



Department of Human Services
Office of Facilities & Support Services, Transportation Services Section
Site Visit Summary Report

Vehicle Operator/Contractor: _____ Region: _____

Date of Inspection: _____ Pass/Fail Decision: _____

OFSS-Transportation Services Section Reviewer: _____

Site's Contact: _____

Contact's Email Address: _____

Contact's Phone Number: _____ Contact's Fax Number: _____

Vehicles Inspected: _____

Site Visit Results

Is site in compliance with Preventive Maintenance requirements? Yes No

Corrective Action Required

Is site in compliance with Unscheduled Maintenance requirements? Yes No

Corrective Action Required

Is site in compliance with Daily Vehicle Inspections? Yes No

Corrective Action Required

Is site in compliance with Driver Monitoring and Training? Yes No

Corrective Action Required

Is site in compliance with Title VI Requirements? Yes No Not

Applicable Corrective Action Required

Other Comments

Were corrective actions required? Yes No

Deadline to complete required corrective actions: _____

Did this Site Visit result in a Corrective Action Plan? Yes (Please explain) No

Regional Coordinator's Signature: _____ **Date:** _____