights, turn signals,
* 4-way hazard flashers, marker lights, license plate light, and reflectors should be cleaned as needed
* Brakes – Both foot and emergency brakes should be capable of effectively stopping or restraining the vehicle. Brake pedal should be firm after 1–2 inch free play on a single down stroke. No noises, vibration, or steering changes should result from applying the brakes while moving.
* Horn – Gives an adequate and reliable warning signal.
* Windshield, washer reservoir, wipers, and defroster – Surfaces must be clean and unobstructed, inside and outside. Washer reservoirs are to be filled as needed.
* Mirrors – All rear vision mirrors must be clean, properly adjusted, and unobstructed. Outside mirrors must be mounted on both sides.
* Tires – Must be of adequate load capacity when vehicle is fully loaded. Tires shall be inflated to recommended pressures and compatible with each set (i.e., all radials or all bias ply; no mixed sets.) Tire wear surfaces and sidewalls shall be inspected daily for debris, damage, and wear. Tires shall be replaced prior to revealing the “wear bars” between the treads at the contact surface.
* Speedometer – Shall be operational and accurately record speed.
* Seatbelts – If the vehicle has seatbelts, they must be in good operating condition and used by all passengers and drivers. Wheelchair passenger restraints and securement systems shall be fully operational.
* Doors – Capable of being opened, shut, and locked as required.
* Fluids – All fluid levels must be checked each time the vehicle is fueled and maintained at the manufacturers recommended operating levels. This includes engine coolant, oil, brake fluid, power steering fluid, transmission fluid, and washer solvent.
* Wheelchair lifts – Check operating and structural condition by operating through one (1) complete cycle.
* Emergency Equipment – Should be present and operational:

1. Flares
2. First aid kits
3. Bloodborne pathogens cleanup kit
4. Reflective vest for driver
5. Fire extinguishers
6. Flashlight with batteries
7. Reflective triangle
8. Cleanup kit for cleaning and sanitizing vehicle

A post-trip checklist should include at a minimum:

* Service brakes including trailer brake connections
* Parking/hand brake
* Steering mechanism
* Lighting devices and reflectors
* Tires
* Horn
* Windshield wipers
* Rear vision mirrors
* Emergency equipment
* Wheelchair lift

##### (See Appendix H: INSERT documentation to capture Post-Trip information Checklist OR use SAMPLE Appendix H - *Post-Trip Checklist*.)

The inspection shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. Driver needs to sign the driver vehicle inspection report.

## ADA ACCESSIBILITY EQUIPMENT

### INTRODUCTION

The Americans with Disabilities Act of 1990 (ADA), Title 49 CFR Section 37.161, Subpart G, requires that transportation services maintain the ADA features of their facilities and **vehicles** in operative condition. These ADA features include but are not limited to:

* Lifts and other means of access to vehicles;
* Securement devices;
* Signage or systems to aid communications with persons who have impaired vision or hearing.

Accessibility features must be repaired promptly if they are damaged or out of order. When an accessibility feature is out of order, **(Agency Name)** shall take reasonable steps to accommodate persons with disabilities who would otherwise use the feature.

ADA Title 49 CFR Section 37, 163 requires the establishment of regular and frequent maintenance checks of the lifts. The vehicle drivers must report, by the most immediate means available, any failure of a lift. The vehicle lift should be repaired as soon as possible.

ADA Title 49 CFR Section 37, 173 requires all personnel to be trained to proficiency in the use of ADA equipment, as appropriate to their duties.

**PREVENTIVE MAINTENANCE PLAN**

A preventive maintenance plan for ADA accessibility features should be in place; including a system of maintenance checks based on manufacturers recommended guidelines within number of cycles or yearly, whichever comes first.

##### (See Appendix I: INSERT documentation to capture Wheelchair Lift Maintenance Policy OR use SAMPLE Appendix I - *Wheelchair Lift Maintenance Policy*.)

**MANAGEMENT OF VEHICLE FLEET**

*PHYSICAL INVENTORY*

**(Agency Name)** will conduct a physical inventory check on all vehicles and lifts annually.

#### *VEHICLE HISTORY FILE*

#### Each vehicle will have a written record documenting preventive maintenance, regular maintenance, inspections, lubrications, and repairs performed.

##### (See Appendix J: INSERT documentation to capture Maintenance Log information OR use SAMPLE Appendix J - *Monthly Preventative Maintenance Report* and SAMPLE Appendix K: Mechanic Service Sheet.)

A minimum of the following information will be maintained in the records:

* Identification of the vehicle including:
  + Serial/VIN number
  + Year
  + Make
  + Model type
  + License plate number
* Date
* Mileage
* Description of each inspection, maintenance, repair, lubrication performed
* The name of the business/shop performing an inspection, maintenance, lubrication, or repair to the vehicle or lift.

**(Agency Name)** will use the businesses or shops listed below for vehicle maintenance. **(Agency Name)** has confirmed with the businesses and shops listed below that the mechanics are certified and qualified to perform maintenance work on a vehicle.

##### 1) Name and full address required 2)

**(Agency Name)** will use the businesses or shops listed below for lift maintenance. **(Agency Name)** has confirmed with the businesses and shops listed below that the mechanics are certified and qualified to perform maintenance work on a lift.

##### 1) Name and full address required 2)

# Appendix A: SAMPLE

# Preventive Maintenance Schedule

**Appendix B: SAMPLE**

**Information for Onsite Mechanic/Tow**

#### Today’s Date

1. Last 5 digits of VIN
2. Time Called
3. Driver
4. Route
5. Location of Vehicle: Be specific – street address, cross street, highway marker
6. Reported Trouble: Ask specific questions and be as precise as possible.
7. Replacement vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11) Call received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MANAGEMENT REPORT**

#### Time Arrived at Bus:

1. Circle One: In-Service Repair Bus Exchange Towed
2. Time Repair/Exchange Completed
3. Nature of Trouble
4. Remarks

Operator’s Signature

Agency Staff Signature

# Appendix C: SAMPLE

# Daily Inspection Checklist

#### VIN

Odometer

Vehicle Number

Date

|  |  |  |
| --- | --- | --- |
| **Interior Inspection** | | |
| 1 | Seats and seatbelts |  |
| 2 | Doors/hinges/latches/locks |  |
| 3 | Flooring/headliner/side panels |  |
| 4 | Mirrors |  |
| 5 | Interior lights |  |
| 6 | Exterior lights   * Directional * Step/door * Emergency flashers * Clearance * Headlights * Panel lights * Tail lights * Backup lights * Brake lights |  |
| 7 | Warning system/horn/radio |  |
| 8 | Starter system/automatic/choke/backup alarm |  |
| 9 | Windshield wipers/washers/windshield |  |
| 10 | Windows/emergency windows |  |
| 11 | AC/heater/defroster – front/rear |  |
| 12 | Gauges: fuel/oil/volt/temp |  |
| 13 | Roof hatch |  |
| 14 | Fare box |  |
| 15 | Clean |  |
| 16 | Required stickers/posters displayed |  |

|  |  |  |
| --- | --- | --- |
| **Exterior Inspection** | | |
| 1 | Exterior body and components |  |
| 2 | Tires/wheels – lug nuts, tire pressure |  |
| 3 | Access doors/emergency doors |  |
| 4 | Fuel cap and port |  |
| 5 | Engine oil/transmission fluid check |  |
| 6 | Power steering fluid check |  |
| 7 | Battery |  |
| 8 | Radiator fluid level |  |
| 9 | Belts/hoses/wiring |  |
| 10 | Under hood/exhaust system |  |
| 11 | Brakes/brake fluid/brake pedal |  |
| 12 | Parking brake/emergency brake |  |
| 13 | Acceleration/steering/tracking |  |
| 14 | Suspension – shocks/springs |  |
| 15 | Water/fluid leaks |  |
| **Lift/Ramp** | | |
| 16 | Wheelchair lift/ramp – cycled Y/N – smooth operation |  |
| 17 | Interlock system/lift fluid levels |  |
|  | Four tie downs per position |  |
|  | Four minute safety loop strap per vehicle |  |
| **Other** | | |
| 18 | Fire extinguisher/first aid kit/safety triangles |  |
| 19 | Bloodborne pathogens kits/seatbelt cutter |  |
| 20 | License plate/operators manual |  |
| 21 | Registration/insurance |  |

**Additional Comments:**

|  |  |
| --- | --- |
| **Legend** | |
|  | OK |
| X | Repairs required |
| R | Repaired |
| O | Not applicable |

#### ––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

# Appendix D: SAMPLE

# Reporting Defects

#### VIN

Date

Mileage

**Please circle all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doors** | **W/C Lift** | **A/C or Heat** | **Exterior Lighting** |
| Stick | No Power | Defroster | Headlights |
| Too fast | Deploy | No Heat | Tail Lights |
| Too Slow | Platform | No A/C | Turn Signals |
| Won’t Close | Restraint | A/C Light | Flashers |
| Won’t Open | Stow | Blowers | Clearance |

|  |  |  |  |
| --- | --- | --- | --- |
| **Electrical** | **Suspension** | **Brakes** | **Body Damage** |
| Dome Lights | Air Leak | Pull L/R | Bumpers |
| Gauges | Leans | Lock Up | Front End |
| Telltale Lamps | Won’t Raise | Soft | Rear End |
| Horn | Kneeler | Noisy | Left Side |
| Chime | Noisy | Parking Brake | Right Side |

|  |  |  |  |
| --- | --- | --- | --- |
| **Windows** | **Mirrors** | **Steering** | **Radio** |
| Broken | Broken | Hard | Dead |
| Etched | Too Loose | Shimmies | Static |
| Won’t Open | Too Tight | Excessive Play | Volume |
| Won’t Close | Won’t Adjust | Pulls Left | Won’t Transmit |
| Need Cleaning | Spot Mirror | Pulls Right | Won’t Receive |

|  |  |  |  |
| --- | --- | --- | --- |
| **Engine** | | **Transmission** | **Tires** |
| Stop Light | Low Power | Transmission Light | Flat |
| Check Light | Won’t Start | Won’t Shift | Damaged |
| Overheats | Oil Leak | No Forward | Low Air |
| Smokes | Fuel Leak | No Reverse | Low Tread |
| Vibrates | Water Leak | Slips | Uneven Wear |
| Stalls | Noisy | Leaks | Loose Lugs |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other** | | | |
| Wipers | Accelerator | Sensitive Edge | Emergency Exits |
| Interior Dirty | Exterior Dirty | Graffiti | Interlock |
| Seats | Other (specify): | | |

**Repair Action:**

**Body Damage (circle or designate damaged areas):**

 

#### Driver’s Signature:

Date:

Agency Staff Signature:

Date

**Appendix E: SAMPLE**

**PM Service Schedule**

Preventive Maintenance Level – Schedule by Mileage

#### VIN Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PM**  **Level** | **Cumulative Mileage** | **PM**  **Description** | **Date of Service** | **Comments (use back or other paper and attach as necessary)** |
| A |  |  |  |  |
| A |  |  |  |  |
| A |  |  |  |  |
| B |  |  |  |  |
| A |  |  |  |  |
| A |  |  |  |  |
| A |  |  |  |  |
| C |  |  |  |  |
| A |  |  |  |  |
| A |  |  |  |  |
| A |  |  |  |  |
| B |  |  |  |  |
| A |  |  |  |  |
| A |  |  |  |  |
| A |  |  |  |  |
| D |  |  |  |  |

**Repeat the schedule.**

**Level A**: Conducted at **? miles/months** interval. Change oil and filter, inspect tires, electrical system, service all fluid levels, lubricate chassis and doors, check A/C, hoses, fire extinguishers, belts, brakes, lights, test drive, body damage, etc. Inspect and test vehicle lift.

**Level B**: **Conducted** at **? miles/months** intervals. Includes all items in level A, plus transmission fluid and filter change. Check coolant, specific gravity, and pH.

**Level C**: Conducted at **? miles/months** intervals. All items in levels A and B, plus change fuel filter, perform complete engine tune-up, replace air filter, drain and refill differential lubricant, and inspect braking system.

**Level D**: Conducted at **? miles/months** intervals. All items in levels A, B, and C, plus inspection and repack of wheel bearings.

**Appendix F: SAMPLE Pre-Trip Inspection Report**

|  |  |
| --- | --- |
| VIN: | VIN: |
| Driver 1: | Driver 2: |
| Start Miles: | Start Miles: |

Daily Check List: Place a **check mark** () to indicate the item was inspected. Place an **X** if a problem is detected with an item. All items with an **X** must be detailed at the bottom of the sheet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item to Inspect** | **Driver 1** | **Driver 2** | **Item to Inspect** | **Driver 1** | **Driver 2** |
| Oil level |  |  | A/C heater defroster |  |  |
| Water coolant level |  |  | Passenger door |  |  |
| Water/oil leaks |  |  | Emergency exits/lights |  |  |
| Tires/lug nuts |  |  | Fire extinguisher |  |  |
| Head lamps |  |  | Emergency reflectors |  |  |
| Turn signals |  |  | First aid/accident kit |  |  |
| Hazard lights |  |  | Wheel chair restraints |  |  |
| Clearance lights |  |  | W/C interlock system |  |  |
| Brake lights |  |  | W/C lift |  |  |
| Backup lights |  |  | Handrails |  |  |
| Glass (all) and mirrors |  |  | Seatbelts |  |  |
| Clean exterior |  |  | Modesty panels |  |  |
| Proper decals |  |  | Registration |  |  |
| Brake pedal |  |  | Insurance info |  |  |
| Emergency brake |  |  | Radio |  |  |
| Backup beeper |  |  | Horn |  |  |
| Wipers/washers |  |  | Clean interior |  |  |

Body Damage Description:

Explanation or Comments:

**Appendix G: SAMPLE Post-Trip Inspection Report**

|  |  |
| --- | --- |
| VIN: | VIN: |
| Driver 1: | Driver 2: |
| Ending Miles: | Ending Miles: |

Daily Check List: Place a **check mark** () to indicate the item was inspected. Place an **X** if a problem is detected with an item. All items with an **X** must be detailed at the bottom of the sheet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item to Inspect** | **Driver 1** | **Driver 2** | **Item to Inspect** | **Driver 1** | **Driver 2** |
| Water/oil leaks |  |  | Passenger door |  |  |
| Tires/lug nuts |  |  | Emergency exits/lights |  |  |
| Head lamps |  |  | Fire extinguisher |  |  |
| Turn signals |  |  | Emergency reflectors |  |  |
| Hazard lights |  |  | First aid/accident kit |  |  |
| Clearance lights |  |  | Clean interior |  |  |
| Brake lights |  |  | Clean exterior |  |  |
| Backup lights |  |  | Wipers/washers |  |  |
| Glass (all) and mirrors |  |  | Other: |  |  |

Body Damage Description:

Explanation or Comments:

**Appendix H: Post-Trip Checklist**

Driver

Date

VIN

Time/End of Trip

Check items that have been inspected following trip completion:

parking/hand brake steering mechanism

lighting devices and reflectors windshield wipers

emergency equipment

service brakes including trailer brake connections

horn tires

coupling devices wheels and rims rear vision mirrors

List any defect or deficiency discovered or reported that would affect the safety or operation of the vehicle or result in its mechanical breakdown (indicate if none, as well):

#### Driver’s Signature Driver’s Printed Name

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Describe correction action taken:

**Corrective action**:

* 1. Agency shall certify on the original driver vehicle inspection report which lists any defect or deficiency that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again.
  2. Every agency shall maintain the original driver vehicle inspection report, the certification of repairs, and the certification of the driver's review for three (3) months from the date the written report was prepared.

#### Printed Name Signature Date

**Appendix I: Wheelchair Lift Maintenance Policy**

Wheelchair lifts shall be serviced based on duty cycles. A duty cycle is one (1) full cycle from stowed position back to stowed position. The number of cycles a lift is operated in a given shift will be documented on the daily trip sheet. The supervisor will keep a running tally of the lift cycles for each vehicle, and send the vehicle in for the next designated service prior to reaching the maximum number of lift cycles allowed between services.

Indicate which maintenance schedule is required based on the lift manufacturer:

#### Includes inspection and service at ENTER CYCLES (e.g. 150, 750, 1,500, etc.) cycles with service and inspection at consecutive ENTER CYCLE# cycles OR at PARTICULAR CYCLE INTERVAL cycles. This schedule also requires service at ENTER CYCLE INTERVAL cycles to be performed by a certified technician (if applicable.)

**Appendix J: SAMPLE**

**Maintenance Log for Year \_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONTHLY PREVENTIVE MAINTENANCE REPORT** | | | | | | | | | | | | | | |
| **Reporting Agency:** | | |  | | | | | | | | | | |  |
| **Agency Address & Phone:** | | |  | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reporting Month:** | | **October** | | | **ENTER VEHICLE LIC# & VIN# - IF NEW VEHICLE ENTER 0 (ZERO) DATA FOR ALL REMAINING COLUMNS FOR OCTOBER REPORTING** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vehicle Fleet # | License No. | VIN | Monthly Starting Miles | Monthly Ending Miles | Total Miles | Odometer at Last Service | Service Type | Miles Since Last Service | Previous Service Type | Previous Service Miles | **Miles Between Services** | Date of Last Service | Date of Previous Service | **Days Between PMIs** |
| **1** | **0** | **0** | 0 |  | 0 |  | 0 | 0 | 0 |  | **0** |  |  | **0** |
| **2** | **0** | **0** | 0 |  | 0 |  | 0 | 0 | 0 |  | **0** |  |  | **0** |
| **3** | **0** | **0** | 0 |  | 0 |  | 0 | 0 | 0 |  | **0** |  |  | **0** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **0** |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |  |  |  |  |
|  | **Description of Service Type Performed:** | | | | | | | | | | **Business/Shop Name** | | | |
| Van 1 |  | | | | | | | | | |  | | | |
| Van 2 |  | | | | | | | | | |  | | | |
| Van 3 |  | | | | | | | | | |  | | | |

***This document has been created by RTC in Excel as a workbook with monthly tab tracking sheets. Mileage data carries over from month to month. This spreadsheet will be provided to you for your use or you may develop your own.***

# Appendix K: SAMPLE

# Mechanic Service Sheet

#### Date VIN Plate Number Mileage

**Basic Services List**

**Additional Services List**

Change engine oil and filter

Tires: rotate and measure tread depth Tire pressure:

RF LF RR LR Inspect wheels and related components Perform multi-point inspection

Inspect automatic transmission fluid levels

Inspect brake pads, shoes, rotors, drums, brake linings, hoses, and parking brake Inspect engine cooling system concentration and hoses

Inspect exhaust system and heat shield Inspect front axle and U-joints, lubricate if equipped with grease fittings

Inspect half-shaft boots (if applicable) Inspect steering linkage, ball joints, suspension, tie rod ends, driveshaft and U-joints; lubricate if equipped with grease fittings

Torque rear U-bolts Inspect cabin air filters

Lift – inspect and lube if lift installed

**Parts/Materials Used:**

Replace cabin air filters

Replace climate-controlled seat filter Replace engine air filter

Inspect valve clearances

Change automatic transmission fluid and filter

Replace front wheel bearing grease Replace spark plugs

Change engine coolant

Change manual transmission fluid Change rear axle fluid

Inspect accessory drive belt Change front axle fluid Change transfer case fluid Replace accessory drive belts Replace front wheel bearings

**Comments:**

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––

––––––––––––––––––––––––––––––––––––