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STATE OF MONTANA

Handbook for a Transportation Management Review

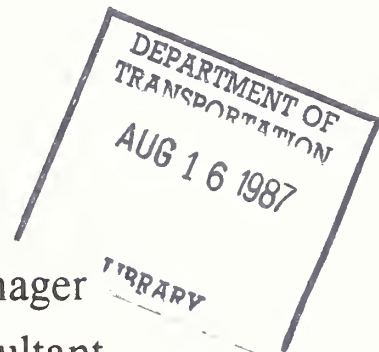
Montana Department of Commerce

Passenger Transit Bureau

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MONTANA PEER GROUP
MANAGEMENT ASSISTANCE PROJECT

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT



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PREFACE

The Handbook for a Transportation Management Review was developed as part of an UMTA Section 6 grant entitled "Montana Peer Group Management Review Project." The survey instrument is based on concepts from the UMTA Section 9 Triennial Review Circular (UMTA N 901.1) and will serve as a detailed survey of activities for any size transit system.

The preparation of this report was financed through a grant from the Urban Mass Transportation Administration of the United States Department of Transportation under the Urban Mass Transit Act of 1964 as amended. The grant was received by the Montana Department of Commerce, Bureau of Passenger Transportation and contracted to Peter Schauer Associates, Boonville, Missouri for completion.

The opinions, findings, and conclusions expressed in this publication are those of the author and not necessarily those of the United States Department of Transportation, Urban Mass Transportation Administration, or the Montana Department of Commerce. This report constitutes neither specifications, standards, or endorsements by any person or agency.

Peter Schauer will answer questions about the Transportation Management Review and would like information from users of the review. Contact him at Peter Schauer Associates, Route 2, Box 266, Boonville, Missouri 65233. Telephone: 816-882-7388.

PURPOSE OF REVIEW

The purpose of the management review is to discover whether or not the transit system has adequate management systems in place to manage the service and whether or not the trends of the transit system's performance data are positive.

The review is designed to be used as one part of a technical assistance effort. That is, after completion of the review, technical assistance should be provided to the service to improve deficient areas and to document exemplary performance to share with other transit systems.

TYPES OF REVIEW

Two types of procedures are used in a complete management review program: 1) Trend analysis based on available data (Appendix B: "Survey of Existing Services") and 2) systems analysis based on detailed program review (Appendix J: "Management Review Questionnaire").

Trend analysis will usually lead to a systems review in an attempt to discover why a particular aspect of an agency is deteriorating or improving. It is for that reason (data generation to assess performance) that this handbook emphasizes the use of the "Management Review Questionnaire." (Good management systems will not necessarily lead to positive trends. However, good systems will at least generate enough rough data to be evaluated.)

The survey of existing services (Appendix B, part E) contains a series of questions regarding performance of the system such as passengers carried and cost per mile. By collecting these measures for a sufficient time period, trend analysis of the system can be conducted. Trend analysis used in this way measures the service's performance against itself and is designed to improve the service. The performance data can also be used to judge a system's performance against industry standards (or peer groups in the absence of industry standards). Peer groups and industry standards are used to create an "average performance." (The theory being that at least all services seek to be average or better.) Inaccurate data or the absence of data to perform trend analysis or industry average analysis suggests that the service may have management system problems. The discovery of management system problems is facilitated by the use of the "Management Review Questionnaire" (Appendix J). For a complete review both trend analysis and system analysis must take place.

A Transportation Management Review typically follows an established sequence of events as shown in Table 1. As shown in Table 1, an estimated 12 weeks are required to take a review from initiation to completion of the final report. Less thorough reviews need less time. The intent of any length review is to have an "action" oriented process and to help improve the service being evaluated. Even with the in-depth 12 week process, an agency should have draft reports two weeks after the initial on-site contact.

The process begins with the selection of the agency to be reviewed and a telephone call to the agency head to discuss the review's purpose and schedule. After the telephone contact, the reviewer should mail the existing service inventory (Appendix B) and the list of background material (Appendix C) to the agency. This information should be mailed back to the reviewer prior to the on-site visit. After receiving the survey of existing services and the background material, the reviewer should organize this material by filing in a separate file jacket each review segment. A detailed file system will greatly assist development of the final report.

About four weeks after the agency is notified, the actual on-site review is done. The project should receive initial findings and guidance for system improvement during the exit interview. A format for the exit interview is contained in Appendix F. Approximately two weeks later the reviewer should discuss with the agency head the draft report. The amount of time needed for the completion of the final report depends on whether or not the reviewer prepares extensive written descriptions of problems and recommended improvements. At the very minimum the reviewer should outline recommended improvements for the system to implement.

TABLE 1

TIME TABLE FOR REVIEW
(Summary Checklist in Appendix H)

Week 1	Selection of Agency to be Reviewed Telephone Agency to Discuss Review and Establish Date for Review Send Agency: 1. Memo (Appendix A) 2. Existing Service Survey (Appendix B) 3. List of Background Material Needed (Appendix C)
Week 3	Review Background Material and Service Inventory Send Agency: 1. Memo (Appendix D) 2. List of Material for On-Site Discussion (Appendix E) 3. Reminder about Date of Review (Memo, Appendix D)
Week 4	On Site Review: Length of time on site varies with review and system complexity
Week 6	On Site Review of Draft findings and follow-up observations
Week 8	Draft Report for Agency review
Week 10	Agency comments about Draft Report to Reviewer for inclusion in Final Report
Week 12	Final Report to Agency

The "Management Review Questionnaire" investigates three primary functional areas of the system: administration and management, operations and service provision, and service planning and marketing. The reviewer should become familiar with available literature on these subjects, and recommended readings are in Appendix I. The following is a brief discussion of what each section of the review is intended to cover.

Administration and Management

Organization and Governing Body

The primary area to be reviewed in this section is the activities of the governing body and the relationship of the governing body to the overall program activities and management. In this section it is determined if the Board exercises proper and active responsibility for the program's operation. Besides the specific questions presented on the survey, the reviewer should be alert for potential conflicts of interest, lack of participation by the Board in key program activities and a lack of overall structure and organizational hierarchy.

General

The general section has its focus on the overall systems of the organization. That is, are the overall files, both program and fiscal, up to date and well organized? A good filing system is evident not only by physical inspection but also by observing the ease by which the manager can find materials during the course of this review.

The characteristics of the overall accounting and bookkeeping system are covered in this section. The key element being examined in this area is the division of labor and the adequate segregation of duties among personnel in the accounting functions. While in very small programs it may be difficult to segregate duties, as much as possible certain duties such as check signing should always be separated from cash collection, posting, approving vouchers for payment and payroll preparation.

Budget

The budget review is designed to not only determine whether or not there is a comprehensive and sufficiently detailed budget, but also whether it is used in the management of the program by comparing actual expenditures and collections against budgeted amounts.

Reporting Procedures

The review of the reporting procedures should verify whether or not financial and program reports are submitted on a timely basis. Also, the review should determine whether or not the financial and program reports are actually used in the management process. Very often data is collected but it is not used for any other purpose than reports. The reviewer should note data collected and statistics available and how they are used.

Revenue Management

This area focuses on both the direct physical handling of receipts and the manner in which these receipts are recorded and allocated to various funding and cost centers.

Procurement Practices

The procurement practices section focuses on the procedures through which the program purchases and receives materials, supplies, and services. This section also reviews efforts to purchase from small business, Disadvantaged Business Enterprises (DBE) and Women Business Enterprises (WBE) suppliers along with efforts at purchase of services from private transportation agencies (public/private cooperation).

Disbursements

This section follows the revenue management and procurement practices section. The disbursements are the actual procedures and practices followed in the proper transfer of funds out of the organization and accounting for those funds.

Facilities and Property Management

Facilities and property management cover all the physical assets of the program. The reviewer should be alert to the presence of various supplies and inventories on the immediate premises and their control against theft, loss, physical damage, or misuse.

Personnel

The personnel review is designed not only to review the specific practices of the organization but also to determine the general environment of the organization and procedures to train and positively improve each staff person.

Operations and Service Provision

Service Provision

The section on service provision is designed to review the on-street operations of the service. Questions revolve around the scheduling and dispatching functions of the organization and proper allocation of resources.

Fleet Characteristics

In this section the reviewer should examine the day to day use of the vehicles. It should be determined whether or not the vehicles are properly being used for passenger transportation and are not being used for school service, staff vehicles, delivery of commodities, hot meals, or other activities without proper contracts for those activities.

Maintenance

In the maintenance section it should be determined whether or not there are adequate systems for maintenance of the fleet. It will not be possible for the reviewer to actually determine whether or not each piece of equipment is in proper condition for day to day service unless an actual inspection of each piece of equipment is conducted. The goal of the maintenance review is to determine whether or not there are systems which allow management to properly supervise and review the maintenance functions.

Safety

The safety review is designed to determine the primary characteristics of the program's approach to safety. The reviewer should be able to determine whether or not there are procedures in place to foster safety consciousness and the accident trends and patterns of the organization.

Road Observation

An optional road observation report is provided in Appendix K to verify "on the street" findings of the review of observations and service provision.

Service Planning and Marketing

Service Planning

In this section the reviewer is attempting to determine whether or not the organization is systematically approaching the future with specific plans. Further, has the organization attempted to define future conditions and discover how its services will exist in the future. The reviewer should determine whether or not the Board and other staff are involved in the planning process. The reviewer also should attempt to examine principal planning documents for their relevance and accuracy.

Public Involvement

Several UMTA programs require specific public hearings or public notices. Besides being sometimes required, hearings are a good technique for community involvement. This section is designed to determine the level of public involvement in service or fare changes.

Marketing

Marketing is more than advertising and includes such activities as research, service design, promotion, and customer services. This section is designed to determine the approach to marketing and whether or not the organization has a consumer orientation.

Passenger Survey

An optional passenger survey is provided in Appendix L for sampling attitudes of riders about service.

APPENDIX A

Memo to: (Project Name)
From: (Reviewer Name)
Subject: Management Review

This is a follow-up on our recent telephone conversation about the completion of a management review for (agency name).

We will arrive (time and date) and hope to complete the review by (time and date).

Please send the checklist of material and survey of existing services back to me by (date).

Contact me at _____ if you have any questions.

Thank you.

APPENDIX B

Survey of Existing Services

- Instructions: 1. Please complete the following survey.
 2. Please attach one copy of all forms used in your transportation service.
 3. Any questions? Call:

Name of your agency _____ Date _____

Person completing form _____ Title _____

Address _____ Telephone _____

A. EQUIPMENT: Please provide the following information about your existing fleet.

1. Vehicles (attach list for more vehicles)

Vehicle	Condition	Make, Model	Year	Mileage (to date)	Seating Ambulatory (A) WheelChairs(C)	Ramp or Lift Equipped	Title Holder
	Excellent Good Fair Poor				A C	Yes No Type:	Our Agency Other (Specify)
	Excellent Good Fair Poor				A C	Yes No Type:	Our Agency Other (Specify)
	Excellent Good Fair Poor				A C	Yes No Type:	Our Agency Other (Specify)
	Excellent Good Fair Poor				A C	Yes No Type:	Our Agency Other (Specify)

Montana Department of Commerce Passenger Transit Bureau

2. Radio Equipment. Do you have use of any 2-way or CB radio equipment or other communications equipment such as a mobile phone? Yes No
 If so, describe equipment: _____

 Where is it located? _____
 Do you own the equipment? Yes No

B. DESCRIPTION OF SERVICE: Please be as specific as possible

1. Who do you provide transportation for? Check all that apply:
 Elderly Handicapped Young Poor General Population
 Other (Please specify) _____

2. What restrictions are placed on who can ride? Check all that apply:
 Age Limitations. If so, please specify _____
 Income Guidelines. If so, please specify _____
 We serve only the clients of our agency. List qualifications. _____

 Restricted to ambulatory persons
 No restrictions
 Other. Please specify _____

3. What types of trips do you provide? Check all that apply:
 Medical Nutrition Employment Education Shopping
 Recreation General Purpose (Wherever rider needs to go within our service area
 Other. Please specify _____

4. How far in each direction does your service operate? Describe service area (use additional sheets, if necessary)
 North _____

 South _____

 East _____

 West _____

5. Specify your days and hours of service by checking the appropriate spaces:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7- 9 am							
9-11 am							
11- 1 pm							
1- 3 pm							
3- 5 pm							
5- 7 pm							
7- 9 pm							
9-11 pm							
11- 1 am							
1- 3 am							
3- 5 am							
5- 7 am							

6. How do you schedule rides? Check all that apply.

Riders must call in at least _____ (how many) hours in advance.
We run a fixed-route system. Riders are picked up at designated points.
We transport groups associated with social service activities.
On call.
Other. Please specify _____

7. Do you ask for donations? Yes No

8. Do you charge a fare? Yes No If so, how much? _____

C. OPERATING CHARACTERISTICS

1. Maintenance Program

In house contract or out-of-house maintenance by (company name): _____

If in house:

Maintenance facility: _____ square feet

Number of maintenance personnel: _____

Maintenance capabilities: _____

Other Comments: _____

2. Fuel

Where do you buy your gasoline/diesel? _____

Where do you buy your oil? _____

E. PERFORMANCE INDICATORS

1. State the number of one-way passenger trips provided to:

How to count one-way passenger trips:

Each time a person boards and gets off, a one-way passenger trip has been made. For example, if you pick up a lady at her home and take her to the doctor, & then take her home, you have provided 2 one-way passenger trips.

In counting the number of one-way trips provided to specific categories, count them as you do in your programming. Don't count the same person in more than one category.

	Specify month	Specify year
Elderly	Last month	Annual
Handicapped	_____	_____
Young 16	_____	_____
Poor	_____	_____
Gen Pop.	_____	_____
Other Groups (Specify)	_____	_____

2. Of the number of one-way passenger trips provided, how many were made by persons in wheelchairs? Last month _____ Annually _____

3. Specify the number of one-way passengers trips provided for each purpose:

	Month of	Annual: year of	
Medical	_____	_____	Check if figures are ESTIMATES
Employment	_____	_____	
Nutrition	_____	_____	
Social/Recreation	_____	_____	
Education	_____	_____	
Shopping	_____	_____	
Other	_____	_____	
TOTAL	_____	_____	Yes No

4. Please fill in the following (see last page for explanation of terms):

Specify reporting period: From _____ To _____

a. Average number of vehicles in service daily (number refers to passengers)
 ___ cars ___ vans ≤15 ___ buses 15-25 ___ buses > 25 ___ other ___ total

b. Average number operated daily Fixed-Routes _____ Demand-Responsive _____

c. Average number of daily one-way passenger trips
 _____ Fixed-Route _____ Demand-Responsive _____ Total

d. Total vehicle miles for most recent year _____

e. Total revenue miles for most recent year _____

f. Total revenue miles divided by total vehicle miles _____

g. Total passenger trips divided by total revenue miles _____

h. Total cost divided by total vehicle miles _____

i. Total revenue divided by total cost _____

j. Total vehicle miles per collision accident ¹⁷ _____

F. OPERATING AND CAPITAL EXPENSES

	Month of _____		Year _____	
	Payable by Cash only	Volunteer, In-kind Donated	Payable by Cash only	Volunteer In-kind Donated
<u>Variable and Direct Operating Expenses</u>				
Wages and fringe benefits:				
Drivers	\$ _____	\$ _____	\$ _____	\$ _____
Helpers -	_____	_____	_____	_____
Dispatchers & Schedulers	_____	_____	_____	_____
Supervisors	_____	_____	_____	_____
Gas and Oil	_____	_____	_____	_____
Tires	_____	_____	_____	_____
Spare parts	_____	_____	_____	_____
Routine maintenance	_____	_____	_____	_____
Other maintenance & repairs	_____	_____	_____	_____
Advertising & Promoting:				
Scheduling	_____	_____	_____	_____
Maps	_____	_____	_____	_____
Signs	_____	_____	_____	_____
Other	_____	_____	_____	_____
Garage costs (storage or off-street parking)	_____	_____	_____	_____
Inspections	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Depreciation of vehicles and attachments	_____	_____	_____	_____
Other expenses (specify)	_____	_____	_____	_____
<hr/>				
<u>Administrative Indirect</u>				
<u>Operating Expenses</u>				
Wage and fringe benefits:				
Office staff	_____	_____	_____	_____
Guards and security	_____	_____	_____	_____
Office supplies	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Taxes (license)	_____	_____	_____	_____
Data processing (record keeping)	_____	_____	_____	_____
Rent (or facility and facility depreciation)	_____	_____	_____	_____
Office equipment (depreciation)	_____	_____	_____	_____
Other expenses (specify)	_____	_____	_____	_____
<hr/>				
TOTAL _____	=	\$ _____	+ \$ _____	
<hr/>				
<u>Capital Expenses</u>				
Vehicles	_____	_____	_____	_____
Radios	_____	_____	_____	_____
Office Equipment	_____	_____	_____	_____
Other	_____	_____	_____	_____
<hr/>				
TOTAL _____	=	18 \$ _____	+ \$ _____	

Month of _____

Year _____

Payable by Cash only

Payable by Cash only

Revenues

1. Cash support

Area Agency on Aging
or Council on Aging
Adult/Family Services
(Welfare/Title XX)

\$ _____

\$ _____

County Mental Health
Developmentally Disabled
Manpower
Vocational Rehabilitation
UMTA:

United Way
Other Sources:

Fares from riders
Donations from riders
Donations other than from
riders
Other cash _____

TOTAL CASH

\$ _____

\$ _____

2. Non-cash support

Volunteer time donated
Other donated services
Other (please specify source)

\$ _____

\$ _____

TOTAL Non-cash

\$ _____

\$ _____

3.

TOTAL (Cash & Non-cash)

\$ _____

\$ _____

G. PROJECTED BUDGET

Using your budget categories, please list or attach your next year's budget.

	Next year budget		Specify year _____	
	Month of _____		Year _____	
	Payable by Cash only	Volunteer, In-kind Donated	Payable by Cash only	Volunteer In-kind Donated
<u>Variable Direct Operating Expenses</u>				
Wages and fringe benefits:				
Drivers	\$ _____	\$ _____	\$ _____	\$ _____
Helpers	_____	_____	_____	_____
Dispatchers & Schedulers	_____	_____	_____	_____
Supervisors	_____	_____	_____	_____
Gas and Oil	_____	_____	_____	_____
Tires	_____	_____	_____	_____
Spare parts	_____	_____	_____	_____
Routine maintenance	_____	_____	_____	_____
Other maintenance & repairs	_____	_____	_____	_____
Advertising & Promoting:				
Scheduling	_____	_____	_____	_____
Maps	_____	_____	_____	_____
Signs	_____	_____	_____	_____
Other	_____	_____	_____	_____
Garage costs (storage or off-street parking)	_____	_____	_____	_____
Inspections	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Depreciation of vehicles and attachments	_____	_____	_____	_____
Other expenses (specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
<u>Administrative Indirect</u>				
<u>Operating Expenses</u>				
Wage and fringe benefits:				
Office staff	_____	_____	_____	_____
Guards and security	_____	_____	_____	_____
Office supplies	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Taxes (license)	_____	_____	_____	_____
Data processing (record keeping)	_____	_____	_____	_____
Rent (or facility and facility depreciation)	_____	_____	_____	_____
Office equipment (depreciation)	_____	_____	_____	_____
Other expenses (specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
<hr/>				
TOTAL _____	=	\$ _____	+	\$ _____

Capital Expenses

Vehicles	_____	_____	_____	_____
Radios	_____	_____	_____	_____
Office Equipment	_____	_____	_____	_____
Other	_____	_____	_____	_____

TOTAL _____ = \$ _____ + \$ _____

Estimated units of service by type for next year _____

Please attach any brochures or printed material about your service.

If the above information has not given a complete description of your transportation operation, please do so on additional pages.

Please call if you have any questions.

THANK YOU FOR YOUR COOPERATION

Glossary of Terms

Deadhead Miles: Non-service miles. Essentially the miles a vehicle operates from the garage to the route.

Demand-Responsive Service: Service designed to carry passengers from their origins to specific destinations (generally door-to-door) on an immediate demand or advance reservation basis.

Fixed-Route Service: Service operated over a set route or network of routes generally on a regular schedule.

One-Way Passenger Trip: Each time a person boards at their origin and gets off at their destination is a one-way passenger trip (see part E.1).

Revenue Miles: "Live miles" or "service miles" as opposed to deadhead miles. The miles a vehicle operates on a route having the opportunity to carry passengers.

Vehicle Miles: Total of all types of miles. Revenue miles and deadhead miles are subsets of vehicle miles.

APPENDIX C

BACKGROUND MATERIAL FOR MANAGEMENT REVIEW

Attention:
Name _____
Address _____

Telephone _____

The following materials are requested to assist in conducting a management review of your service. Please send the material by _____ (date).

Send to:
Name _____
Address _____

Telephone _____

Administration and Management

Organization and Governing Body

- ___ Organization chart
- ___ Governing body's Bylaws
- ___ Names and addresses of members of governing body
- ___ Goals, objectives, and targets for organization

General

- ___ List of all current service and grant contracts (show agency, company and dollar amount)
- ___ Previous Monitoring Reports
- ___ Most recent independent audit and management letter

Budget

___ Most recent approved budget

Revenue Management

___ List of sources of all cash

___ Briefly describe and diagram how cash is handled

Personnel

___ Driver job description

___ Manager job description

___ Table of Contents of Personnel Manual

___ List of current staff and date of hire

Operations and Service Provision

Service Provision

___ Table of Contents from Operations Procedures Manual

Maintenance

___ Table of Contents of Maintenance Plan

Service Planning and Marketing

Service Planning

___ Title, date and plan of most recent plan

___ Name of agency who prepared most recent service plan

___ Table of Contents of most recent plan

Marketing

___ Table of Contents for most recent marketing plan

___ Samples of printed material (schedules, brochures, etc.)

APPENDIX D

MEMO

To: (Project Manager Name)

From: (Reviewer)

Subject: Project Review

I will be at your office (time, date) to conduct a program review. Please have the material on the attached list (Appendix E) accessible for discussion. I understand that some of the material may not be available or appropriate for your project, if you have questions please call me.

Thank you for your cooperation.

APPENDIX E

SERVICE REVIEW

Material to have available for
on site discussion

Administration and Management

Organization and Governing Body

- Minutes of Governing Body
- Board Orientation Packet
- Sample Financial Information periodically submitted to Board
- Board Performance Review of Chief Executive Officer
manager, executive director

General

- All current service and grant contracts
- Information to verify correction of previous audit disallowances
- Accounting Policy and Procedure Manual
- Chart of Accounts
- Insurance Policies

Budget

- Verification of Match (cash and in-kind)

Procurement Standards

- Purchasing procedures

Expenditures

- System for allocation of direct and indirect costs to various contracts and
funding sources.

Facilities and Property Management

- Inventory Lists
- Facility Lease Agreements
- List of all large inventories

Personnel

- Personnel Manual
- Training procedures for all staff

Operations and Service Provision

Service Provision

- Operations Procedure Manual

Maintenance

- Maintenance Plan

Safety

- Accident Records

Service Planning and Marketing

Service Planning

- All published plans currently in use

Public Involvement

- Documentation about most recent public hearing (public notice, minutes, etc.)

Marketing

- Most recent marketing plan
- Demographic and attitudinal information about riders and non-riders

APPENDIX F

MANAGEMENT REVIEW; EXIT INTERVIEW FORMAT

1. Discuss your general impressions of review with manager. Each functional area should be discussed and together the reviewer and project manager should assign tentative priority levels or indicate degree of urgency for corrective measures needed at end of on-site review. These priorities are reviewed and revised as needed prior to final audit.

Priorities are developed according to the following criteria:

PRIORITY 1 (Response time: Same day) - fire, life, health, safety, potential structure or vehicle damage, security, tasks or work which directly impacts passenger transportation.

PRIORITY 2 (Response time: Usually one to two days) - disrupts or interferes with the passenger transportation process. (Burned out interior lights, lack of forms, air conditioner problems, etc.)

PRIORITY 3 (Response time: One to two weeks) - convenience work orders or general maintenance items. (Oil change past due, dirty interior, rearrange office furniture, etc.)

PRIORITY 4 (Response time: When time allows) - Items which are not in need of immediate attention but attention will improve delivery of service. (New form design, repaint bus interior, etc.)

PRIORITY 5 (Response time: Ongoing) - Monitor and regularly evaluate (No special attention needed at this time, but be alert to changes which will indicate need for corrective measures)

Brief notes concerning priorities and discussion should be kept by both reviewer and manager.

2. Discuss Time Table and dates for review process.
3. Answer questions.

APPENDIX G

FINAL REPORT OUTLINE

1. Executive Summary
 - a. Dates of review
 - b. Persons interviewed
 - c. Major findings and recommendations
2. Introduction and Purpose of Review
3. Results of Review
 - a. Findings
 - b. Recommendations
4. Prioritization of Recommendations
5. Conclusion

NOTE: Actual copy of survey with attached Findings and Recommendations may be adequate in most situations and thereby constitute final report.

APPENDIX H

SUMMARY CHECKLIST FOR REVIEW ACTIVITIES

- ___ Project selected
- ___ Background material and service inventory
 - ___ (Date) mailed
 - ___ (Date) received
 - ___ (Date) reviewed
- ___ Confirmation of review and discussion of material needed for on-site visit
 - ___ (Date) mailed
- ___ Review form completed on site.
 - ___ (Date) started
 - ___ (Date) completed with exit interviews
 - ___ List of persons interviewed
- ___ Road Observation Report
 - ___ (Dates completed)
- ___ Passenger Survey
 - ___ (Dates completed)
- ___ Draft findings
 - ___ (Date) Discussion with Project
- ___ Draft report
 - ___ (Date) mailed to project
 - ___ (Date) comments from project
- ___ Final report
 - ___ (Date) mailed to project

APPENDIX I

READINGS

Bus Service Evaluation Methods: A Review. USDOT Urban Mass Transportation Administration, November 1984, DOT-I-84-49.

This document has a section on performance criteria which is very useful for developing and understanding statistical measures of performance.

Handbook for Management Performance Audit, Volumes I and II, USDOT Urban Mass Transportation Administration, October 1979, DOT-I-80-7.

The Handbook for Management Performance Audits are comprehensive on a systems approach to reviewing a program's performance.

Prototype Bus Service Evaluation System. Tidewater Transportation District, USDOT Urban Mass Transportation Administration, April 1981, UMTA-VA-09-7001-81-1.

This document presents an excellent process for review and preparation of an evaluation.

Rural Public Transportation Performance Evaluation Guide. Bureau of Public Transit and Goods Movement Systems, Pennsylvania, Department of Transportation, Harrisburg, Pennsylvania, November 1982. Distributed by USDOT Technology Sharing Program, DOT-1-83-31.

This document presents basic performance indicators and potential corrective actions for lack of desired performance.

Transit System Performance Audit Guide, Volumes I and II, Prepared for Metropolitan Transportation Commission, Berkeley, California, by Peat, Marwick, Mitchell and Company, San Francisco, California, March 30, 1979.

These documents are geared to the California Transportation Development Act. However, they are some of the most detailed general audit procedure manuals with performance measures available. Basically for large systems but can be adapted to small systems.

Transit System Performance Evaluation and Service Change Manual, USDOT Urban Mass Transportation Administration, February 1981, DOT-I-81-41.

This document is somewhat geared to urban system operators. It contains not only performance measures but also guidelines for improving performance. It contains a bibliography of further readings in the area of evaluation.

Management Review

APPENDIX J

Management Review Questionnaire

Date of Review _____

Project name _____ Contact person _____

Address _____

AC () - _____
Telephone number

Name of reviewer _____

Address of reviewer _____

AC () - _____
Telephone number

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ADMINISTRATION AND MANAGEMENT

Organization and Governing Body

- Y N NA F/R 1. Does the service have a designated body legally responsible for its overall organization management and operation?

- Y N NA F/R 2. Does the board have written bylaws for its governance which include:
 (a) duties and responsibilities

- Y N NA F/R (b) method of member selection

- Y N NA F/R (c) terms of office

- Y N NA F/R (d) frequency and notification of meetings

- Y N NA F/R (e) procedure for appointing Executive Director

Key: Y = Yes
 N = No
 NA = Not Applicable
 F/R = Findings/Recommendations Attached

- Y N NA F/R 3. Are records kept of Board deliberations and actions?

- Y N NA F/R 4. Are the Board members given orientation and ongoing information?

- Y N NA F/R 5. Are the financial reports periodically submitted to the governing body sufficiently informative to allow the Board to exercise fiscal responsibility?

- Y N NA F/R 6. Has the Board adopted goals, objectives and targets for the service?

- Y N NA F/R 7. Does the Board regularly and formally review and revise the goals, objectives and targets?

- Y N NA F/R 8. Is satisfactory progress being made toward achievement of each goal, objective and target?

- Y N NA F/R 9. Does the current organization chart show clearly lines of authority and responsibility for all staff, administration and the governing Board?

Y N NA F/R 10. Is the organization chart reviewed annually and revised when necessary?

Y N NA F/R 11. Does the Board regularly and formally review the performance of the chief executive officer (manager, executive director)?

General

Y N NA F/R 12. Provider is in compliance with all conditions and terms of service and grant contracts.

Y N NA F/R 13. Problems identified during previous monitoring have been resolved.

Y N NA F/R 14. An independent auditor performs an audit annually.

Y N NA F/R 15. Management letter or report is provided by the independent auditor and its recommendations were followed or otherwise appropriately cleared.

Y N NA F/R 16. Satisfactory progress has been made to reconcile any outstanding audit disallowances.

Y N NA F/R 17. Financial management personnel have adequately trained staff.

Y N NA F/R 18. Provider maintains an accounting policy and procedure manual.

19. Provider maintains the basic books of accounting:
- Y N NA F/R (a) General Ledger
 Y N NA F/R (b) Accounts Receivable/Cash Receipt Journal
 Y N NA F/R (c) Accounts Payable, Cash Disbursement Journal
-
-
-
-
20. There is a current chart of accounts.
-
-
-
-
21. There are written procedures for:
- Y N NA F/R (a) The retention of records
 Y N NA F/R (b) Reporting requirements, including a schedule of report deadlines.
 Y N NA F/R (c) Requirements and schedules for audits
-
-
-
-
22. Provider has written travel policies or consistently followed procedures for staff and Board members, which detail at a minimum:
- Y N NA F/R (a) Utilization of per diem rate or actual expenses, basis of reimbursement, and reasonable dollar limits.
-
- Y N NA F/R (b) Requirements for receipts for lodging and meals when reimbursement is made for actual cost.
-
- Y N NA F/R (c) Requirement for approval of travel requests.
-
- Y N NA F/R (d) Requirement for travel expense vouchers to show purpose of trip.
-
23. There is an adequate segregation of duties among personnel in the accounting functions:
- Y N NA F/R (a) Payroll is prepared by someone other than the timekeepers and persons who deliver paychecks or cash to employees.
-
-
-
-

Y N NA F/R

(b) Duties of recordkeeper or bookkeeper are separated from any cash-related functions, i.e., receipt of payment of cash.

Y N NA F/R

(c) Signing of checks is limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received, approving vouchers for payments, and payroll preparation.

Y N NA F/R

(d) Personnel performing the disbursement functions are excluded from the purchasing, receiving, inventory and general ledger services.

Y N NA F/R

(e) Mailed receipts are received, opened, and listed by someone not involved in the accounting system.

Y N NA F/R

(f) A person other than the one who prepared the bank deposit actually makes the deposit.

Y N NA F/R

(g) Payroll is approved by an official who is not responsible for its preparation and is outside the payroll department.

Y N NA F/R

(h) All employees who are responsible for signing checks and performing other accounting activities are bonded.

Y N NA F/R 24. Permanent file system (program, fiscal) is complete, up-to-date and well organized.

Y N NA F/R 25. All accounting records and other important documents are stored in a fireproof lockable cabinet when not in use.

Y N NA F/R 26. Provider carries risk, liability, workman's compensation and other insurance typical of the nature of its business.

Y N NA F/R 27. If self-insured, does the grantee have a self-insurance reserve account?

Budget

Y N NA F/R 28. Program budget is of sufficient detail.

Y N NA F/R 29. Anticipated farebox revenue, contributions, grants, contracts, and other program income are projected in the budget.

Y N NA F/R 30. Expected revenues from non-federal sources are adequate to meet cash match requirements.

Y N NA F/R 31. Documentation is adequate to verify in-kind contributions.

Y N NA F/R 32. A comparison is made monthly between budget and actual expenditures to preclude incurring obligations in excess of funds available.

Y N NA F/R 33. When budget revisions cause either the terms or dollar amount to change, written approval from appropriate authorities is obtained prior to making the expenditures authorized in the revised budget and properly filed.

Reporting Procedures

Y N NA F/R 34. Financial reports are prepared and submitted in accordance with grant-contracts.

Y N NA F/R 35. Reporting of service units is timely and accurate for grant-contract requirements.

Y N NA F/R 36. Provider utilizes financial reports, service reports, and statistical data in day to day management of system.

Y N NA F/R 37. Provider maintains effective reporting procedures to ensure accurate and timely submittal of reports.

Revenue Management

Y N NA F/R 38. An accounts receivable ledger is effectively maintained.

Y N NA F/R 39. Actual collections (Federal, State and local user) are periodically compared with the projections in budget.

Y N NA F/R 40. Receipts are recorded in the Cash Receipt Journal with sufficient detail. (This includes in-kind payments, interest income, contributions, fare-box, local funds, State and Federal funds.)

Y N NA F/R 41. Provider has an equitable system of allocating receipts to funding sources when two or more sources are involved.

Y N NA F/R 42. Written receipts are given for all payments received, and are issued in a prenumbered sequential order.

Y N NA F/R 43. All checks are marked "For Deposit Only" immediately upon receipt.

Y N NA F/R 44. All receipts (cash and checks) are deposited immediately upon receipt.

Y N NA F/R 45. Deposit is compared to the daily list of receipts.

Y N NA F/R 46. Undeposited receipts are effectively controlled.

Procurement Practices

- Y N NA F/R 47. Provider has written purchasing-leasing policies and procedures for the procurement of supplies, equipment.

- Y N NA F/R 48. Provider has a written code of conduct that governs the performance of its officers, employees, or agents engaged in procurement which will avoid any conflict of interest.

- Y N NA F/R 49. Policies/procedures adequately address such matters as:
(a) Need and use of formal advertising

- Y N NA F/R (b) Bidding

- Y N NA F/R (c) Negotiating

- Y N NA F/R (d) Use of sole source

- Y N NA F/R (e) Documentation of selection process

- Y N NA F/R (f) Required signatures

- Y N NA F/R 50. Responsibility for purchasing-leasing has been assigned to one individual within the agency.

Y N NA F/R 51. Quantity and quality of supplies, equipment, services are verified against the purchase order upon receipt.

Y N NA F/R 52. Costs for purchased supplies, equipment, services are reasonable.

Y N NA F/R 53. Positive efforts are made by the program to purchase property and service from small businesses and/or minority-owned businesses.

Y N NA F/R 54. Positive efforts are made by the program to use private providers for activities such as direct transportation, maintenance, and other appropriate activities.

Expenditures

Y N NA F/R 55. There is a system for allocating direct cost when there are two or more funding sources.

Y N NA F/R 56. There is an equitable system for allocating indirect costs when there are two or more funding sources.

Y N NA F/R 57. Provider has a sales tax exemption number.

Y N NA F/R 58. Purchase discounts are sought and accepted.

Disbursements

Y N NA F/R 59. Checks are issued in a prenumbered sequential order and spoiled/voided checks are accounted for properly.

Y N NA F/R 60. Entries in the checkbook are complete; e.g., they include the amount, date of payment, name of payee, and purpose.

Y N NA F/R 61. When not in use, checks are locked in a secure cabinet.

Y N NA F/R 62. Only authorized personnel are signing checks.

Y N NA F/R 63. Banks are promptly notified in writing when there are changes in authorized check signers.

Y N NA F/R 64. Ledgers/journals are reconciled to bank statements on a monthly basis.

Y N NA F/R 65. Samples of disbursement accounting entries are supported by appropriate documentation, (e.g., purchase order, invoices, vendor payment).

Y N NA F/R 66. Invoices and supporting papers are effectively cancelled upon payment.

Y N NA F/R 67. It is prohibited to make disbursements from cash receipts.

Y N NA F/R 68. Based on the review of paid/unpaid bills, the agency appears to make payments in a timely manner.

Y N NA F/R 69. A petty cash fund is under the responsibility of one custodian, reasonable in size, and limited as to purpose and amount disbursed.

Y N NA F/R 70. Cash receipts from accounts receivable or other sources are not commingled with petty cash funds.

Y N NA F/R 71. Disbursements from petty cash are documented by approved supporting invoices.

Y N NA F/R 72. Reimbursements to the petty cash fund are approved by a person other than the custodian.

Y N NA F/R 73. Petty cash voucher for reimbursement is effectively cancelled at the time of reimbursement to preclude reusage.

Y N NA F/R 74. Petty cash funds are reconciled to approved petty cash allowances on a monthly basis.

Facilities and Property Management

Y N NA F/R 75. Physical observation indicates that property and facilities are being used as authorized in approved grants and contracts.

Y N NA F/R 76. Provider facilities are accessible to all handicapped persons.

Y N NA F/R 77. Fire, safety, health and environmental practices and assurances are current for all facilities.

Y N NA F/R 78. Facility use or lease agreements are current for all facilities.

Y N NA F/R 79. All property is permanently tagged or has stamped identification number.

Y N NA F/R 80. There is a current, complete physical inventory of all equipment.

Y N NA F/R 81. Observation indicates that property is adequately protected from theft, deterioration and damage.

Y N NA F/R 82. Large inventories are adequately controlled.

Y N NA F/R 83. There is physical protection insurance coverage on property.

Y N NA F/R 84. When property is disposed of, the Federal and/or State share of the proceeds is properly accounted for.

Personnel

Y N NA F/R 85. Personnel policies are written and approved by an appropriate authority.

Y N NA F/R 86. There are written policies and procedures for:
(a) Personnel selection and appointment

Y N NA F/R (b) Required probationary period before permanent appointment

Y N NA F/R (c) Grounds for dismissal/appeals

Y N NA F/R (d) Filing of grievances

Y N NA F/R (e) Hours of work

Y N NA F/R (f) Annual and sick leave

Y N NA F/R (g) Holidays

Y N NA F/R (h) Promotion and/or salary increases

Y N NA F/R (i) Insurance plans

Y N NA F/R (j) Retirement plans

- Y N NA F/R 87. Personnel policies include a written job description for all positions on file.
-
-
-
- Y N NA F/R Each job description and/or class specification identifies:
- (a) Job title
-
-
- Y N NA F/R (b) Primary responsibilities
-
-
- Y N NA F/R (c) Applicable performance standards
-
-
- Y N NA F/R (d) Wage rate or salary range for position
-
-
- Y N NA F/R 88. There are written policies and procedures designed to ensure the confidentiality of personnel records and define who has access to various types of personnel information.
-
-
-
- Y N NA F/R 89. Time and attendance records are kept for and signed by all employees, including part-time, and in-kind (or volunteer), by program and by funding source.
-
-
-
- Y N NA F/R 90. All individual positions are paid within the budgeted amount specified in the approved budget.
-
-
-
- Y N NA F/R 91. Amount of and justification for overtime seems reasonable.
-
-
-

Y N NA F/R 92. The most recent Federal Quarterly Payroll Tax Form (U.S. 941) verifies that the Provider is remitting payroll taxes including Federal withholding taxes, FUTA, and both employee and employer share of FICA.

Y N NA F/R 93. Provider is in compliance with the requirements of Title VI of the Civil Rights Act of 1964.

Y N NA F/R 94. Provider has implemented Affirmative Action Plan.

Y N NA F/R 95. Satisfactory procedures have been established to recruit, train, organize, and schedule staff resources.

Y N NA F/R 96. Provider effectively recruits, develops and utilizes volunteers.

Y N NA F/R 97. Each staff member is appraised on performance at least annually.

OPERATIONS AND SERVICE PROVISION

Service Provision

Y N NA F/R 98. A person qualified by training or experience is designated to supervise the transportation activity.

Y N NA F/R 99. Daily operations are monitored.

Y N NA F/R 100. Specific written transportation operations policies have been established, such as priority for ridership, priority for destination and trip purpose, the geographic area to be covered, routes and schedules for providing service, and general driver standard operating duties.

Y N NA F/R 101. Satisfactory procedures including use of radios have been established to conduct scheduling and dispatching functions.

Y N NA F/R 102. The assignment of drivers and vehicles is systematic with service demands, equipment, training, and other relevant factors.

Y N NA F/R 103. What types of streets and patterns of traffic are in the system's service area and is the scheduling and dispatching consistent with these factors?

Y N NA F/R 104. Scheduling and dispatching are coordinated with other functional areas such as planning and marketing.

Y N NA F/R 105. Assurance has been provided that the transportation service is accessible to handicapped persons.

Y N NA F/R 106. Provider effectively coordinates services with other public and private service providers.

Fleet Characteristics

Y N NA F/R 107. Are the vehicles used appropriate for type of service and scheduling patterns?

Y N NA F/R 108. Satisfactory procedures have been established to provide "back-up" transportation capability in the event of unscheduled vehicle or equipment repairs.

Y N NA F/R 109. If wheelchairs are being transported, satisfactory locking mechanisms have been installed to secure the wheelchair as well as the person being transported.

Maintenance

Y N NA F/R 110. Vehicles are clean and the outward appearance is good.

Y N NA F/R 111. Indications of oil leakages are not excessive.

Y N NA F/R 112. Engine smoking is not excessive.

Y N NA F/R 113. Is there a written statement of policy governing maintenance?

Y N NA F/R 114. Is there a maintenance plan consistent with maintenance policy?

Y N NA F/R 115. Does the plan at least meet the minimum maintenance recommendations of the manufacturer?

Y N NA F/R 116. Is all work required by manufacturer's warranty provisions being performed?

Y N NA F/R 117. Are warranty claims, if any, pursued effectively and promptly to conclusion?

Y N NA F/R 118. (a) Are preventive maintenance entries being made in appropriate files?

Y N NA F/R (b) Are they conducted at the required mileages?

Y N NA F/R (c) Are logs being completely filled out?

Y N NA F/R (d) Are additional maintenance analyses being performed, e.g., periodic engine oil analyses?

Y N NA F/R 119. Are there indicators of repetitive occurrences of a particular type of problem in any one make of rolling stock?

Y N NA F/R 120. Are there repetitive occurrences (parts failures, road calls, others) of a particular type of failure fleet-wide?

Y N NA F/R 121. Maintenance personnel are qualified by training or experience.

Y N NA F/R 122. Is training of maintenance personnel for equipment operation (wrecker, special tools, others) adequate?

Safety

Y N NA F/R 123. Is there a properly conducted pre-trip inspection program in place?

Y N NA F/R 124. Are deficiencies noted in pre-trip inspections repaired in a timely manner and properly reviewed by management?

Y N NA F/R 125. Do maintenance personnel periodically inspect vehicles for defects?

126. Documentation is maintained which verifies that all drivers of vehicles (owned, leased, volunteer) have:

Y N NA F/R (a) A valid appropriate vehicle operator's license.

Y N NA F/R (b) A minimum of one year's driving experience with vehicles similar to those to be operated for the project, or satisfactory completion of a training program prior to actual passenger transportation.

Y N NA F/R (c) A safe driving record acceptable for insurance coverage.

Y N NA F/R (d) Completed an American Red Cross or first aid program to handle emergency health situations and accidental injuries.

Y N NA F/R (e) Training in "Defensive driving techniques"

Y N NA F/R (f) Training in "Passenger assistance techniques"

127. Satisfactory procedures have been established to assure that project sponsored volunteers, whether reimbursed for expenses or not, driving privately-owned vehicles have:
- Y N NA F/R (a) a valid vehicle operators permit
-
-
- Y N NA F/R (b) a safe driving record
-
-
- Y N NA F/R (c) personal automobile liability coverage and excess liability insurance coverage.
-
-
- Y N NA F/R 128. A procedure to handle emergencies (both medical and accidents) is in place.
-
-
-
- Y N NA F/R 129. Do the safety records indicate an upward trend in the number of accidents or passenger injuries?
-
-
-
- Y N NA F/R 130. Is there a safety awards program?
-
-
-

SERVICE PLANNING AND MARKETING

Service Planning

Y N NA F/R 131. Is there a one-year overall transit plan?

Y N NA F/R 132. Is there a five year overall transit plan?

Y N NA F/R 133. Do the plans have a forecast of finances for the service?

Y N NA F/R 134. Does the plan consider the need for new facilities or vehicles as well as liquidation of old facilities or vehicles with estimates of dollars involved and timing?

Y N NA F/R 135. Are there procedures established for carrying out the planning process, formats and timetables, review-decision process and follow-up of plans?

Y N NA F/R 136. Is virtually the entire organization brought into the planning process?

Y N NA F/R 137. As a starting point, does the system develop or seek out an evaluation of pertinent external developments and trends?

Y N NA F/R 138. Is there an evaluation of strengths and weaknesses of the agency?

Y N NA F/R 139. Has the agency spelled out its long-range goals and priorities?

Y N NA F/R 140. Has the service identified its alternatives for reaching goals and decided on specific strategies?

141. Have the strategies been backed up with action programs that identify:

Y N NA F/R (a) The specific actions?

Y N NA F/R (b) Who is responsible for seeing that the actions are carried out?

Y N NA F/R (c) Timing?

Y N NA F/R 142. Is the current operation coordinated and consistent with the planning process?

Public Involvement

Y N NA F/R 143. Has the system implemented substantial service or fare changes?

(a) If yes, was opportunity for public hearing afforded?

Y N NA F/R 144. Has the service given adequate notice of hearings and requests for comments for various changes and legal notices?

Y N NA F/R 145. Are hearings scheduled at a reasonable time and accessible place?

Y N NA F/R 146. Are hearings conducted in accordance with due process procedures and are they fair and open?

Y N NA F/R 147. Has the project adequately addressed comments that oppose its proposed changes?

Y N NA F/R 148. Does the project have a regular and systematic way to secure contractor, public and rider input into the system (such as annual reviews, suggestion boxes, surveys)?

Marketing

Y N NA F/R 149. Does the service understand that marketing is more than advertising?

Y N NA F/R 150. Does the marketing program include research, service design, and promotion?

151. Does the program collect various data on a regular basis and use it in the marketing process?

Y N NA F/R (a) Cleanliness of vehicles

Y N NA F/R (b) Cost, revenue and number of riders

Y N NA F/R (c) Customers' comments

Y N NA F/R (d) Customers' requests for information

Y N NA F/R (e) Other (list)

Y N NA F/R 152. Does the system have a current analysis of rider and non-rider attitudes and demographic information?

Y N NA F/R 153. Does the system actively promote the use of its services to riders and non-riders in an attempt to fully utilize available system capacity and maintain a positive image?

APPENDIX K

Road Observation Report

Service Name: _____

Address: _____

Driver: _____

Route: _____

Date/Time: _____

Observer: _____

Operator

- | | | | | |
|---|---|----|-----|--|
| Y | N | NA | F/R | 1. Did the driver appear alert? |
| Y | N | NA | F/R | 2. Did the driver appear physically able to carry out driving and assistance duties? |
| | | | | 3. Did the driver properly assist: |
| Y | N | NA | F/R | (a) Ambulatory riders? |
| Y | N | NA | F/R | (b) Non-ambulatory riders? |
| Y | N | NA | F/R | (c) Were restraints for wheelchairs properly used? |
| Y | N | NA | F/R | 4. Did the operator seem confident and well-versed in the use of the lift or ramp? |
| Y | N | NA | F/R | 5. Did the operator use their seatbelt? |
| Y | N | NA | F/R | 6. Did the operator request that others use their seatbelt? |
| | | | | 7. Did the operator: |
| Y | N | NA | F/R | (a) Conduct a pre-trip inspection of vehicle? |
| Y | N | NA | F/R | (b) Start smoothly? |
| Y | N | NA | F/R | (c) Stop smoothly? |
| Y | N | NA | F/R | (d) Obey all rules of the road? |

Page 2 - Road Observation Report

- Y N NA F/R 8. Were radio procedures proper and businesslike?
- Y N NA F/R 9. Was paperwork conducted only while vehicle was safely stopped?
- Y N NA F/R 10. Was the driver neatly and appropriately attired?

Vehicle and Service

11. Was the vehicle clean:
- Y N NA F/R (a) Inside?
- Y N NA F/R (b) Outside?
- Y N NA F/R 12. Was the vehicle easily identifiable as public transit?
- Y N NA F/R 13. Were the vehicle's seats and windows in satisfactory condition?
14. Were all safety items on vehicle?
- Y N NA F/R (a) First Aid Kit
- Y N NA F/R (b) Ax
- Y N NA F/R (c) Bi-directional reflective triangles
- Y N NA F/R (d) Screw driver
- Y N NA F/R (e) Pliers
- Y N NA F/R (f) Spare bulbs
- Y N NA F/R (g) Spare fuses
- Y N NA F/R (h) Other
- Y N NA F/R 15. Did the service operate on time?
- Y N NA F/R 16. Did the driver announce stops and provide adequate information to riders?
- Y N NA F/R 17. Was the driver courteous and helpful?
- Y N NA F/R 18. Were packages and loose items on the bus properly stored before moving vehicle?

APPENDIX L

Passenger Survey

Passenger Name: (optional) _____

Passenger Address: (optional) _____

Service Name: _____

Address: _____

Driver: _____

Route: _____

Date/Time: _____

Observer: _____

1. Day of week: (1) Monday, (2) Tuesday, (3) Wednesday,
(4) Thursday, (5) Friday
2. Sex: (1) Male, (2) Female
3. Age: (1) 18 or under; (2) 19-24; (3) 25-54;
(4) 55-59; (5) 60-64; (6) 65 or older
4. Are you handicapped? (1) Yes; (2) No;
(3) Yes, require a w/c lift
5. How many people are in your household? _____
6. How many operating cars, vans, or light trucks are in your household? _____
7. What is the purpose of this trip? (1) work; (2) college;
(3) school; (4) medical/dental; (5) personal business;
(6) recreation; (7) visit friends/relatives; (8) shopping;
(9) workshop/senior center; (10) other
8. How many one-way trips a week do you usually make by this transit service? _____

Montana Peer Group Management Assistance Project
October, 1986

9. Please rate our service regarding the following:

	Poor	Fair	Good	Very Good	Don't Know
(1) Operating hours	_____	_____	_____	_____	_____
(2) Frequency of service	_____	_____	_____	_____	_____
(3) Waiting time	_____	_____	_____	_____	_____
(4) On time service	_____	_____	_____	_____	_____
(5) Availability of information	_____	_____	_____	_____	_____
(6) Announcement of schedule changes	_____	_____	_____	_____	_____
(7) Condition of transit vehicles	_____	_____	_____	_____	_____
(8) Fare structure	_____	_____	_____	_____	_____
(9) Courtesy of system employees	_____	_____	_____	_____	_____
(10) Ease of boarding or getting off	_____	_____	_____	_____	_____

10. Do you have any comments or suggestions about our transit service?

Smile and say "Thank you!"

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