**2019 Triennial Maintenance Review**

 **Workbook for 5307 Agencies**

*Revised 10/21/2019*

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**1.** **Entrance Interview**

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| **Agency Being Reviewed:**  |
| **Agency Address:**  |
| **Date(s) of Review:**  |
| **Reviewer(s):**  |

**The following grantee/sub recipient received a Triennial Maintenance Review and was interviewed regarding their preventative maintenance program policies and practices:**

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| --- | --- | --- |
| **Agency Staff** | **Title/Position** | **Date of Interview** |
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# **2. Review Materials Examined**

The following maintenance documents were reviewed as part of the Triennial Maintenance Review. Whenever possible, these documents were gathered and reviewed prior to the site visit as part of the pre-audit materials provided by the transit agency.

|  |  |  |
| --- | --- | --- |
|  | **Does the Agency have one?** | **Has a copy been obtained?** |
| **Document** | ***Yes*** | ***No*** | ***Yes*** | ***No*** |
| *Maintenance Plan* |  |  |  |  |
| *Fleet Roster* |  |  |  |  |
| *Inspection Form(s)* |  |  |  |  |
| *Driver’s Pre-Trip Form* |  |  |  |  |
| *Most Current Maintenance Review* |  |  |  |  |
| *Additional Forms Used (Specify Below)* |  |  |  |  |
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# **3. Vehicle Inventory**

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| --- | --- |
| Number of Vehicles Operated in Agency Fleet: |  |
| Number of CDL-Required Vehicles (16+ passenger vehicles) |  |
| Number of Vehicles Wheelchair Accessible |  |
| Number of Vehicles With More Than 3 Wheelchair Positions  |  |
| If So, How Many Wheelchair Positions |  |
| # of Type I Vehicles:  |  |
| # of Type II Vehicles: |  |

 How many locations do the vehicles operate out of? Please identify the locations from which vehicles operate in the table below:

|  |  |
| --- | --- |
| Primary Location |  |
| Location 2 (if applicable) |  |
| Location 3 (if applicable) |  |
| Location 4 (if applicable) |  |

3a. Does the agency have a contingency fleet? If so, is the contingency fleet properly maintained?

3b. Does the agency have a capital equipment replacement plan or have a proper method for tracking and monitoring the agency’s capital replacement needs?

3c. Does the agency have a spare ratio? If so, what is it?

**4. Maintenance Plan**

The agency’s maintenance plan was assessed according to FDOT minimum standards.

|  |  |
| --- | --- |
| **Maintenance Plan Element** | **Page Number Where Element Is Found**  |
| Does the agency maintain a vehicle fleet roster that meets FDOT requirements? |  |  |
| Does the maintenance plan describe pre-trip and post-trip inspection policies and practices as required by FDOT? |  |  |
| Does the maintenance plan describe preventative maintenance inspection policies and practices as required by FDOT? |  |  |
| Does the maintenance plan describe wheelchair lift and/or ramp inspection procedures as required by FDOT? |  |  |
| If the agency has an in-house maintenance shop, does the agency describe shop policies and maintenance staff duties and responsibilities as required by FDOT? |  |  |
| Does the maintenance plan describe vehicle history file policies? |  |  |
| Does the maintenance plan describe information management procedures and practices? |  |  |
| Does the maintenance plan describe warranty procedures? |  |  |
| Does the maintenance plan describe accident reporting policies and procedures as required by FDOT? |  |  |
| Does the maintenance plan describe road call procedures and practices |  |  |
| Does the maintenance plan describe cleaning procedures? |  |  |
| Does the maintenance plan provide an adequate description of the agency’s unique and specific maintenance procedures/practices throughout the report? (If the agency used a template, did they provide adequate descriptions of their unique practices?) Please explain.  |  |

**Additional Comments/Notes/Reviewer Observations:**

**5. Vehicle Safety Inspection Defects**

The following vehicles were visually inspected. Defects identified during the inspection are noted below along with details related to their repair (if known).

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| **Unit #** | **Defect** | **Notes** |
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5a. Were any vehicles recommended for removal from service as a result of this inspection? If so, please list the vehicles.

5b. If critical safety items were found during this inspection, were they documented on the Safety Items Identified form and provided to the District Office reps during the exit review?

# **6. Fleet Maintenance**

**Preventative Maintenance Inspection On-Time Assessment**

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| --- | --- |
| Number of vehicle files reviewed |  |
| Time period of vehicle file review |  |
| Number of PM inspection intervals reviewed |  |
| Number of PM inspection intervals conducted “on time” according to FTA requirements |  |
| Percentage of “on-time” PM inspections (divide # of on-time intervals by total # of PM intervals reviewed) |  |

***Agency Preventative Maintenance Inspection Procedures and Practices***

6a. Are maintenance activities conducted in-house or outsourced? What type of work is outsourced?

6b. How does the agency track upcoming preventative maintenance inspections?

6c. What is the target interval used to schedule and conduct PM inspections?

6d. Is the PM inspection program based on a progressive sequence system or a single level system?

6e. Does the PM inspection target intervals used by the agency exceed FDOT minimum standards (6,000 miles)? If so, did the agency provide a justification? And is this justification described in the agency’s maintenance plan?

6f. What is the target interval used to conduct oil changes? Does this interval exceed OEM requirements?

6g. If the oil change target interval exceeds 6,000 miles and/or OEM, does the agency document an oil analysis program?

6h. Does the agency use a checklist form to document preventative maintenance inspections?

6i.Does the form include the minimum information required (date, mileage, list of vehicle components being inspected, and the entity conducting the inspection)?

6j. Does the PM inspection program include the minimum list of vehicle components required by FDOT to be inspected for each vehicle type (Type I, Type II, and Type III vehicles)?

6k. Are the preventative maintenance inspection forms thoroughly completed? If not, please provide comments.

6l. Does the PM inspection program account for long-term OEM maintenance activities such as transmission fluid changes and services, differential fluid changes and services, and engine tuneups?

Are these intervals described in the agency’s maintenance plan or included in the sequence or schedule of PM inspections to ensure manufacturer requirements are met?

6m. When defects are identified during preventative maintenance inspections, are they repaired in a timely manner?

6n. Are wheelchair lifts and/or ramps being properly maintained during preventative maintenance inspections?

6o. Are additional vehicle accessories (such as farebox systems, destination signs, etc.) on routine preventative maintenance programs, if applicable?

6p. What methods does the agency use to routinely track and monitor maintenance activities and trends? How often are these activities conducted?

6q. Are in-service failures (road calls) documented and tracked by the maintenance manager?

6r. Are unscheduled maintenance activities analyzed to determine the root cause of any mechanical failures? If so, how?

**Additional Comments/Notes/Reviewer Observations related to PM inspection practices:**

**Based on the file review, the following maintenance trends were observed:**

6s. Does the agency conduct PM inspections using the target interval and/or sequence described in their maintenance plan?

6t. Does the agency show a trend of conducting unscheduled repairs shortly after PM inspections are performed?

6u. Does the agency show a trend of conducting repeat repairs?

6v. Was an abundance of road call instances observed?

6w. Does the agency appear to be conducting warranty repairs where applicable?

**Additional Fleet Maintenance Comments/Notes/Reviewer Observations related to the file review:**

# **7. Pre/Post Trip Inspections**

 ***Agency Pre-trip/post-trip Inspection Procedures and Practices***

7a. Are both pre-trip inspections and post-trip inspections being conducted?

7b. Does the pre-trip/post-trip inspection form include all of the required vehicle components? If not, which components are missing?

7c. What is the agency’s process for reporting defects identified during pre-trip/post-trip inspections to maintenance staff?

7d.What is the agency’s process for handling safety-related defects identified during pre-trip/post-trip inspections?

7e. Did the agency provide pre-trip/post-trip inspections for the required minimum 14-day

 period?

7f. Were the pre-trip/post-trip forms thoroughly completed by drivers? If not, please provide details.

7g. Were defects identified on the sample of pre-trip/post-trip forms reviewed?

7h. If defects were identified during the vehicle safety inspection conducted on-site, were these defects also identified by drivers in the sample of pre-trip/post-trip inspection forms reviewed? If not, were the defects of a nature that should have been identified by drivers during these inspections? Please explain

7i. If defects were identified in the sample reviewed, were they repaired in a timely manner?

7j. If defects were identified in the sample reviewed, were the repairs documented according to FDOT minimum standards?

7k. Were drivers observed conducting pre-trip inspections during the on-site review?

7l. If so, did these inspections appear to be thoroughly conducted by the drivers?

**Additional Comments/Notes/Reviewer Observations on Pre-trip/post-trip Inspection Practices:**

**8. Vehicle History Files**

8a. Does the agency maintain manual or electronic vehicle history files?

8b. Were vehicle history files found to be organized and easily accessed by the agency?

8c. Does the agency maintain all of the necessary vehicle history file information according to FDOT minimum standards? (Are all maintenance activities documented in the files?)

**Additional Comments/Notes/Reviewer Observations on Vehicle History File Practices:**

**9. EXIT INTERVIEW**

The following agency staff participated in the exit interview and can be contacted for additional information:

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| **Agency Staff** | **Title/Position** | **Contact email/phone** |
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