



Department of Human Services  
Office of Facilities and Support Services, Transportation Services Section  
Administrative Documents Review

Vehicle Operator: \_\_\_\_\_

Contractor                       Sub-contractor                       Non-leased Holman

<u>Documents for review</u>	<u>Reviewed</u>
Quarterly Vehicle Report identifying required vehicles for inspection	_____
List of drivers from Technical Proposal or HSP	_____
Driver Qualification Files (all drivers under HSP/20% for contractors/subs)	_____
Copy of the previous site visit report with corrective actions*	_____
Certificates of insurance with current expiration	_____
Certificates of insurance indicating 3 Million/1 Million coverage	_____
Annual safety inspections signed by certified mechanic	_____
Mechanic certifications**	_____
Vehicle maintenance files/Holman Insights maintenance review	_____
Agency Drug and Alcohol plan review	_____
Agency Title VI plan review (contractors only)	_____
Random Inspection Protocol (contractors only - attach screen print) Screen print identifying the 20% of driver files	_____
Screen print identifying the 20% of vehicles and files	_____

\*This should be taken to the current site visit for reference.

\*\*Copies of these must be collected for the inspection file.

Comments: