

**SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION (SCDOT)
OFFICE OF PUBLIC TRANSIT**

HUMAN SERVICE COMPLIANCE REVIEW FORM

**FTA SECTIONS 5310, 5316 and 5317 PROGRAMS
PROJECT PERFORMANCE UPDATES
(Due Annually February 15th)**

NAME OF AGENCY _____

CONTRACT NUMBER _____

EQUIPMENT DESCRIPTION (CAPACITY, MAKE, MODEL, YEAR, ETC.) _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

1. SERIAL NUMBER: _____ 2. LICENSE NUMBER: _____
3. INSURANCE COMPANY NAME: _____
4. EFFECTIVE COVERAGE DATES: FROM: _____ TO: _____
5. POLICY NUMBER: _____
6. DATE OF LAST INSPECTION OF SAFETY EQUIPMENT: _____
7. FIRST AID TRAINING PROGRAM: _____
8. DATE OF LAST TRAINING AND NUMBER OF TRAINEES: _____
9. DOES YOUR AGENCY HAVE A VEHICLE MAINTENANCE PLAN? IF NO, PLEASE EXPLAIN WHY. _____
10. PLEASE PROVIDE SCDOT A COPY OF YOUR MAINTENANCE PLAN. IF SCDOT ALREADY HAS A COPY OF THIS PLAN, PLEASE STATE THE DATE THE PLAN WAS SUBMITTED. _____
11. PROVIDERS ARE REQUIRED TO SUBMIT SEMI-ANNUAL MAINTENANCE RECORDS FOR 10% OF FLEET PURCHASED BY SCDOT. THESE RECORDS SHOULD INCLUDE ALL PREVENTIVE MAINTENANCE ON THE VEHICLES. **PLEASE PROVIDE A COPY OF THESE RECORDS.**

**VEHICLE OR
OPERATIONS SECTION**

1. BEGINNING: _____ ENDING: _____ MILES THIS PERIOD: _____
2. NUMBER OF PASSENGERS: _____ ELDERLY: _____ HANDICAPPED: _____ OTHER: _____
3. AVERAGE MILES PER DAY: _____ AVERAGE HOURS VEHICLE USED PER DAY: _____
NUMBER OF DAYS VEHICLE USED THIS PERIOD: _____
4. DESCRIBE MAJOR REPAIRS, SHOWING MILEAGE AND DATE AT THE TIME OF REPAIRS:

- 5. DESCRIBE ALL ACCIDENTS (*DATE, DAMAGE, REPAIR COSTS, INJURIES, FAULT, COMMENTS*):
-ATTACH ACCIDENT REPORT-

- 6. HAS EACH DRIVER OF THIS VEHICLE COMPLETED THREE HOURS OF DRIVER TRAINING THIS QUARTER?
YES _____ **NO. TRAINED:** _____ **TRAINING PROVIDED BY:** _____
NO _____

- 7. COMMENTS:

PURCHASE OF SERVICE SECTION

- 1. PROVIDE INFORMATION REGARDING ANY PURCHASE OF SERVICE AGREEMENT: INCLUDE THE SCOPE AND THE NAME OF YOUR SERVICE PROVIDER.

- 2. WHAT TYPE OF SOLICITATION WAS DONE IN SELECTING A CONTRACTOR AND WHY? (INCLUDE COPY OF BID PACKET AND SIGNED AGREEMENT)
- 3. DID SCDOT REVIEW YOUR BID PACKAGE PRIOR TO PUBLICATION IN THE NEWSPAPER? _____
 IF NO, STATE WHY?

- 4. ARE YOU SATISFIED WITH THE SERVICE BEING PROVIDED? IF NO, STATE WHY? _____

- 5. WHAT TYPE OF PURCHASE OF SERVICE CONTRACT ARRANGEMENT DO YOU HAVE WITH THE CONTRACTOR? (A) **SINGLE-YEAR CONTRACT:** _____ (B) **MULTI-YEAR CONTRACT:** _____
- 6. WHAT IS THE CURRENT CONTRACT PERIOD? _____
- 7. WHAT IS THE CURRENT CONTRACT AMOUNT? _____
- 8. IS YOUR AGENCY A PRIVATE NON-PROFIT OR PUBLIC NON-PROFIT? _____

THE OFFICIAL AGENCY REPRESENTATIVE CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

 PRINT NAME OF AGENCY OFFICIAL

 PRINT TITLE OF AGENCY OFFICIAL

 SIGNATURE OF AGENCY OFFICIAL

 DATE

	PROJECT SUMMARY	
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Please provide a detailed overview of your project. If you receive funds for operations, special COG funding or SCDOT is lienholder of your vehicle, you are also required to complete this section.