



**SITE INSPECTION REVIEW**

Name of Organization: \_\_\_\_\_

Site Inspector: \_\_\_\_\_

Agency Personnel participating in review (Name and Title): \_\_\_\_\_

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

**Selection and Eligibility:**

Please provide a description of all programs utilizing 5310 Program vehicles: \_\_\_\_\_

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

How many trips are conducted on a weekly/monthly basis? \_\_\_\_\_

Does the subrecipient provide meal delivery to homebound persons?  Yes  No

If yes:

a. How many meal delivery trips are conducted on a weekly/monthly basis?

\_\_\_\_\_

b. How many meal delivery and regular service combination trips are conducted?

\_\_\_\_\_

c. What provisions are in place to ensure that service used for meal delivery does not interfere with transit services or result in a reduction of services to passengers?

\_\_\_\_\_

\_\_\_\_\_

Has the subrecipient submitted required program measures?  Yes  No

**Americans with Disabilities Act (ADA):**

Is the agency providing the following service provisions required by ADA:

a. Providing service information in accessible forms?  Yes  No

What kind of service information is available to the public regarding the program?

Other Agencies, Website, flyers, word of mouth, brochure, others

- b. Ensure lift availability  Yes  No
- c. Ensure lift and securement system work  Yes  No
- d. Provide service to persons using respirators or portable oxygen  Yes  No
- e. Permit service animals to accompany individuals with disabilities in vehicles and facilities  Yes  No
- f. Offer training in use of accessibility features and passenger assistance techniques?  
 Yes  No

What types of training are provided for your operator driver(s)? \_\_\_\_\_  
\_\_\_\_\_

- g. If you received a 5310 program vehicle in previous years that was non-accessible (no lift or ramp), how do you provide equivalent service to persons with disabilities? Agencies referred, Manual Assistant , others  
\_\_\_\_\_  
\_\_\_\_\_

**Maintenance:**

Tour maintenance facility, if applicable

How many vehicles does the agency have? \_\_\_\_\_ select 1 - 20

Has the agency submitted all required maintenance records?  Yes  No

If not, what documents are missing? Insurance, Preventive Maintenance Inspection record, pre- Pro trip log, vehicle, other

Does the agency have written procedures/policies for maintaining vehicles and equipment and facilities?  Yes  No

**Insurance Policy:**

The subrecipient provided a copy of the Insurance Policy during the site visit.  Yes  No

The Insurance Policy indicates VIN number and the District of Columbia, Department of Transportation as an additional insured party.  Yes  No

If the subrecipient passes the threshold of \$500,000 or more in FTA grant money for a given year, does the subrecipient have copies of the A133 audits?  Yes  No

**Manufacturer Warranty:**

The subrecipient provided a copy of the manufacturer warranty during the site visit  Yes  No

**Program Procedures/Policies:**

**Drug-Free Workplace Policy**  Yes  No

**Title VI and Non-Discrimination Responsibilities**

Is the subrecipient aware of its **non-discrimination** responsibilities? (Can not discriminate on the grounds of race, color, creed, national origin, sex, age, or disability. Clients can not be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program).  Yes  No

Are required notices under **Title VI** of the Civil Rights Act of 1964, as amended and other statues posted in locations visible or accessible to customers?  Yes  No

**Where** are notices posted? vehicle, agencies office , Front building , Back building

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Does the nondiscrimination notice contain information on filing a discrimination complaint?  
 Yes  No

In the past year, did the subrecipient receive any discrimination complaints?  Yes  No

**If so**, was the complaint recorded in a complaint log?  Yes  No  
Was a copy of the complaint sent to DDOT?  Yes  No

Did the subrecipient serve any limited or non-English proficient (LEP/NEP) customers?  
 Yes  No

**If so**, approximately how many LEP/NP customers did the subrecipient serve in the past year and what languages were spoken by these customers? \_\_\_\_\_

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If the subrecipient served LEP/NP customers, did the subrecipient provide translated documents and oral interpretation assistance to customers?  Yes  No

**If so**, please describe: \_\_\_\_\_

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Is the subrecipient aware of and following Charter and School bus transportation regulations?  
 Yes  No

**Quarterly Program Status Report:**

The subrecipient provided Program Status Reports and relevant documentation for review to ensure vehicle maintenance plans are being followed correctly  Yes  No

The subrecipient has provided Program Measures (included in the Quarterly Reports) for review:  
 Yes  No

**Pre and Post-Trip and Log Sheet Documentation:**

The subrecipient provided pre-trip/post-trip log sheets  Yes  No

**If not**, is the subrecipient planning to forward documentation to PTSA?  Yes  No

Prepared by: \_\_\_\_\_

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

Approved: \_\_\_\_\_

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

**Vehicle Inspection (one per vehicle):**

_____	_____
Subrecipient's Name	Date
_____	_____
Vehicle Make & Model	VIN Number

**The following items were inspected during the site visit:**

- Program Status Reports and corresponding documentation (receipts, etc)
- Title VI display inside vehicle
- Vehicle Tag
- Valid Inspection Sticker
- Vehicle Identification Number
- Mirrors (side and rear view)
- Tires
- Horn
- Seatbelts
- Wheelchair lift
- First Aid Kit
- Other (explain): \_\_\_\_\_

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

Signature of Organization Representative: \_\_\_\_\_

Printed Name of Organization Representative: \_\_\_\_\_

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

Signature of Site Inspector: \_\_\_\_\_

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