



## **Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting**

Marion County Growth Services - Training Room  
2710 E. Silver Springs Blvd., Ocala, FL 34470

**March 6, 2025 - 10:00 AM**

### **AGENDA**

- 1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE**
- 2. ROLL CALL**
- 3. PROOF OF PUBLICATION**
- 4. CONSENT AGENDA**
  - A. [Meeting Minutes December, 2024](#) (Page #3)
- 5. ACTION ITEMS**
  - A. [Community Transportation Coordinator Evaluation](#) (Page #11)
- 6. PRESENTATIONS**
  - A. [Florida Alliance for Assistive Services and Technology](#) (Page #565)
- 7. DISCUSSION ITEMS**
  - A. Subcommittee's Update
    - Community Affairs Subcommittee
    - Health Affairs Subcommittee
- 8. COMMENTS BY TDLCB MEMBERS**
- 9. COMMENTS BY TPO STAFF**
- 10. COMMENTS BY TRANSPORTATION COORDINATOR (CTC)**
- 11. PUBLIC COMMENT – (Limited to two (2) minutes)**
- 12. ADJOURNMENT**

All meetings are open to the public, the TPO does not discriminate on the basis of race, color, national origin, sex, age, religion, disability and family status. Anyone requiring special assistance under the Americans with Disabilities Act (ADA), or requiring language assistance (free of charge) should contact Liz Mitchell, Title VI/Nondiscrimination Coordinator at (352) 438-2634 or [liz.mitchell@marioncountyfl.org](mailto:liz.mitchell@marioncountyfl.org) forty-eight (48) hours in advance, so proper accommodations can be made.

Pursuant to Chapter 286.0105, Florida Statutes, please be advised that if any person wishes to appeal any decision made by the Board with respect to any matter considered at the above meeting, they will need a record of the proceedings, and that, for such purpose, they may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

The next regular meeting of the Ocala Marion Transportation Disadvantaged Local Coordinating Board  
will be held on June 5<sup>th</sup>, 2025.





**Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting**

Marion County Growth Services Training Room

1101 SW 20<sup>th</sup> Ct., Ocala, FL 34471

December 12, 2024

10:00 AM

**MINUTES**

**Members Present:**

Matthew McClain

Gisela Ruiz

Tiffany McKenzie (*arrived at 10:13am*)

Tracey Sapp

Susan Hanley (*arrived at 10:06am*)

Jeannette Estes (*Elizabeth Watson attended on behalf of Jeannette*)

Jim East (*attended via Microsoft Teams*)

Andrea Melvin

Anissa Pieriboni

Steven Neal (*Tom Duncan attended on behalf of Steven*)

Angela Juaristic

Carlos Colon

**Members Not Present:**

Jeffrey Askew

Iris Pozo

Donnie Mitchell

Elizabeth Alacci

**Others Present:**

Liz Mitchell, TPO

Rob Balmes, TPO

Shakayla Irby, TPO

Clayton Murch, Marion Senior Services

Herman Schultz, Marion Senior Services

### **Item 1. Call to Order and Pledge of Allegiance**

Chairman Matthew McClain called the meeting to order at 10:01am and led the board members in the Pledge of Allegiance.

### **Item 2. Roll Call**

Secretary Shakayla Irby called the roll and a quorum was present.

### **Item 3. Proof of Publication**

Secretary Shakayla Irby stated that the meeting had been published December 5, 2024 online on the TPO website and Facebook and Twitter pages, the City of Ocala, Belleview, and Dunnellon websites. The meeting was also published to the December 5, 2024 edition of the Ocala Star Banner.

### **Item 4A. Welcome New Board Member**

Chairman McClain welcomed new board member, Jim East who was in attendance via Microsoft Teams.

### **Item 5A. Grievance Procedures**

TPO staff regularly reviews and/or amends the TDLCB Grievance Procedures to ensure that all elements of the Grievance Procedures are in alignment with Florida statutes, regulations, and codes. After the review, staff sought approval of the Grievance Procedures with no changes.

Mr. East raised concerns about the provider's plan to present information in a more concise format, noting that while the document emphasized responsibilities like language, behavior, and dress code, there was little mention of rights or a grievance procedure. As a writer, he acknowledged that the document's legal language might have been a factor, but he questioned whether there had been a plan to simplify or clarify the content. He suggested that a grievance procedure should have been included, as it was missing from the packet provided the previous year. Additionally, Mr. East proposed the idea of making information available via a recorded message that callers could hear while on hold, ensuring that clients would gradually become familiar with the content over time. He emphasized the importance of both clients and the team being aware of the information, sharing that although he had been familiar with it, others might not have been. He also suggested that individuals might have had preferred communication formats, such as Braille or recorded formats, and encouraged the committee to decide whether to provide these internally or outsource the service. Finally, while acknowledging that this would have been a new project, he stressed that similar issues had been successfully addressed by other area providers, suggesting that the concerns could have been resolved without significant cost or time investment.

Ms. Mitchell responded, acknowledging Mr. East's suggestion as a good one and indicated that it was something to look into. She thanked Mr. East for his input and noted that the matter would be looked into. Regarding the current discussion, she proposed that for the day's purposes, the

procedures should be formalized. She clarified that the goal wasn't to change any of the processes, but rather to focus on improving the formatting and making the information easier to understand.

Mr. East made a motion to approve the Grievance Procedures. Ms. Melvin seconded the motion, and the motion passed unanimously.

#### **Item 5B. Election of 2025 Vice-Chair**

Ms. Pieriboni made a motion to nominate Ms. Andrea Melvin as the Vice-Chair. Ms. Sapp seconded the motion, and the motion passed unanimously.

#### **Item 5C. Election of Grievance Sub-Committee Members**

The Grievance Procedures serve to guide the TDLCB in satisfying any concerns or issues by any person(s) with regard to the services provided by Marion Transit in its role as the Community Transportation Coordinator (CTC).

As part of the Grievance procedures a Grievance Subcommittee is formed with volunteers from the TDLCB Board members to oversee and resolve any complaints and/or issues that may arise. The Grievance Subcommittee's current members are as follows:

- Jeffrey Askew
- Steven Neal
- Keith Fair
- Anissa Pieriboni
- Carlos Colon

At the meeting, it was brought to Ms. Mitchell's attention that Mr. Keith Fair was no longer part of the Grievance Sub-Committee. Mr. Tom Duncan also mentioned that he would be the new appointee for the TDLCB and would be taking Mr. Steven Neal's spot on the sub-committee.

Additionally, Mr. East expressed his willingness to serve as a sub-committee member, noting that he actually utilized Marion Transit.

Ms. Pieriboni made a motion to nominate Mr. Jim East as a member of the Grievance Sub-Committee and swap Mr. Steven Neal with Mr. Tom Duncan. Mr. Colon seconded the motion, and the motion passed unanimously.

#### **Item 5D. 2025 Meeting Schedule**

Ms. Pieriboni made a motion to approve the 2025 Meeting Schedule. Ms. Melvin seconded the motion, and the motion passed unanimously.

### **Item 6A. Consent Agenda**

Mr. East made a motion to approve the Consent Agenda. Ms. McKenzie seconded the motion, and the motion passed unanimously.

### **Item 7A. Subcommittee's Update**

Ms. Mitchell explained that, in the previous meeting, the decision had been made to reassess and reorganize the subcommittees for clarity and efficiency. The two new subcommittees were the Community Affairs Sub-committee and the Health Affairs Sub-committee. Ms. Mitchell asked each sub-committee to provide an update.

#### **Community Affairs Subcommittee**

Ms. McKenzie said she had attempted to meet with the Community Affairs group; however, she was unable to align everyone's schedule, and they had not had the opportunity to meet.

#### **Health Affairs Subcommittee:**

Ms. Pieriboni gave the following update for the Health Affairs Sub-committee on their meeting held on November 6, 2024:

#### **Members Present:**

- Gisela Ruiz, Agency for Healthcare Administration
- Susan Hanley, Florida Department of Elder Affairs
- Andrea Melvin, Center for Independent Living
- Anissa Pieriboni, Florida Center for the Blind
- Nicole Brickhouse, Florida Department of Health (alternate for Tracey Sapp)

#### **Members Absent:**

- Elizabeth Alacci, Department of Children and Families
- Jeannette Estes, Agency for Persons with Disabilities
- Jeffrey Askew, Marion County Veterans Services

This was the first meeting of the newly formed Health Affairs Subcommittee, with the main goal being to review the committee's purpose and role and to develop an initial list of tasks and goals. A handout was provided by Ms. Mitchell from the TPO, outlining the subcommittee's focus areas, including challenges with accessibility, equity, and environmental issues; advocating for others; sharing informative materials; and raising awareness of events across the county. The subcommittee members were tasked with selecting a leader to guide meetings and monitor progress, with meetings scheduled to occur quarterly.

### **Key Discussion Points:**

- **Accessibility, Equity, and Environmental Challenges:** The group identified the need for a multi-media approach to sharing information, recommending the use of television and radio in addition to social media and the website. They also discussed the lack of available information on Marion Transit, which citizens often learned about only through word of mouth. Ms. Mitchell looked into the possibility of adding member agency links to the website for easier access to resources.
- **Advocacy:** Member organizations already advocated for their clients, but more information was needed to connect individuals with resources and services.
- **County-Wide Issues:** The subcommittee emphasized the importance of being informed promptly about changes to the bus system to ensure clients could transition smoothly. Concerns were also raised about the growing population in Marion County, particularly the lack of sidewalks in rural areas and the increased traffic. Additionally, the group discussed the need to secure funding for transportation options and identified areas where services were lacking due to financial constraints.
- **Informative Materials:** The subcommittee encouraged members to share articles, flyers, or other relevant resources, with Anissa planning to present information about the White Cane Law at the next meeting. It was also suggested that 5–10 minutes be reserved for one agency to highlight their services during each meeting.
- **Educational Projects:** The committee identified local primary care providers, particularly physicians, as a potential source of information for individuals with disabilities, low income, and elderly clients. A project around this area was planned for the next meeting.
- **Awareness of Events:** The group proposed creating a monthly email distribution to share event information across member agencies. All members were asked to send in relevant flyers or details by the 25th of each month for distribution at the beginning of the next month. Ms. Mitchell coordinated the compilation and distribution.

### **Next Meeting:**

The next meeting date was to be determined after the Board meeting scheduled for December 12th. A brief follow-up meeting was planned to set the next meeting for February.

Ms. Watson asked Ms. Pieriboni to include her on all emails regarding the Health Affairs Subcommittee, as she may be able to attend if Ms. Estes is unavailable.

### **Item 7B. Volunteers for CTC Evaluation**

Ms. Mitchell announced that the CTC evaluation would begin in January and requested volunteers for assistance. Volunteers would be asked to either call and survey members using a provided list and questionnaire or ride along on the buses to observe and administer a questionnaire to riders. She encouraged participants to sign up for whichever task they preferred and expressed appreciation for any help with these efforts.

### **Item 8. Comments by TDLCB Members**

Ms. Pieriboni from the Florida Center for the Blind expressed gratitude for recent pedestrian safety improvements at the intersection of 14th Street and 25th Avenue. She noted that FDOT and the City of Ocala collaborated to install pedestrian signals and appreciated the addition of an electronic message reminding drivers turning right to stop for pedestrians. She extended thanks for these continued improvements.

Mr. East thanked Shakayla and Liz for ensuring that the materials he received were timely and accessible. He also expressed appreciation for Mr. Balmes' follow-up call. Mr. East encouraged participation in the upcoming survey and shared observations from his experience with Marion Transit. He highlighted concerns raised by riders, such as being denied rides for important medical or pharmacy visits, emphasizing the need for a survey to address these issues. Additionally, he stressed the importance of using survey feedback to develop a strategic plan for responding to rider concerns. He concluded by expressing gratitude for the warm welcome he received.

Ms. Pieriboni expressed gratitude to Marion Transit and TPO staff for conducting a separate 2050 Long Range Transportation Plan (LRTP) workshop at the Florida Center for the Blind. She extended her appreciation for their efforts and support to accommodate those who were unable to make it to the previously schedule workshop.

### **Item 9. Comments by TPO Staff**

Mr. Balmes provided an update related to safety initiatives. He reminded attendees of the "Safety Matters" video series, developed in collaboration with the County Public Information Office and the TPO. While the series experienced delays in the fall, three new videos—covering red-light running, bicycle and pedestrian safety, and school bus safety—were recently completed and are ready for release.

The series is expected to include 10 to 12 videos in total, and efforts are underway to determine the best methods for public dissemination. A YouTube page has been created to provide easy access to the videos, ensuring they remain available for months or years to come. Mr. Balmes encouraged everyone to share the videos with their networks to raise community awareness about safety. He noted that links to the videos and the YouTube page would be shared via email or social media once available.

### **Item 10. Comments by Community Transportation Coordinator (CTC)**

Mr. Murch provided updates regarding operational and fleet status:

#### **Safety Milestones:**

- The team had been incident-free for nine days, with the last minor vehicle incident involving a bus scraping its side at a fuel island.
- It had been 258 days without any injuries, with the last occurrence on March 29 of 2024.

**Fleet Updates:**

- The fleet consisted of 46 buses, ten of which had over 200,000 miles as of October.
- Five new buses were received in October and November and were put into service to replace aging buses, which were well-received.
- Four older buses were out of service due to extensive repairs. Another five buses were expected to arrive within the next six months.

**Ridership Growth:**

- Ridership had increased by 8% year-over-year through October, equating to a 16% increase compared to two years ago.
- It was anticipated that ridership would reach a 10% growth rate by the end of the year.

**Staffing and Demand:**

- Efforts were ongoing to meet the growing demand for services, balancing funding, driver availability, and equipment needs.

**Green Line Service Delays:**

- Delays had been caused by site agreement issues at the Forest Community Center. Coordination with Marion Senior Services to align transportation with their dining site was finalized. Transportation for this service was set to begin shortly.

Mr. East noted a brief discussion at the September meeting regarding the possibility of adjusting the reservation turnaround times for services. He inquired if any further thought or progress had been made on the matter, suggesting that reservations be allowed closer to the needed time rather than being scheduled far in advance.

Mr. Murch responded that they had been researching software packages to improve the reservation process. He added that several demos had been conducted in recent weeks as part of the effort to move forward with this initiative. However, he explained that the process was not progressing as quickly as desired. A significant amount of manual work was involved, and the 72-hour advance notice requirement was necessary to help schedule routes efficiently. They were working on finding software that would automate much of the process, with the goal of reducing the turnaround time to 48 hours or even 24 hours. Despite the steps taken, Mr. Murch acknowledged that progress had been slower than anticipated.

Mr. East mentioned his concern about the follow-up call, referencing a previous discussion about the issue. He pointed out that while some improvements had been made, there was still a problem with the messaging, as it instructed riders to "be ready" but did not specify a time. He inquired whether there had been any updates or changes to that part of the software.

Mr. Murch stated that the support from Route Match, the current software, was nearly nonexistent, prompting the search for alternative software packages.

The message currently sent out provides a two-hour window; for example, if a rider's appointment is at 10:00, the message instructs them to be ready by 8:00.

Mr. East mentioned that the message simply states "be ready" without specifying a time. He noted that the voice used for the message is the same as Chatham Area Transit's, and since they include a time in their messages, he wondered if it might be possible for the same feature to be implemented in Marion Transit's system as well. However, he acknowledged that he didn't want to assume it was the same software.

Mr. Murch asked if reservationist had told Mr. East upon making an appointment to be ready two hours prior.

Mr. East mentioned that the reservationist had advised him to be ready two hours early and acknowledged that he understood the software used by different transit systems, such as Access and others like Orlando and Chatham Area Transit, might be different. However, because Marion Transit's system seemed similar to Chatham's, he inquired if it would be possible for Marion Transit's system to include the time in the reminder messages, as Chatham and other systems did. He also mentioned noticing improvements, such as the reduction in repeat calls, which had been an issue before, and expressed hope that this had already been addressed.

Mr. Murch confirmed that he believed the issue of repeated calls had been fixed.

**Item 11. Public Comment**

*There was no public comment.*

**Item 12. Adjournment**

Chairman McClain reminded everyone that the next regular meeting would be held on March 6th, 2025 and wished everyone a Merry Christmas and a Happy New Year.

The meeting was adjourned at 10:42 am.

Respectfully Submitted By:

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Shakayla Irby, TPO Administrative Assistant





**TO: TDLCB Members**

**FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner**

**RE: 2025 CTC Evaluation**

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**Summary**

Pursuant to Chapter 427 Florida Statutes 427.015(2), the performance of the Community Transportation Coordinator (CTC) shall be evaluated based on the Commission for the Transportation Disadvantaged (CTD) approved evaluation criteria.

TPO staff and the TDLCB members evaluated the Community Transportation Coordinator to assure that their performance met the Commission for the Transportation Disadvantaged criteria. TPO staff conducted the evaluation during the month of February and included an analysis of all relevant elements within the operations of Marion Transit Services. Examples include:

- Vehicle Operations & Maintenance
- Grievance Procedures & Complaints
- Coordination Contracts
- Driver Certification & Training
- Performance Standards

**Attachment(s)**

- Copy of the Commission for the Transportation Disadvantaged evaluation workbook.

**Action Requested**

Submitted for Board review and approval with Chair signature.

Any additional comments and/or suggestions please contact Liz Mitchell, [liz.mitchell@marionfl.org](mailto:liz.mitchell@marionfl.org).

***CTC***  
***EVALUATION WORKBOOK***

Florida Commission for the



**Transportation  
Disadvantaged**

**CTC BEING REVIEWED:** \_\_\_\_\_

**COUNTY (IES):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**REVIEW PERIOD:** \_\_\_\_\_ **REVIEW DATES:** \_\_\_\_\_

**PERSON CONDUCTING THE REVIEW:** \_\_\_\_\_

**CONTACT INFORMATION:** \_\_\_\_\_

# ***LCB EVALUATION WORKBOOK***

<b>ITEM</b>	<b>PAGE</b>
<b>REVIEW CHECKLIST _____</b>	<b>3</b>
<b>EVALUATION INFORMATION _____</b>	<b>5</b>
<b>ENTRANCE INTERVIEW QUESTIONS _____</b>	<b>6</b>
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<b>CHAPTER 427, F.S. _____</b>	<b>13</b>
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<b>COMMISSION STANDARDS _____</b>	<b>32</b>
<b>LOCAL STANDARDS _____</b>	<b>33</b>
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<b>LEVEL OF COST WORKSHEET # 1 _____</b>	<b>52</b>
<b>LEVEL OF COMPETITION WORKSHEET #2 _____</b>	<b>53</b>
<b>LEVEL OF AVAILABILITY WORKSHEET #3 _____</b>	<b>55</b>

# REVIEW CHECKLIST & SCHEDULE

## **COLLECT FOR REVIEW:**

- APR Data Pages
- QA Section of TDSP
- Last Review (Date: \_\_\_\_\_)
- List of Omb. Calls
- QA Evaluation
- Status Report (from last review)
- AOR Submittal Date
- TD Clients to Verify
- TDTF Invoices
- Audit Report Submittal Date

## **ITEMS TO REVIEW ON-SITE:**

- SSPP
- Policy/Procedure Manual
- Complaint Procedure
- Drug & Alcohol Policy (see certification)
- Grievance Procedure
- Driver Training Records (see certification)
- Contracts
- Other Agency Review Reports
- Budget
- Performance Standards
- Medicaid Documents

**ITEMS TO REQUEST:**

- REQUEST INFORMATION FOR RIDER/BENEFICIARY SURVEY** (Rider/Beneficiary Name, Agency who paid for the trip [sorted by agency and totaled], and Phone Number)
- REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)
- REQUEST INFORMATION FOR PURCHASING AGENCY SURVEY** (Purchasing Agency Name, Phone Number, Address and Contact Name)
- REQUEST ANNUAL QA SELF CERTIFICATION** (Due to CTD annually by January 15th).

N/A  **MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

**INFORMATION OR MATERIAL TO TAKE WITH YOU:**

- Measuring Tape
- Stop Watch

## EVALUATION INFORMATION

**An LCB review will consist of, but is not limited to the following pages:**

1	Cover Page
5 - 6	Entrance Interview Questions
12	Chapter 427.0155 (3) Review the CTC monitoring of contracted operators
13	Chapter 427.0155 (4) Review TDSP to determine utilization of school buses and public transportation services
19	Insurance
23	Rule 41-2.011 (2) Evaluation of cost-effectiveness of Coordination Contractors and Transportation Alternatives
25 - 29	Commission Standards and Local Standards
39	On-Site Observation
40 – 43	Surveys
44	Level of Cost - Worksheet 1
45- 46	Level of Competition – Worksheet 2
47 - 48	Level of Coordination – Worksheet 3

**Notes to remember:**

- **The CTC should not conduct the evaluation or surveys. If the CTC is also the PA, the PA should contract with an outside source to assist the LCB during the review process.**
- **Attach a copy of the Annual QA Self Certification.**

## ENTRANCE INTERVIEW QUESTIONS

### INTRODUCTION AND BRIEFING:

- Describe the evaluation process (LCB evaluates the CTC and forwards a copy of the evaluation to the CTD).
- The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.

The LCB will be reviewing the following areas:

- Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
- Following up on the Status Report from last year and calls received from the Ombudsman program.
- Monitoring of contractors.
- Surveying riders/beneficiaries, purchasers of service, and contractors
- The LCB will issue a Review Report with the findings and recommendations to the CTC no later than 30 working days after the review has concluded.
- Once the CTC has received the Review Report, the CTC will submit a Status Report to the LCB within 30 working days.
- Give an update of Commission level activities (last meeting update and next meeting date), if needed.

### USING THE APR, COMPILER THIS INFORMATION:

#### 1. OPERATING ENVIRONMENT:

- RURAL       URBAN

#### 2. ORGANIZATION TYPE:

- PRIVATE-FOR-PROFIT
- PRIVATE NON-PROFIT
- GOVERNMENT
- TRANSPORTATION AGENCY

3. NETWORK TYPE:

- SOLE PROVIDER
- PARTIAL BROKERAGE
- COMPLETE BROKERAGE

4. NAME THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:

<b>Coordination Contract Agencies</b>				
<b>Name of Agency</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Telephone Number</b>	<b>Contact</b>



6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?  
(Recent APR information may be used)

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	Number of calls	Closed Cases	Unsolved Cases
Cost			
Medicaid			
Quality of Service			
Service Availability			
Toll Permit			
Other			

## GENERAL QUESTIONS

**Use the TDSP to answer the following questions. If these are not addressed in the TDSP, follow-up with the CTC.**

1. DESIGNATION DATE OF CTC:

2. WHAT IS THE COMPLAINT PROCESS?

IS THIS PROCESS IN WRITTEN FORM?  Yes  No  
(Make a copy and include in folder)

Is the process being used?  Yes  No

3. DOES THE CTC HAVE A COMPLAINT FORM?  Yes  No  
(Make a copy and include in folder)

4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?

Yes  No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?

Yes  No

**Review completed complaint forms to ensure the resolution section is being filled out and follow-up is provided to the consumer.**

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?

Yes  No

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?

Yes  No

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?

Yes  No If yes, what type?

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?

Yes  No

11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?

Yes  No

12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

*Please Verify These Passengers Have an Eligibility Application on File:*

<b>TD Eligibility Verification</b>			
<b>Name of Client</b>	<b>Address of client</b>	<b>Date of Ride</b>	<b>Application on File?</b>

13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?
  
  
  
  
  
  
  
15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?
  
  
  
  
  
  
  
16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?
  
  
  
  
  
  
  
17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?
  
  
  
  
  
  
  
18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

## GENERAL QUESTIONS

Findings:

Recommendations:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC contracts for compliance with 427.0155(1), F.S.**  
*“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”*

ARE YOUR CONTRACTS UNIFORM?  Yes  No

IS THE CTD’S STANDARD CONTRACT UTILIZED?  Yes  No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?  
 Yes  No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)  
 Yes  No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC last AOR submittal for compliance with 427. 0155(2)  
“Collect Annual Operating Data for submittal to the Commission.”**

REPORTING TIMELINESS

Were the following items submitted on time?

- a. Annual Operating Report  Yes  No
- Any issues that need clarification?  Yes  No

Any problem areas on AOR that have been re-occurring?

List:

- b. Memorandum of Agreement  Yes  No
- c. Transportation Disadvantaged Service Plan  Yes  No
- d. Grant Applications to TD Trust Fund  Yes  No
- e. All other grant application (\_\_\_\_%)  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the CTC monitoring of its transportation operator contracts to ensure compliance with 427.0155(3), F.S.**

***“Review all transportation operator contracts annually.”***

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS OPERATOR(S) AND HOW OFTEN IS IT CONDUCTED?

Is a written report issued to the operator?  Yes  No

If **NO**, how are the contractors notified of the results of the monitoring?

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED?

Is a written report issued?  Yes  No

If **NO**, how are the contractors notified of the results of the monitoring?

WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

**ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.**



**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]**

***“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”***

HOW IS THE CTC USING SCHOOL BUSES IN THE COORDINATED SYSTEM?

**Rule 41-2.012(5)(b):** *"As part of the Coordinator's performance, the local Coordinating Board shall also set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable. In areas where the public transit is not being utilized, the local Coordinating Board shall set an annual percentage of the number of trips to be provided on public transit."*

HOW IS THE CTC USING PUBLIC TRANSPORTATION SERVICES IN THE COORDINATED SYSTEM?

MT is always vigilant to find new and innovative ways to utilize the system.

IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT?

Yes  No

If YES, what is the goal?

Is the CTC accomplishing the goal?  Yes  No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review of local government, federal and state transportation applications for TD funds (all local, state or federal funding for TD services) for compliance with 427.0155(5).**

***“Review all applications for local government, federal, and state transportation disadvantaged funds, and develop cost-effective coordination strategies.”***

IS THE CTC INVOLVED WITH THE REVIEW OF APPLICATIONS FOR TD FUNDS, IN CONJUNCTION WITH THE LCB? (TD Funds include all funding for transportation disadvantaged services, i.e. Section 5310 [formerly Sec.16] applications for FDOT funding to buy vehicles granted to agencies who are/are not coordinated)

Yes     No

If Yes, describe the application review process.

If no, is the LCB currently reviewing applications for TD funds (any federal, state, and local funding)?     Yes     No

If no, is the planning agency currently reviewing applications for TD funds?  
 Yes     No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?     Yes     No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review priorities listed in the TDSP, according to Chapter 427.0155(7).  
“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”**

REVIEW THE QA SECTION OF THE TDSP (ask CTC to explain):

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Ensure CTC compliance with the delivery of transportation services, 427.0155(8).**

*“Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2).”*

Review the Operational section of the TDSP

1. Hours of Service:
  
2. Hours of Intake:
  
3. Provisions for After Hours Reservations/Cancellations?
  
4. What is the minimum required notice for reservations?
  
5. How far in advance can reservations be place (number of days)?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?      Yes      No

Comments:

**COMPLIANCE WITH CHAPTER 427, F.S.**

**Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).**

***“Work cooperatively with local WAGES coalitions established in Chapter 414 to provide assistance in the development of innovative transportation services for WAGES participants.”***

WHAT TYPE OF ARRANGEMENT DO YOU HAVE WITH THE LOCAL WAGES COALITION?

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

## CHAPTER 427

Findings:

Recommendations:

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.006(1), Minimum Insurance Compliance**  
*“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”*

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS IN THE OPERATOR AND COORDINATION CONTRACTS?

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT?

Yes    No

If yes, was this approved by the Commission?    Yes    No

IS THE CTC IN COMPLIANCE WITH THIS SECTION?    Yes    No

Comments:

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.006(2), Safety Standards.**

*“...shall ensure the purchaser that their operations and services are in compliance with the safety requirements as specified in Section 341.061(2)(a), F.S. and 14-90, F.A.C.”*

Date of last SSPP Compliance Review \_\_\_\_\_, Obtain a copy of this review.

Review the last FDOT SSPP Compliance Review, if completed in over a year, check drivers' records. If the CTC has not monitored the operators, check drivers' files at the operator's site.

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?  
 Yes  No

**DRIVER REQUIREMENT CHART**

<b>Driver Last Name</b>	<b>Driver License</b>	<b>Last Physical</b>	<b>CPR/1st Aid</b>	<b>Def. Driving</b>	<b>ADA Training</b>	<b>Other-</b>

Sample Size: 1-20 Drivers – 50-100%    21-100 Drivers – 20-50%    100+ Drivers – 5-10%



<b>Driver Last Name</b>	<b>Driver License</b>	<b>Last Physical</b>	<b>CPR/1st Aid</b>	<b>Def. Driving</b>	<b>ADA Training</b>	<b>Other-</b>

Sample Size: 1-20 Drivers – 50-100%    21-100 Drivers – 20-50%    100+ Drivers – 5-10%

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.006(3), Drug and Alcohol Testing**

*“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”*

With which of the following does the CTC (and its contracted operators) Drug and Alcohol Policy comply?

- FTA (Receive Sect. 5307, 5309, or 5311 funding)
- FHWA (Drivers required to hold a CDL)
- Neither

**REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.**

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: \_\_\_\_\_

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

Comments:

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives.**

*“...contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board as to the effectiveness and efficiency of the Transportation Operator or the renewal of any Coordination Contracts.”*

1. IF THE CTC HAS COORDINATION CONTRACTORS, DETERMINE THE COST-EFFECTIVENESS OF THESE CONTRACTORS.

Cost [CTC and Coordination Contractor (CC)]

	<b>CTC</b>	<b>CC #1</b>	<b>CC #2</b>	<b>CC #3</b>	<b>CC #4</b>
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES?  Yes  No  
 (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

	<b>CTC</b>	<b>Alt. #1</b>	<b>Alt. #2</b>	<b>Alt. #3</b>	<b>Alt. #4</b>
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

IS THE CTC IN COMPLIANCE WITH THIS SECTION?  Yes  No

**RULE 41-2**

Findings:

Recommendations:

**COMPLIANCE WITH 41-2, F.A.C.**

**Compliance with Commission Standards**  
*“...shall adhere to Commission approved standards...”*

Review the TDSP for the Commission standards.

<b>Commission Standards</b>	<b>Comments</b>
Local toll free phone number must be posted in all vehicles.	
Vehicle Cleanliness	
Passenger/Trip Database	

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	



## COMMISSION STANDARDS

Findings:

Recommendations:

## COMPLIANCE WITH 41-2, F.A.C.

### Compliance with Local Standards

*“...shall adhere to Commission approved standards...”*

Review the TDSP for the Local standards.

<b>Local Standards</b>	<b>Comments</b>
Transport of Escorts and dependent children policy	
Use, Responsibility, and cost of child restraint devices	
Out-of-Service Area trips	
CPR/1st Aid	
Driver Criminal Background Screening	
Rider Personal Property	
Advance reservation requirements	
Pick-up Window	

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls <i>Average age of fleet:</i>	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints <i>Number filed:</i>	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time	CTC	CTC	
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

## LOCAL STANDARDS

Findings:

Recommendations:

**COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT**

**REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.**

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE  
AVAILABLE UPON REQUEST?  Yes  No

ARE ACCESSIBLE FORMATS ON THE SHELF?  Yes  No

IF NOT, WHAT ARRANGEMENTS ARE IN PLACE TO HAVE MATERIAL  
PRODUCED IN A TIMELY FASHION UPON REQUEST?

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?  
 Yes  No

IS THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH  
THE OFFICE PHONE NUMBER?  Yes  No

Florida Relay System:  
Voice- 1-800-955-8770  
TTY- 1-800-955-8771

EXAMINE OPERATOR MANUALS AND RIDER INFORMATION. DO CURRENT  
POLICIES COMPLY WITH ADA PROVISION OF SERVICE REQUIREMENTS  
REGARDING THE FOLLOWING:

Provision of Service	Training Provided	Written Policy	Neither
Accommodating Mobility Aids			
Accommodating Life Support Systems (O <sub>2</sub> Tanks, IV's...)			
Passenger Restraint Policies			
Standee Policies (persons standing on the lift)			
Driver Assistance Requirements			
Personal Care Attendant Policies			
Service Animal Policies			
Transfer Policies (From mobility device to a seat)			
Equipment Operation (Lift and securement procedures)			
Passenger Sensitivity/Disability Awareness Training for Drivers			

RANDOMLY SELECT ONE OR TWO VEHICLES PER CONTRACTOR (DEPENDING ON SYSTEM SIZE) THAT ARE IDENTIFIED BY THE CTC AS BEING ADA ACCESSIBLE AND PURCHASED WITH PRIVATE FUNDING, AFTER 1992. CONDUCT AN INSPECTION USING THE ADA VEHICLE SPECIFICATION CHECKLIST.

No vehicles have been purchased with private funding.

INSPECT FACILITIES WHERE SERVICES ARE PROVIDED TO THE PUBLIC (ELIGIBILITY DETERMINATION, TICKET/COUPON SALES, ETC...).

IS A RAMP PROVIDED?                       Yes     No

ARE THE BATHROOMS ACCESSIBLE?     Yes     No

# Bus and Van Specification Checklist

**Name of Provider:**

**Vehicle Number (either VIN or provider fleet number):**

**Type of Vehicle:**     Minivan                       Van                       Bus (>22')  
                                  Minibus (<= 22')     Minibus (>22')

**Person Conducting Review:**

**Date:**

**Review the owner's manual, check the stickers, or ask the driver the following:**

- The lift must have a weight limit of at least 600 pounds.
- The lift must be equipped with an emergency back-up system (in case of loss of power to vehicle). Is the pole present?
- The lift must be "interlocked" with the brakes, transmission, or the door, so the lift will not move unless the interlock is engaged. Ensure the interlock is working correctly.

**Have the driver lower the lift to the ground:**

- Controls to operate the lift must require constant pressure.
- Controls must allow the up/down cycle to be reversed without causing the platform to "stow" while occupied.
- Sufficient lighting shall be provided in the step well or doorway next to the driver, and illuminate the street surface around the lift, the lighting should activate when the door/lift is in motion. Turn light switch on, to ensure lighting is working properly.

**Once the lift is on the ground, review the following:**

- Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- Side barriers must be at least 1 ½ inches high.
- The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- The platform must be slip-resistant.
- Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- The lift must have two handrails.
- The handrails must be 30-38 inches above the platform surface.
- The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

- If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- Lifts may be marked to identify the preferred standing position (suggested, not required)

**Have the driver bring the lift up to the fully raised position (but not stowed):**

- When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of the platform and carefully jump up and down to see how far the lift sways.
- The lift must be designed to allow boarding in either direction.

**While inside the vehicle:**

- Each securement system must have a clear floor area of 30 inches wide by 48 inches long.
- The securement system must accommodate all common wheelchairs and mobility aids.
- The securement system must keep mobility aids from moving no more than 2 inches in any direction.
- A seat belt and shoulder harness must be provided for each securement position, and must be separate from the security system of the mobility aid.

**Vehicles under 22 feet must have:**

- One securement system that can be either forward or rear-facing.
- Overhead clearance must be at least 56 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

**Vehicles over 22 feet must have:**

- Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
- Aisles, steps, and floor areas must be slip resistant.
- Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.



# COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

Table 1. ADA Compliance Review - Provider/Contractor Level of Service Chart

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor

BASED ON THE INFORMATION IN TABLE 1, DOES IT APPEAR THAT INDIVIDUALS REQUIRING THE USE OF ACCESSIBLE VEHICLES HAVE EQUAL SERVICE?

Yes     No

## ADA COMPLIANCE

Findings:

Recommendations:

**FY \_\_\_\_ / \_\_\_\_ GRANT QUESTIONS**

**The following questions relate to items specifically addressed in the FY \_  
/ \_\_\_\_\_ Trip and Equipment Grant.**

DO YOU KEEP ALL RECORDS PERTAINING TO THE SPENDING OF TDTF DOLLARS FOR FIVE YEARS? (Section 7.10: Establishment and Maintenance of Accounting Records, T&E Grant, and FY \_\_\_\_\_)

Yes  No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN A FATALITY REPORTED TO THE COMMISSION WITHIN 24 HOURS AFTER YOU HAVE RECEIVED NOTICE? (Section 14.80: Accidents, T/E Grant, and FY \_\_\_\_\_)

Yes  No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY \_\_\_\_\_)

Yes  No

**STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)**

DATE OF LAST REVIEW: \_\_\_\_\_

STATUS REPORT DATED: \_\_\_\_\_

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

## ON-SITE OBSERVATION OF THE SYSTEM

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  
 Yes  No

Does the vehicle have working heat and air conditioning?  Yes  No

Does the vehicle have two-way communications in good working order?  Yes  No

If used, was the lift in good working order?  Yes  No

Was there safe and appropriate seating for all passengers?  Yes  No

Did the driver properly use the lift and secure the passenger?  Yes  No

If No, please explain:

CTC: \_\_\_\_\_ County: \_\_\_\_\_

Date of Ride: \_\_\_\_\_

<b>Funding Source</b>	<b>No. of Trips</b>	<b>No. of Riders/Beneficiaries</b>	<b>No. of Calls to Make</b>	<b>No. of Calls Made</b>
CTD				
Medicaid				
Other				
Other				
Other)				
Other				
<b>Totals</b>				

<b>Number of Round Trips</b>	<b>Number of Riders/Beneficiaries to Survey</b>
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note: Attach the manifest**

210  
Name of Staff: Tom

**ON-SITE OBSERVATION OF THE SYSTEM**

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

2/5/2025

Please list any special guests that were present:

Location:

Marion Senior Serv. Ocala

Number of Passengers picked up/dropped off:

1111

Ambulatory

4

Non-Ambulatory

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?

Yes  No  Driver regularly transports the rider, not necessary

Even that the driver knows the passengers, it was courtesy at it best, GREAT JOB TOM!

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?

Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  Yes  No

Does the vehicle have working heat and air conditioning?  Yes  No

Does the vehicle have two-way communications in good working order?  Yes  No

If used, was the lift in good working order?  Yes  No



Was there safe and appropriate seating for all passengers?

Yes  No

Did the driver properly use the lift and secure the passenger?

Yes  No N/A

If No, please explain:

CTC: Marion Transit Services

County: Marion

Date of Ride: 2/5/2025

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD				
Medicaid				
Other				
Other				
Other)				
Other				
Totals				

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note: Attach the manifest**



### Scheduled Trips Summary - FL\_Marion

For Time Period: 2/5/2025

Printed: 2/4/2025 2:49:26PM

Run Name: Unassigned

Vehicle: Bus 2106

Driver Name:

Driver \_\_\_\_\_

Miles Out

Cash

Signature \_\_\_\_\_

Miles In

Tickets

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
<del>Ancore Davis, Stephen</del>	<del>7:30:00AM</del>	<del>1140 Ne 20th Ave Ocala, FL 34470</del>	<del>8:00:00AM</del>	<del>YMCA 3200 SE 17th St Ocala, FL 34471</del>	<del>Lift to Load</del>	<del>\$0.00</del>	<del>(352) 732-5118</del>
ADA Martin	7:45	CX					

Funding Source: ADA  
Assistance Needs: General Comments [plse call 10 min before arrival]

Gadd, Joanne	9:00:00AM	1544 Ne 17th St Ocala, FL 34470	9:30:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$2.00	(407) 493-0565
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Funding Source: ADA  
Assistance Needs: General Comments [Pull in driveway on 15th Terrace]

Harris, Gladys Lucille	9:30:00AM	Trinity Villas 3748 Ne 8th Pl #145-D Ocala, FL 34470	10:00:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$2.00	(406) 890-8236
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Funding Source: ADA



Take pride in what you drive, a bus that is  
clean inside and out is a safe bus!

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
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Assistance Needs: General Comments

<del>Davis, Stephen</del>	<del>10:00:00AM</del>	<del>YMCA 3200 SE 17th St Ocala, FL 34471</del>	<del>10:30:00AM</del>	<del>1140 Ne 20th Ave Ocala, FL 34470</del>	<del>Lift to Load</del>	<del>\$0.00</del>	<del>(352) 732-5118</del>
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Funding Source: ADA

Assistance Needs: General Comments [plse call 10 min before arrival]

4 Marson, Vinnette	10:00:00AM	Stone Hill 2811 Ne 35th St Ocala, FL 34479	10:30:00AM	Fl. Center for the Blind 1411 Ne 22nd Ave Ocala, FL 34470	Ambulatory	\$2.00	(352) 512-3548
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Funding Source: ADA

Assistance Needs:

Osborne, Felicia <i>cancel</i>	10:30:00AM	Cala Springs MH Park 3323 Ne 14th St Lot #A18 Ocala, FL 34470	11:00:00AM	Center for Independent Living 2760 Se 17th St #300**Don't drop off before 9 am Ocala, FL 34471	Wheelchair Electric	\$0.00	(973) 220-0379
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Funding Source: TD

Assistance Needs:

Gadd, Joanne	11:30:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	12:00:00PM	1544 Ne 17th St Ocala, FL 34470	Ambulatory	\$2.00	(407) 493-0565
--------------	------------	--	------------	------------------------------------	------------	--------	----------------

Funding Source: ADA

Assistance Needs: General Comments [Pull in driveway on 15th Terrace]

Harris, Gladys Lucille	12:00:00PM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	12:30:00PM	Trinity Villas 3748 Ne 8th Pl #145-D Ocala, FL 34470	Ambulatory	\$2.00	(406) 890-8236
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Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
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Funding Source: ADA

Assistance Needs: General Comments

King, Joan	1:30:00PM	Autumn Oaks 1111 Ne 21st Ter Ocala, FL 34470	2:00:00PM	Marion County Public Library 2720 E Silver Springs Blvd Ocala, FL 34470	Lift to Load	\$2.00	(352) 502-0978
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Funding Source: ADA

Assistance Needs: General Comments [Please ring doorbell on left side. A FEW TIMES\*\*Uses Walker]

**From:** [Colon, Carlos](#)  
**To:** [Mitchell, Liz](#)  
**Subject:** RE: Ride along forms  
**Date:** Thursday, February 6, 2025 6:35:24 AM  
**Attachments:** [image008.png](#)  
[image009.png](#)  
[image011.png](#)  
[image012.png](#)  
[image013.png](#)  
[CTC Evaluation Ride-along Marion Senior Services 2-5-2025.pdf](#)

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This email originated from outside the organization. Do not click links, open attachments, or share any information unless you recognize the sender and know the content is safe. Report suspicious emails using the "Phish Alert" button in Outlook or contact the Helpdesk.

Good morning Liz,

It is a pleasure to participate in these evaluations. I like interacting with the passengers, they are open to talk about the service. Been said that I didn't call, it was in person the interviews. Attached the survey, 1 for the 4 passenger but easy to track each. Also, the evaluation and the manifest. I have to say in this email, and if you can add it somewhere in the comments, the great job the drivers are doing, what a commitment with those passengers. I don't sit in the bus during the pre-trip inspection, I'm outside with the driver; I noticed all the drivers doing their pre-trip inspection on their buses, what an excellent work. This includes fluids, tires, ramp, lights, horn and more.

Have an excellent day

*Carlos M. Colón, FCCM*

Transit Project Coordinator  
State of Florida Department of Transportation  
Modal Development  
420 W Landstreet Rd.  
Orlando, FL 32824  
Phone: 321-319-8173  
DeLand: 386-943-5106  
DOT Cell: 386-895-1666  
E-mail: [carlos.colon@dot.state.fl.us](mailto:carlos.colon@dot.state.fl.us)

*"The best way to find yourself is to lose yourself in the service of others."* Mahatma Gandhi



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**From:** Mitchell, Liz <[Liz.Mitchell@marionfl.org](mailto:Liz.Mitchell@marionfl.org)>  
**Sent:** Tuesday, February 4, 2025 10:25 AM  
**To:** Colon, Carlos <[Carlos.Colon@dot.state.fl.us](mailto:Carlos.Colon@dot.state.fl.us)>  
**Subject:** Ride along forms

Name of Staff: Tiffany McKenzie

**ON-SITE OBSERVATION OF THE SYSTEM**

**RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.**

Date of Observation: 2/19/2025

Please list any special guests that were present: MARSHIA FRANKLINE

Location: RIDER'S HOME + THE DENTIST PLACE

Number of Passengers picked up/dropped off: 1

Ambulatory

Non-Ambulatory

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  
 Yes  No

Does the vehicle have working heat and air conditioning?  
 Yes  No

Does the vehicle have two-way communications in good working order?  
 Yes  No

If used, was the lift in good working order? N/A  
 Yes  No



Was there safe and appropriate seating for all passengers?

Yes  No

Did the driver properly use the lift and secure the passenger?

N/A

Yes  No

If No, please explain:

CTC: Marion Transit Services County: Marion

Date of Ride: \_\_\_\_\_

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD				
Medicaid				
Other				
Other				
Other)				
Other				
Totals				

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note:** Attach the manifest



# Scheduled Trips Summary - FL\_Marion

For Time Period: 2/19/2025

Printed: 2/18/2025 3:31:55PM

C - \$12  
T - \$4

Run Name: Unassigned

Vehicle: Bus 2106

Driver Name:

Driver

*John Lawton*

Miles Out

*75,873*

Cash

*\$12.00*

Signature

*John Lawton*

Miles In

*75,943*

Tickets

*2*

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Harris, Gladys Lucille	<i>9:00A</i> 9:30:00AM	Trinity Villas 3748 Ne 8th Pl #145-D Ocala, FL 34470	10:00:00AM	Publix 3450 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$ 2.00	(406) 890-8236
	<i>9:08A</i>	<i>75,880</i>	<i>9:28A</i>	<i>75,880</i>		<i>\$4.00</i>	

Funding Source: ADA

Assistance Needs: General Comments

Pacchiana, Diane	<i>9:00A</i> 9:30:00AM	Trinity Villas 3718 Ne 8th Pl B-210 Ocala, FL 34470	10:00:00AM	Publix 3450 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$ 0.00	(954) 701-0595
	<i>9:15A</i>	<i>75,880</i>	<i>9:23A</i>	<i>75,880</i>			

Funding Source: ADA

Assistance Needs: General Comments [PLSE CALL TO COME DOWN]

Farber, Betty	<i>9:00A</i> 10:30:00AM	Cedarwood Apts 1631 Ne 39th Ave # C Ocala, FL 34470	11:00:00AM	Center for Independent Living 2760 Se 17th St #300**Don't drop off before 9 am Ocala, FL 34471	Lift to Load	\$ 0.00	(352) 421-0560
		<i>CX</i>					

Funding Source: TD

Assistance Needs:



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Harris, Gladys Lucille	12:00:00PM <del>12:57A</del> 10:47A	Publix 3450 E Silver Springs Blvd Ocala, FL 34470 75,898	12:30:00PM 10:57A	Trinity Villas 3748 Ne 8th Pl #145-D Ocala, FL 34470 75,894	Ambulatory	\$ 2.00	(406) 890-8236

Funding Source: ADA

Assistance Needs: General Comments

Pacchiana, Diane	12:00:00PM 11:48A	Publix 3450 E Silver Springs Blvd Ocala, FL 34470 75,904	12:30:00PM 11:55A	Trinity Villas 3718 Ne 8th Pl B-210 Ocala, FL 34470 75,904	Ambulatory	\$ 0.00	(954) 701-0595
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Funding Source: ADA

Assistance Needs: General Comments [PLSE CALL TO COME DOWN]

Abello, Nancy	12:00:00PM 1:30:00PM 12:59P	Wellington Station 3906 Ne 22nd St Ocala, FL 34470 75,905	2:00:00PM 1:38P	CORA Physical Therapy 3845 Se Lake Weir Ave Ocala, FL 34480 75,925	Wheelchair Electric	\$ 2.00 2 fix	(786) 709-7699
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Funding Source: TD

Assistance Needs: Requires Door-to-Door assistance [Long load time]

O'Rourke, Linda	1:00:00PM 1:30:00PM 1:02P	Cedarwood Apts 1635 Ne 39th Ave Apt A Ocala, FL 34470 75,918	2:00:00PM 1:20P	Associated Comprehensive Eye Care 2441 E Fort King St # 100 Ocala, FL 34471 75,921	Ambulatory	\$ 2.00 \$ 4.00	(352) 732-7797
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Funding Source: ADA

Assistance Needs: General Comments [Please call 15 before arrival (352)732-7797-TAKE 2ND ENTRANCE]

P-1 Marsha Franklin (Sub) ~~10:47P 75,893~~ → 11:35A 75,901  
 11:18P 75,898 → ~~2:11P 75,931~~  
 P-2 " " 1:51P 75,927 - 2:11P 75,931  
 P-2 Linda O'Rourke (Sub) 2:01P 75,929 - 2:35P 75,935

\$ 4.00

Name of Staff: Tracey Sapp

**ON-SITE OBSERVATION OF THE SYSTEM**

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation: 2/18/25

Please list any special guests that were present: N/A

Location: 1801 SE 32nd Ave Ocala

Number of Passengers picked up/dropped off: 5

Ambulatory 3

Non-Ambulatory 2

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  
 Yes  No

Does the vehicle have working heat and air conditioning?  
 Yes  No

Does the vehicle have two-way communications in good working order?  
 Yes  No

If used, was the lift in good working order?  
 Yes  No

Was there safe and appropriate seating for all passengers?  Yes  No

Did the driver properly use the lift and secure the passenger?  Yes  No

If No, please explain:

CTC: Marion Transit Services County: Marion

Date of Ride: 2/18/25

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD				
Medicaid				
Other				
Other				
Other)				
Other				
Totals				

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note: Attach the manifest**



# Scheduled Trips Summary - FL\_Marion

For Time Period: 2/18/2025

Printed: 2/17/2025 2:17:43PM

Run Name: Unassigned  
Driver Name:

Vehicle: Bus 2106

Driver \_\_\_\_\_  
Signature \_\_\_\_\_

Miles Out

Miles In

Cash

Tickets

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Davis, Stephen	7:30:00AM	1140 Ne 20th Ave Ocala, FL 34470	8:00:00AM	YMCA 3200 SE 17th St Ocala, FL 34471	Lift to Load	\$ 0.00	(352) 732-5118

Funding Source: ADA

Assistance Needs: General Comments [plse call 10 min before arrival]

<del>Dan, Anna</del>	<del>8:30:00AM</del>	<del>Evangline Booth 2921 Ne 14th St Apt 206 Ocala, FL 34470</del>	<del>9:00:00AM</del>	<del>Walmart 4980 E Silver Springs Blvd Ocala, FL 34470</del>	<del>Ambulatory</del>	<del>\$ 2.00</del>	<del>(352) 292-6759</del>
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Funding Source: ADA

Assistance Needs: General Comments [Please call to come down]

<del>Rockwell, Dorothea</del>	<del>8:30:00AM</del>	<del>Evangline Booth Apts 2921 Ne 14th St Apt # 200 Ocala, FL 34470</del>	<del>9:00:00AM</del>	<del>Walmart 4980 E Silver Springs Blvd Ocala, FL 34470</del>	<del>Ambulatory</del>	<del>\$ 2.00</del>	<del>(352) 615-2301</del>
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Funding Source: ADA

Assistance Needs: General Comments [Please call to come down\*Client using cane]



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Vertley, Barbara	8:30:00AM ✓	2444 Ne 3rd St Ocala, FL 34470	9:00:00AM ✓	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$ 2.00	(407) 784-9668

Funding Source: ADA  
Assistance Needs:

Salama, Jordan	9:30:00AM ✓	Country Estates 4514 Se 10th Pl Ocala, FL 34471	10:00:00AM ✓	Too Your Health Spa 3643 NE 8th Pl Ocala, FL 34470	Ambulatory	\$ 2.00	(917) 428-7030
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Funding Source: TD  
Assistance Needs:

Sancho, Montral	9:30:00AM ✗	Stage Stop Motel 5131 E Silver Springs Blvd room 110 Ocala, FL 34471	10:00:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	Lift to Load	\$ 2.00	(352) 547-9192
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Funding Source: ADA  
Assistance Needs:

Davis, Stephen	10:00:00AM ✓	YMCA 3200 SE 17th St Ocala, FL 34471	10:30:00AM ✓	1140 Ne 20th Ave Ocala, FL 34470	Lift to Load	\$ 0.00	(352) 732-5118
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Funding Source: ADA  
Assistance Needs: General Comments [plse call 10 min before arrival]

Cerniglia, Mary	10:30:00AM ✗	Spanish Oaks MHP 3150 Ne 36th Ave Lot # 309 Ocala, FL 34479	11:00:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	Ambulatory	\$ 2.00	(352) 718-0398
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Funding Source: ADA  
Assistance Needs: General Comments [driver plse scan DL to Cyndi also LTL]

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Dan, Anna	11:00:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470 <i>CX</i>	11:30:00AM	Evangline Booth 2921 Ne 14th St Apt 206 Ocala, FL 34470	Ambulatory	\$ 2.00	(352) 292-6759

Funding Source: ADA

Assistance Needs: General Comments [Please call to come down]

Rockwell, Dorothea	11:00:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470 <i>CX</i>	11:30:00AM	Evangeline Booth Apts 2921 Ne 14th St Apt # 200 Ocala, FL 34470	Ambulatory	\$ 2.00	(352) 615-2301
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Funding Source: ADA

Assistance Needs: General Comments [Please call to come down\*Client using cane]

Salama, Jordan	11:00:00AM	Too Your Health Spa 3643 NE 8th Pl Ocala, FL 34470	11:30:00AM	Country Estates 4514 Se 10th Pl Ocala, FL 34471	Ambulatory	\$ 2.00	(917) 428-7030
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Funding Source: TD

Assistance Needs:

Vertley, Barbara	11:00:00AM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	11:30:00AM	2444 Ne 3rd St Ocala, FL 34470	Ambulatory	\$ 2.00	(407) 784-9668
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Funding Source: ADA

Assistance Needs:

Sancho, Montral	12:00:00PM	Walmart 4980 E Silver Springs Blvd Ocala, FL 34470	12:30:00PM	Stage Stop Motel 5131 E Silver Springs Blvd room 110 Ocala, FL 34471	Lift to Load	\$ 2.00	(352) 547-9192
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Funding Source: ADA

Assistance Needs:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Sullivan, Norma	1:00:00PM	Park Place of Ocala 1621 Ne 2nd St Unit 402 GATE CODE 0715 and hit Enter Ocala, FL 34470	1:30:00PM	Too Your Health Spa 3643 NE 8th Pl Ocala, FL 34470	Ambulatory	\$ 2.00	(347) 239-4319

Funding Source: ADA  
Assistance Needs:



Name of Staff: Liz Mitchell

**ON-SITE OBSERVATION OF THE SYSTEM**

JEFF

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation: 2/21/2025

Please list any special guests that were present: N/A.

Location: DUNYLLON

Number of Passengers picked up/dropped off: 9

Ambulatory 19

Non-Ambulatory 2

Was the driver on time?  Yes  No - How many minutes late/early?

Did the driver provide any passenger assistance?  Yes  No

Was the driver wearing any identification?  Yes:  Uniform  Name Tag  
 ID Badge  No

Did the driver render an appropriate greeting?  
 Yes  No  Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
 Yes  No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?  
 Yes  No

Does the vehicle have working heat and air conditioning?  
 Yes  No

Does the vehicle have two-way communications in good working order?  
 Yes  No

If used, was the lift in good working order?  
 Yes  No



Was there safe and appropriate seating for all passengers?

Yes  No

Did the driver properly use the lift and secure the passenger?

Yes  No

If No, please explain:

CTC: Marion Transit Services

County: Marion

Date of Ride: 2/21/2025

<b>Funding Source</b>	<b>No. of Trips</b>	<b>No. of Riders/Beneficiaries</b>	<b>No. of Calls to Make</b>	<b>No. of Calls Made</b>
CTD				
Medicaid				
Other				
Other				
Other)				
Other				
Totals				

<b>Number of Round Trips</b>	<b>Number of Riders/Beneficiaries to Survey</b>
0 – 200	30%
201 – 1200	10%
1201 +	5%

**Note: Attach the manifest**



# Scheduled Trips Summary - FL\_Marion

For Time Period: 2/21/2025

Printed: 2/20/2025 3:34:53PM

Run Name: Unassigned

Vehicle: Bus 2111

Driver Name: **JEFF**

Driver \_\_\_\_\_

Miles Out

Cash

Signature \_\_\_\_\_

Miles In

Tickets

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Abrams, Barbara	9:30:00AM	Rolling Hills Apts 11150 Rolling Hills Rd Apt 11 Dunnellon, FL 34431	10:00:00AM	Walmart 11012 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 256-2933

Funding Source: 5311

Assistance Needs:

Allen, Peggy	9:30:00AM	Dunnellon Square MHP 20451 Powell Rd #17 Dunnellon, FL 34431	10:00:00AM	Dunnellon Public Library 20351 Robinson Rd OPENS AT 10 Dunnellon, FL 34431	Ambulatory	\$ 0.00	(813) 469-8769
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Funding Source: 5311

Assistance Needs:

Jefferson, Elizabeth	9:30:00AM	Chatmire Community 19819 Sw 108th Pl Dunnellon, FL 34432	10:00:00AM	The Church of the Holy Faith 19924 W Blue Cove Dr OPEN MON-WED-FRI 10AM-12:30PM Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 770-3061
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Funding Source: 5311

Assistance Needs:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Jones, Leardis	9:30:00AM	11735 N Williams St Dunnellon, FL 34432	10:00:00AM	Walmart 11012 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 489-9560

Funding Source: 5311

Assistance Needs:

<del>Alvarez-Cuervo, Maria</del> <i>TR-ADA</i>	<del>10:00:00AM</del>	<del>1005 Se 3rd Ave Ocala, FL 34471</del>	<del>10:30:00AM</del>	<del>Delgado, Jose 3515 Se 17th St #100 Ocala, FL 34471</del>	<del>Lift to Load</del>	<del>\$ 2.00</del>	<del>(352) 427-1290</del>
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Funding Source: ADA

Assistance Needs: General Comments [go to 10th St less traffic also easy for Clt too]

Dunbar, Geneva	10:30:00AM	Rolling Hills Apts 11150 Rolling Hills Rd #66 Dunnellon, FL 34431	11:00:00AM	Dollar General 11582 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 229-3563
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Funding Source: 5311

Assistance Needs:

Garcia Montero, Jorge	10:30:00AM	Rolling Hills Apts 11150 Rolling Hill Rd #24 Dunnellon, FL 34431	11:00:00AM	Walgreens 11283 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(305) 431-3929
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Funding Source: 5311

Assistance Needs: General Comments

Rodriguez, Jeannie	10:30:00AM	Rainbow Garden Circle Apts 11845 Rainbow Gardens Cir Apt A Dunnellon, FL 34432	11:00:00AM	Walmart 11012 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 895-8866
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Funding Source: 5311

Assistance Needs:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Underhill, Kim	10:30:00AM	Rolling Hills Apts 11150 Rolling Hills Rd #23 Dunnellon, FL 34431	11:00:00AM	Walgreens 11283 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 615-5813

Funding Source: 5311

Assistance Needs:

Jones, Leardis	10:45:00AM	Walmart 11012 N Williams St Dunnellon, FL 34432	11:15:00AM	Publix 11352 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 489-9560
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Funding Source: 5311

Assistance Needs:

Loftin, Linda	10:45:00AM	Rainbow Garden Apts. 11865 Rainbow Gardens Cir Apt. D Dunnellon, FL 34432	11:15:00AM	A-1 Physical Therapy 12139 S Williams St Dunnellon, FL 34432	Wheelchair Electric	\$ 0.00	(352) 496-0281
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Funding Source: 5311

Assistance Needs: General Comments [Rainbow Garden Apts--Transfers to seat]

Romantini, Cristina	11:00:00AM	Rainbow Garden Apts 11885 Rainbow Gardens Cir #A Dunnellon, FL 34432	11:30:00AM	Publix 11352 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 857-6388
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Funding Source: 5311

Assistance Needs:

Abrams, Barbara	12:00:00PM	Walmart 11012 N Williams St Dunnellon, FL 34432	12:30:00PM	Rolling Hills Apts 11150 Rolling Hills Rd Apt 11 Dunnellon, FL 34431	Ambulatory	\$ 0.00	(352) 256-2933
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Funding Source: 5311

Assistance Needs:



Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Allen, Peggy	12:00:00PM	Dunnellon Public Library 20351 Robinson Rd OPENS AT 10 Dunnellon, FL 34431	12:30:00PM	Dunnellon Square MHP 20451 Powell Rd #17 Dunnellon, FL 34431	Ambulatory	\$ 0.00	(813) 469-8769

Funding Source: 5311

Assistance Needs:

Jones, Leardis	12:00:00PM	Publix 11352 N Williams St Dunnellon, FL 34432	12:30:00PM	11735 N Williams St Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 489-9560
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Funding Source: 5311

Assistance Needs:

Jefferson, Elizabeth	12:30:00PM	The Church of the Holy Faith 19924 W Blue Cove Dr OPEN MON-WED-FRI 10AM-12:30PM Dunnellon, FL 34432	1:00:00PM	Chatmire Community 19819 Sw 108th Pl Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 770-3061
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Funding Source: 5311

Assistance Needs:

Dunbar, Geneva	1:00:00PM	Dollar General 11582 N Williams St Dunnellon, FL 34432	1:30:00PM	Rolling Hills Apts 11150 Rolling Hills Rd #66 Dunnellon, FL 34431	Ambulatory	\$ 0.00	(352) 229-3563
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Funding Source: 5311

Assistance Needs:

Rodriguez, Jeannie	1:00:00PM	Walmart 11012 N Williams St Dunnellon, FL 34432	1:30:00PM	Rainbow Garden Circle Apts 11845 Rainbow Gardens Cir Apt A Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 895-8866
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Funding Source: 5311

Assistance Needs:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
Underhill, Kim	1:00:00PM	Walgreens 11283 N Williams St Dunnellon, FL 34432	1:30:00PM	Rolling Hills Apts 11150 Rolling Hills Rd #23 Dunnellon, FL 34431	Ambulatory	\$ 0.00	(352) 615-5813

Funding Source: 5311

Assistance Needs:

Loftin, Linda	1:15:00PM	A-1 Physical Therapy 12139 S Williams St Dunnellon, FL 34432	1:45:00PM	Rainbow Garden Apts. 11865 Rainbow Gardens Cir Apt. D Dunnellon, FL 34432	Wheelchair Electric	\$ 0.00	(352) 496-0281
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Funding Source: 5311

Assistance Needs: General Comments [Rainbow Garden Apts--Transfers to seat]

Romantini, Cristina	1:30:00PM	Publix 11352 N Williams St Dunnellon, FL 34432	2:00:00PM	Rainbow Garden Apts 11885 Rainbow Gardens Cir #A Dunnellon, FL 34432	Ambulatory	\$ 0.00	(352) 857-6388
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Funding Source: 5311

Assistance Needs:

Garcia Montero, Jorge	3:00:00PM	Walgreens 11283 N Williams St Dunnellon, FL 34432	3:30:00PM	Rolling Hills Apts 11150 Rolling Hill Rd #24 Dunnellon, FL 34431	Ambulatory	\$ 0.00	(305) 431-3929
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Funding Source: 5311

Assistance Needs: General Comments

# RIDER/BENEFICIARY SURVEY

Staff making call: \_\_\_\_\_

County: \_\_\_\_\_

Date of Call: / /

Funding Source: \_\_\_\_\_

1) Did you receive transportation service on \_\_\_\_\_?  Yes or  No

2) Where you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

\_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

4 X 10 great serv., reliable

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

Additional Comments:

Aurora - Had car accident 2 years ago, afraid to drive.

Joanne - 91 yb, shopping, life easier

Gladys - Medical, shopping, entertainment, can't drive, appreciate the service

Vinnette - Visually imp., training, Fd Center for the Blind, cust. willing to build a driveway for easy access

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIANE  
PACCHIANA

## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Tiffany McKenzie  
Date of Call: / /

County: Marion

Funding Source: N/A

1) The last time you received transportation service?

2/19/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

I DO APPRECIATE THE SERVICE VERY  
MUCH. DON'T KNOW WHAT I WOULD DO  
WITHOUT IT.

GLADYS HARRIS

## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Tiffany McKenzie

County: Marion

Date of Call: / /

Funding Source: N/A

1) The last time you received transportation service?

2/19/2025

Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week (4)

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None

3-5 Times

1-2 Times

6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible

Space not available

Lack of funds

Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical

Education/Training/Day Care

Employment

Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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2/19/2025  
MARSHA FRANKLIN

## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Tiffany McKenzie  
Date of Call: / /

County: Marion

Funding Source: N/A

1) The last time you received transportation service?

2/19/2025

Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10\*

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Tracey Sapp  
Date of Call: 2/18 /25

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? Jan 25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Barbara Vertley for use in publications.)

**Additional Comments:** "Transportation is my lifeline, without it I couldn't go to any of my appts. I'm on dialysis & this is saving my life!"

"People are nice, friendly"

"Keep up the good work, it's very refreshing after having other horrible experiences."

# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Tracey Sapp County: Marion  
Date of Call: / / Funding Source: N/A

1) The last time you received transportation service? 2/17/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Mary Cerniglia for use in publications.)

**Additional Comments:**

" My whole life line ~~I~~ don't get to go any  
where without this bus" My family  
is working or gone so I don't have any one.

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Tracey Sapp  
Date of Call: 2/18/25

County: Marion  
Funding Source: N/A

1) The last time you received transportation service?

2/13/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

9

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

"Transportation, means being able to get healthy, we need to get exercise & go to Dr offices."

"We really like it, excellent service."

## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Tracey Sapp

County: Marion

Date of Call: 2/18/25

Funding Source: N/A

1) The last time you received transportation service? Jan 25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by Montral Saneho for use in publications.)

Additional Comments:

"I can go to the store & get the things I need in order to survive."

"Driver went inside Wal-Mart to get the client a scooter & brought it to the bus."



# RIDER/BENEFICIARY SURVEY

Name of  
Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? 2/20  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on NO?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by AWSONE for use in publications.)

**Additional Comments:**

MR. SEIF IS THE BEST.

# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? Last Week  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on NA?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? LAST Friday  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Don't know what I would do  
without this bus. THE DRIVER TREATS US  
SPECIAL AS IF WE WERE IMPORTANT

# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? YESTERDAY  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

2

8) What does transportation mean to you? (Permission granted by Everything for use in publications.)

**Additional Comments:**

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## RIDER/BENEFICIARY SURVEY

Name of  
Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? LAST WEEK  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on NO?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by A Blessing for use in publications.) VERY DEPENDENT

**Additional Comments:**

LARRY & JEFF ARE THE BEST DRIVERS  
VERY POLITE - HELPFUL AND HELP CARRY  
THINGS FOR ME.

# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? mon tue  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by YES for use in publications.)

**Additional Comments:**

EXCELLENT DRIVERS VERY SATISFIED

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# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? 2-17-25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

freedom to shop, get to medical appts.

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# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Liz Mitchell  
Date of Call: 2/21 2025

County: Marion  
Funding Source: N/A

1) The last time you received transportation service? Thurs last wk  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

9

8) What does transportation mean to you? (Permission granted by yes for use in publications.)

**Additional Comments:**

Outstanding service (blue line)  
for the disabled & elderly.

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# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/30/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/30/25?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Transportation is needed to get around to important appointments.

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/27/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/27/25 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

No additional comments.

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/27/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/27/25 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

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8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/21/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/21/25 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/29/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/29/25 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Good service!

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/29/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/29/25 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Service is usually really good. No complaints.

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/15/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/15/25?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/30/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/30/25 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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## RIDER/BENEFICIARY SURVEY

Name of Staff making call: Shakayla Irby County: Marion  
Date of Call: 2 / 3 / 25 Funding Source: N/A

1) The last time you received transportation service? 1/10/25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1/10/25?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

Service is good and drivers are nice.

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# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Susan Hanley County: Marion  
Date of Call: 02/7/2025 Funding Source: N/A

1) The last time you received transportation service? 02/03/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

It is a lifesaver. It is how I get to all doctor appointments.

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Susan Hanley

County: Marion

Date of Call: 02/18/2025

Funding Source: N/A

1) The last time you received transportation service? 02/18/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10 \_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

I turned 90 not too long ago and I was driving myself. I did not feel safe because of the inconsideration of other drivers. I thought when I would be 90 it would be best if I was not driving.

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## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Susan Hanley

County: Marion

Date of Call: 02/7/2025

Funding Source: N/A

1) The last time you received transportation service? 02/04/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9 \_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

I am thoroughly happy. The only thing is I have doctors in Lake Co. and I cannot get a ride to them, so I am looking for some new doctors. Marion transit is a blessing to me.

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## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Susan Hanley

County: Marion

Date of Call: 02/17/2025

Funding Source: N/A

1) The last time you received transportation service? 1/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
8 \_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

They are good when I get rides for doctor appointments and are very reliable. However, I wish I could get rides to the grocery store or post office.

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# RIDER/BENEFICIARY SURVEY

Name of Staff making call: Susan Hanley County: Marion  
Date of Call: 02/17/2025 Funding Source: N/A

1) The last time you received transportation service? 02/13/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
'20'

8) What does transportation mean to you? (Permission granted by Betty Farber for use in publications.)

**Additional Comments:**

They are everything. I do not know how they do it. The staff are nice, helpful. They will even walk you to the door if I need it.

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## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Jackie Rosko

County: Marion

Date of Call: 02/10/2025

Funding Source: N/A

1) The last time you received transportation service? 02/10/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 02/10/2025 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

8. It's my only means of travel so I rely on it.

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## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Jackie Rosko

County: Marion

Date of Call: 02/10/2025

Funding Source: N/A

1) The last time you received transportation service? 02/03/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 02/03/2025 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

8. It's the only way I can get anywhere.

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Jackie Rosko

County: Marion

Date of Call: 02/10/2025

Funding Source: N/A

1) The last time you received transportation service? 02/07/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 02/07/2025 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

8. It means that I will be able to make my appointments timely.

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## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Jackie Rosko

County: Marion

Date of Call: 02/10/2025

Funding Source: N/A

1) The last time you received transportation service? 02/06/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 02/06/2025 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

8. I am so grateful for it, it means a lot. The people are very respectful to me every time I get picked up.

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## RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Jackie Rosko

County: Marion

Date of Call: 02/10/2025

Funding Source: N/A

1) The last time you received transportation service? 02/06/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 02/06/2025 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

8. I am so grateful for it, it means a lot. The people are very respectful to me every time I get picked up.

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Jackie Rosko

County: Marion

Date of Call: 02/10/2025

Funding Source: N/A

1) The last time you received transportation service? 01/31/2025  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 01/31/2025 ?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

10

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

8. It's a wonderful service that the community helps senior citizens with. There are times I have to wait but I would never complain because it is a great thing to have in our community and having to wait a bit is not a problem.

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Brenda

County: Marion

Date of Call: 1/28/09

Funding Source: N/A

1) The last time you received transportation service? \_\_\_\_\_  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

*Karen Rushing's # "said" wrong number, this is not Karen.*

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
\_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Brandon

County: Marion

Date of Call: 1/28/25

Funding Source: N/A

1) The last time you received transportation service? 1-28-25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

7

8) What does transportation mean to you? (Permission granted by Phillip for use in publications.) Ways to get out from home

**Additional Comments:**

The drivers are terrific and they help with other's wheelchair ramp needs too. Now that I know they exist, I will use Mission Transit more. Where else will they take me? Can I take it to church?

# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Brydon

County: Marion

Date of Call: 1/30/25

Funding Source: N/A

1) The last time you received transportation service? 1-29-25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 1-29-25?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
7

8) What does transportation mean to you? (Permission granted by Vicente for use in publications.)

**Additional Comments:**

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Brandon

County: Marion

Date of Call: 1/30/25

Funding Source: N/A

1) The last time you received transportation service? 1-30-25  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
9

8) What does transportation mean to you? (Permission granted by Brenda for use in publications.)

**Additional Comments:**

She has had several drivers transport her  
and they have all been great, men and women.

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Brandon

County: Marion

Date of Call: 7/25

Funding Source: N/A

1) The last time you received transportation service? 7.5.29  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

3

8) What does transportation mean to you? (Permission granted by Beverly for use in publications.)

**Additional Comments:**

She is not happy with  
the rating five. I was hung up on when I asked  
her for additional comments.

# RIDER/BENEFICIARY SURVEY

Name of \_\_\_\_\_

Staff making call: Brandy

County: Marion

Date of Call: 2/7/25

Funding Source: N/A

1) The last time you received transportation service? \_\_\_\_\_  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Edward picked up, and hung up  
as reasoning was explained.

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
\_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Barton

County: Marion

Date of Call: 2/10/19

Funding Source: N/A

1) The last time you received transportation service? 2-10-19  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

- Drivers - specify
- Vehicle condition

- Reservations - specify length of wait
- Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
8.9

8) What does transportation mean to you? (Permission granted by Christine for use in publications.)

**Additional Comments:**

It's a great service, I've never been told I was a burden and it's a blessing I wouldn't be able to leave home without it.

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# RIDER/BENEFICIARY SURVEY

Name of

Staff making call: Brandon

County: Marion

Date of Call: 2/10/20

Funding Source: N/A

1) The last time you received transportation service? \_\_\_\_\_  Yes or  No

2) Were you charged an amount in addition to the co-payment?  Yes or  No

If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week  Other  1-2 Times/Week  3-5 Times/Week

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 5

A. How many times in the last 6 months have you been refused transportation services?

None  3-5 Times

1-2 Times  6-10 Times

If none, skip to question # 5

B. What was the reason given for refusing you transportation services?

Ineligible  Space not available

Lack of funds  Destination outside service area

Other \_\_\_\_\_

5) What do you normally use the service for?

Medical  Education/Training/Day Care

Employment  Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on \_\_\_\_\_?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice  Cost

Pick up times not convenient  Late pick up-specify time of wait

Assistance  Accessibility

Service Area Limits  Late return pick up - length of wait

Staff called 537-0932  
called and went to VM kept ignoring incoming  
after our was left

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.  
\_\_\_\_\_

8) What does transportation mean to you? (Permission granted by \_\_\_\_\_ for use in publications.)

**Additional Comments:**

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# Contractor Survey

\_\_\_\_\_ County

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**Contractor name** (optional)

1. Do the riders/beneficiaries call your facility directly to cancel a trip?

Yes     No

2. Do the riders/beneficiaries call your facility directly to issue a complaint?

Yes     No

3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders?

Yes     No

If yes, is the phone number posted the CTC's?

Yes     No

4. Are the invoices you send to the CTC paid in a timely manner?

Yes     No

5. Does the CTC give your facility adequate time to report statistics?

Yes     No

6. Have you experienced any problems with the CTC?

Yes     No

If yes, what type of problems?

**Comments:**

# PURCHASING AGENCY SURVEY

Staff making call: \_\_\_\_\_

Purchasing Agency name: \_\_\_\_\_

Representative of Purchasing Agency: \_\_\_\_\_

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

3) What is the primary purpose of purchasing transportation for your clients?

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

4) On average, how often do your clients use the transportation system?

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

5) Have you had any unresolved problems with the coordinated transportation system?

- Yes
- No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] \_\_\_\_\_

7) Overall, are you satisfied with the transportation you have purchased for your clients?

- Yes
- No If no, why? \_\_\_\_\_

**Level of Cost  
Worksheet 1**

**Insert Cost page from the AOR.**



**Transportation  
Disadvantaged**

# CTC Expense Sources

County: Marion

CTC Status: Submitted

CTC Organization: Marion Senior Services, Inc.

Fiscal Year: 07/01/2023 - 06/30/2024

CTD Status: Under Review

Expense Sources	Selected Reporting Period			Previous Reporting Period		
	CTC & Transportation Operators	Coordination Contractors	Total	CTC & Transportation Operators	Coordination Contractors	Total
Labor	\$ 2,149,326	\$ 275,879	\$ 2,425,205	\$ 1,857,357	\$ 153,302	\$ 2,010,659
Fringe Benefits	\$ 548,274	\$ 15,668	\$ 563,942	\$ 405,265	\$ 11,960	\$ 417,225
Services	\$ 330,786	\$ 12,000	\$ 342,786	\$ 425,084	\$ 0	\$ 425,084
Materials & Supplies Consumed	\$ 573,837	\$ 77,700	\$ 651,537	\$ 670,968	\$ 66,062	\$ 737,030
Utilities	\$ 73,036	\$ 12,528	\$ 85,564	\$ 52,138	\$ 11,726	\$ 63,864
Casualty & Liability	\$ 344,302	\$ 94,218	\$ 438,520	\$ 175,690	\$ 52,411	\$ 228,101
Taxes	\$ 837	\$ 8,826	\$ 9,663	\$ 976	\$ 9,317	\$ 10,293
Miscellaneous	\$ 42,537	\$ 40,542	\$ 83,079	\$ 29,784	\$ 42,723	\$ 72,507
Interest	\$ 608	\$ 0	\$ 608	\$ 368	\$ 0	\$ 368
Leases & Rentals	\$ 18,570	\$ 0	\$ 18,570	\$ 136,176	\$ 0	\$ 136,176
Capital Purchases	\$ 558,245	\$ 0	\$ 558,245	\$ 333,316	\$ 0	\$ 333,316
Contributed Services	\$ 0	\$ 1,500	\$ 1,500	\$ 0	\$ 0	\$ 0
Allocated Indirect Expenses	\$ 1,069	\$ 0	\$ 1,069	\$ 0	\$ 0	\$ 0
<b>Purchased Transportation Services</b>						
Bus Pass	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
School Board (School Bus)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Transportation Network Companies (TNC)	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Taxi	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
Contracted Operator	\$ 0	N/A	\$ 0	\$ 0	N/A	\$ 0
<b>Total - Expense Sources</b>	<b>\$ 4,641,427</b>	<b>\$ 538,861</b>	<b>\$ 5,180,288</b>	<b>\$ 4,087,122</b>	<b>\$ 347,501</b>	<b>\$ 4,434,623</b>

## Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

	Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit				
Private For-Profit				
Government				
Public Transit Agency				
<b>Total</b>				

2. How many of the operators are coordination contractors? \_\_\_\_\_

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? \_\_\_\_\_

Does the CTC have the ability to expand? \_\_\_\_\_

4. Indicate the date the latest transportation operator was brought into the system. \_\_\_\_\_  
\_\_\_\_\_

5. Does the CTC have a competitive procurement process? \_\_\_\_\_

6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

Which of the methods listed on the previous page was used to select the current operators?

7. Which of the following items are incorporated in the review and selection of transportation operators for inclusion in the coordinated system?

	Capabilities of operator
	Age of company
	Previous experience
	Management
	Qualifications of staff
	Resources
	Economies of Scale
	Contract Monitoring
	Reporting Capabilities
	Financial Strength
	Performance Bond
	Responsiveness to Solicitation

	Scope of Work
	Safety Program
	Capacity
	Training Program
	Insurance
	Accident History
	Quality
	Community Knowledge
	Cost of the Contracting Process
	Price
	Distribution of Costs
	Other: (list)

8. If a competitive bid or request for proposals has been used to select the transportation operators, to how many potential operators was the request distributed in the most recently completed process? \_\_\_\_\_

How many responded? \_\_\_\_\_

The request for bids/proposals was distributed:

\_\_\_\_\_ Locally      \_\_\_\_\_ Statewide      \_\_\_\_\_ Nationally

9. Has the CTC reviewed the possibilities of competitively contracting any services other than transportation provision (such as fuel, maintenance, etc...)? \_\_\_\_\_

**Level of Availability (Coordination)**  
**Worksheet 3**

Planning – What are the coordinated plans for transporting the TD population?

Public Information – How is public information distributed about transportation services in the community?

Certification – How are individual certifications and registrations coordinated for local TD transportation services?

Eligibility Records – What system is used to coordinate which individuals are eligible for special transportation services in the community?



**Call Intake** – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

**Reservations** – What is the reservation process? How is the duplication of a reservation prevented?

**Trip Allocation** – How is the allocation of trip requests to providers coordinated?

**Scheduling** – How is the trip assignment to vehicles coordinated?

**Transport** – How are the actual transportation services and modes of transportation coordinated?

**Dispatching** – How is the real time communication and direction of drivers coordinated?

**General Service Monitoring** – How is the overseeing of transportation operators coordinated?

**Daily Service Monitoring** – How are real-time resolutions to trip problems coordinated?

**Trip Reconciliation** – How is the confirmation of official trips coordinated?

**Billing** – How is the process for requesting and processing fares, payments, and reimbursements coordinated?

**Reporting** – How is operating information reported, compiled, and examined?

**Cost Resources** – How are costs shared between the coordinator and the operators (s) in order to reduce the overall costs of the coordinated program?

**Information Resources** – How is information shared with other organizations to ensure smooth service provision and increased service provision?

**Overall** – What type of formal agreement does the CTC have with organizations, which provide transportation in the community?

# **APPENDIX**

January 22, 2025

Florida Department of Transportation, District Five  
Attn: Ms. Diane Poitras, Transit Programs Administrator  
420 W. Landstreet RD  
Orlando, FL 32824

**RE: AGENCY CONTACT INFORMATION**

To: District Five

This letter provides certification of the current agency contacts:

- Ms. Jennifer Martinez, Executive Director – [jmartinez@marionseniorservices.org](mailto:jmartinez@marionseniorservices.org)
- Mr. Clayton Murch, Transportation Director – [cmurch@marionseniorservices.org](mailto:cmurch@marionseniorservices.org)
- Ms. Tamara Grant-Powell, Finance Director – [tpowell@marionseniorservices.org](mailto:tpowell@marionseniorservices.org)
- Mr. Herman Schulz, Transit Manager – [hschulz@marionseniorservices.org](mailto:hschulz@marionseniorservices.org)
- Ms. Karen Eads, Trips Manager – [kwilliams@marionseniorservices.org](mailto:kwilliams@marionseniorservices.org)
- Mr. Joseph Bartolomeo, Transit Manager – [jbartolomeo@marionseniorservices.org](mailto:jbartolomeo@marionseniorservices.org)

Sincerely,



Clayton Murch, Transportation Director



**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Collins FIRST NAME: Drexel MI: Ci  
ADDRESS: 6 Olive Dr. CITY: Ocala STATE: FL ZIP: 34472  
COUNTY: Marion TELEPHONE #: (352) 804-1939 CELL #: (352) 598-0149  
DOB: 6 13 1944 SS#: [REDACTED]  
OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: Deanna Collins RELATIONSHIP: Wife AGE: 80 PHONE: 352-804-1939  
EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability      \_\_\_\_\_ Poor\*      80 Age\*\*  
(\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- | YES / NO   | QUESTION   | ANSWER  |
|------------|--|---|
| <u>Yes</u> | 1. DO YOU OWN A CAR?   |   |
| <u>Yes</u> | 2. DO YOU HAVE A VALID DRIVER'S LICENSE?                             |   |
| <u>No</u>  | 3. COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS?                        | I am over w/med. We are going<br>IF NOT, WHY? <u>to move to be near our kids. I</u><br><u>am going back and forth between houses</u><br>IF NOT, WHY? <u>where we stay now because he can't</u><br><u>go up stairs to where we live.</u> |
| <u>Yes</u> | 4. DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?                         |   |
| <u>No</u>  | 5. COULD THEY DRIVE YOU TO YOUR APPOINTMENTS?                        |   |
| <u>No</u>  | 6. DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS? |   |
| <u>No</u>  | 7. DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?   | <u>staying now. I need help</u>   |

LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Fresenius</u>	<u>dialysis</u>	<u>... 3x-week = 12</u>

**SECTION III -**

- YES / NO
- No DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - Yes DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: Right Foot and Leg amputated below knee.
  - No ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

collins

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR , POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD , SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: [Signature] DATE: 10 / 22 / 2024

SIGNATURE OF PREPARER: Deanna C. Collins DATE: 10 / 22 / 2024  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Deanna C. Collins RELATIONSHIP OR MARION TRANSIT: Wife

=====

**OFFICE USE ONLY**

INITIAL REVIEW:  
NAME (LAST, FIRST): Legis, Stacy

**SECTION VI -**

**INITIAL AUTHORIZATION**

APPROVAL DATE: 10 / 24 / 24

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

**MANAGER REVIEW - IF DENIED**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERIODIC REVIEWS (EVERY 3 YEARS MINIMUM)**

BY: Stacy DATE: 10/25/24 BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_





**MARION TRANSIT  
CLIENT INTAKE FORM**

*Marion Oaks*

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Kennedy FIRST NAME: Jason MI: \_\_\_\_\_  
ADDRESS: 4248 SW 145 LN CITY: OCALA STATE: FL ZIP: 34473  
COUNTY: MARION TELEPHONE #: (352) 843-9489 CELL #: (\_\_\_\_) \_\_\_\_\_  
DOB: 08 / 07 / 1968 SS#: \_\_\_\_\_  
OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMERGENCY CONTACT: CAROLYN McLaughlin RELATIONSHIP: mother AGE: \_\_\_\_\_ PHONE: 352-591-2504

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability \_\_\_\_\_ Poor\* \_\_\_\_\_ Age\*\*  
(\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- YES DO YOU OWN A CAR?
  - YES DO YOU HAVE A VALID DRIVER'S LICENSE?
  - NO COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? Wheelchair bound
  - YES DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - NO COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? Unable to transport
  - NO DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS? wheelchair
  - NO DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>DaVita Ocala West</u>	<u>dialysis</u>	<u>mwf (3x/week)</u>

**SECTION III -**

- YES / NO
- NO DO YOU LIVE ON A SUNTRAN ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - NO DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: need for wheelchair
  - NO ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Kennedy*

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR , POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: *[Signature]* DATE: 12 / 30 / 2024

SIGNATURE OF PREPARER: *Melody A Connell* DATE: 12 / 30 / 2024  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Melody A Connell RELATIONSHIP OR MARION TRANSIT: DAVITA AA

OFFICE USE ONLY

INITIAL REVIEW:

NAME (LAST, FIRST): *Regis, Stacy*

**SECTION VI -**

INITIAL AUTHORIZATION

APPROVAL DATE: 1 / 10 / 25

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PERIODIC REVIEWS (EVERY 3 YEARS MINIMUM)

BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____

*Marion Oaks*

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Dos Santos FIRST NAME: Haydee MI: \_\_\_\_\_  
 ADDRESS: 4421 SW 152nd St CITY: Ocala STATE: FL ZIP: 34473  
 COUNTY: Marion TELEPHONE #: (352) 245-5999 CELL #: (352) 693-1506  
 DOB: 09 / 25 / 1947 SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: Dos Santos, Sergio RELATIONSHIP: Husband AGE: \_\_\_\_\_ PHONE: 352-245-5999  
 EMERGENCY CONTACT: Dos Santos, Sergio RELATIONSHIP: Husband AGE: \_\_\_\_\_ PHONE: 352-245-5999

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

\_\_\_\_\_ Mental or Physical Disability \_\_\_\_\_ Poor\* 77 Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- | YES / NO | QUESTION   | IF NOT, WHY?                     |
|----------|--|----------------------------------|
| <u>N</u> | 1. DO YOU OWN A CAR?   |                                  |
| <u>Y</u> | 2. DO YOU HAVE A VALID DRIVER'S LICENSE?                             |                                  |
| <u>N</u> | 3. COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS?                        | <u>Unable to drive</u>           |
| <u>N</u> | 4. DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?                         |                                  |
| <u>N</u> | 5. COULD THEY DRIVE YOU TO YOUR APPOINTMENTS?                        | <u>Family living out of area</u> |
| <u>N</u> | 6. DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS? |                                  |
| <u>N</u> | 7. DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?   |                                  |

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Shopping Daily</u>	_____	_____
_____	_____	_____

**SECTION III -**

- YES / NO
- N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - Y ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST:  
Care Plus for Medical Trips

Dos Santos

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: "Eve" *[Signature]* DATE: 12 / 03 / 2024  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: "Eve" Yvonne A. RELATIONSHIP OR MARION TRANSIT

OFFICE USE ONLY

INITIAL REVIEW:

NAME (LAST, FIRST): Regis, Stacy

**SECTION VI -**

INITIAL AUTHORIZATION

APPROVAL DATE: 12 / 03 / 24

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERIODIC REVIEWS (EVERY 3 YEARS MINIMUM)

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Parkinson FIRST NAME: Elke MI: \_\_\_\_\_  
 ADDRESS: 8476 SW 91st Pl #E CITY: Ocala STATE: FL ZIP: 34481  
 COUNTY: Marion TELEPHONE #: (352) 237-1528 CELL #: (\_\_\_\_) \_\_\_\_\_  
 DOB: 09 / 17 / 1942 SS#: [REDACTED] - [REDACTED] - [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: None RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: Mischa Denmark RELATIONSHIP: grand daughter AGE: \_\_\_\_\_ PHONE: 352-575-5472

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability      \_\_\_\_\_ Poor\*       Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- Y DO YOU OWN A CAR?
  - Y DO YOU HAVE A VALID DRIVER'S LICENSE?
  - N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? No longer drives
  - N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
  - N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
  - N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Lee</u>	<u>Primary</u>	<u>monthly</u>
_____	_____	_____

**SECTION III -**

- YES / NO
- N DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - N DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: \_\_\_\_\_
  - N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD 5, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: Brenda Sheubert DATE: 1 / 13 / 25  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Sheubert RELATIONSHIP OR MARION TRANSIT

OFFICE USE ONLY

**INITIAL REVIEW:**

NAME (LAST, FIRST): Legis, Stacy

**SECTION VI -**

**INITIAL AUTHORIZATION**

APPROVAL DATE: 1 / 13 / 25

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

**MANAGER REVIEW - IF DENIED**

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**PERIODIC REVIEWS (EVERY 3 YEARS MINIMUM)**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Whitten FIRST NAME: Eileen MI: \_\_\_\_\_  
 ADDRESS: 3211 SW 42nd St #304 CITY: Ocala STATE: FL ZIP: 34474  
 COUNTY: Marion TELEPHONE #: (352) 877-8067 CELL #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 DOB: 08 / 06 / 1938 SS#: [REDACTED] - [REDACTED] - [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: none RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: Sheryl Hapgood RELATIONSHIP: Niece AGE: \_\_\_\_\_ PHONE: 352-454-4098

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability      \_\_\_\_\_ Poor\*       Age\*\*  
 (\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- N DO YOU OWN A CAR?
  - N DO YOU HAVE A VALID DRIVER'S LICENSE?
  - N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? \_\_\_\_\_
  - N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? \_\_\_\_\_
  - N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
  - N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>Lazo</u>	<u>Primary</u>	<u>Every 2-3 months</u>
_____	_____	_____

**SECTION III -**

- YES / NO
- Y DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - Y DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: unable to walk to bus stop
  - N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Written

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE \_\_\_\_\_, WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: Brenda Shewburt DATE: 12 / 11 / 24  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: Brenda Shewburt RELATIONSHIP OR MARION TRANSIT: \_\_\_\_\_

OFFICE USE ONLY

INITIAL REVIEW:

NAME (LAST, FIRST): Regis, Stacy

**SECTION VI -**

INITIAL AUTHORIZATION

APPROVAL DATE: 12 / 11 / 24

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PERIODIC REVIEWS (EVERY 3 YEARS MINIMUM)

BY: <u>Stacy</u>	DATE: <u>12/13/24</u>	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____



**MARION TRANSIT  
CLIENT INTAKE FORM**

MARION TRANSIT SERVICE IS PROVIDED ACCORDING TO THE FOLLOWING NEEDS AS SPACE IS AVAILABLE:  
MEDICAL • LIFE SUSTAINING ACTIVITIES • EDUCATION • WORK • BUSINESS • RECREATIONAL

*TD  
Magnolia  
Walk*

**SECTION I - DETERMINATION OF ELIGIBILITY**

LAST NAME: Garber FIRST NAME: Randa MI: \_\_\_\_\_  
 ADDRESS: 2601 SW 10th St #142 CITY: Ocala STATE: FL ZIP: 34471  
 COUNTY: Marion TELEPHONE #: (352) 421-9148 CELL #: ( ) \_\_\_\_\_  
 DOB: 02 / 21 / 1936 SS#: [REDACTED] - [REDACTED] - [REDACTED]  
 OTHER HOUSEHOLD MEMBERS (LIST EACH MEMBER)

NAME: None RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: Karen Arena RELATIONSHIP: Daughter AGE: \_\_\_\_\_ PHONE: 610-505-0860

**Transportation Disadvantaged (eligibility criteria) – Attach any documentation for eligibility claimed:**

Mental or Physical Disability \_\_\_\_\_ Poor\* 88 Age\*\*

(\*Poor = Income level at or below 150% of the Federal Poverty Guideline / Age\*\* = 60+ or <16 years old.)

**SECTION II - AVAILABILITY OF TRANSPORTATION**

- YES / NO
- N DO YOU OWN A CAR?
  - Y DO YOU HAVE A VALID DRIVER'S LICENSE?
  - N COULD YOU DRIVE YOUR CAR TO MEDICAL APPTS? IF NOT, WHY? No Car
  - N DOES ANYONE IN YOUR HOUSEHOLD HAVE A CAR?
  - N COULD THEY DRIVE YOU TO YOUR APPOINTMENTS? IF NOT, WHY? Working - not available
  - N DO YOU HAVE FAMILY MEMBERS WHO CAN TRANSPORT YOU TO APPOINTMENTS?
  - N DO YOU HAVE FRIENDS WHO CAN TRANSPORT YOU TO YOUR APPOINTMENTS?

**LIST ALL HOSPITALS, DOCTORS, AND MEDICAL FACILITIES THAT YOU VISIT ON A REGULAR BASIS:**

NAME OF HOSPITAL/DOCTOR/FACILITIES:	TYPE OF TREATMENT?	# MONTHLY VISITS?
<u>No + yet</u>	_____	_____
_____	_____	_____

**SECTION III -**

- YES / NO
- Y DO YOU LIVE ON A **SUNTRAN** ROUTE? WHAT IS THE DISTANCE TO THE NEAREST BUS STOP? \_\_\_\_\_
  - Y DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM RIDING THE BUS?  
PLEASE DESCRIBE: Using cane
  - N ARE YOU ENROLLED IN ANY OTHER PROGRAM(S) THAT WILL PAY FOR OR PROVIDE TRANSPORTATION?  
PLEASE LIST: Cigna - No transp Benefits

**SECTION IV -**

PLEASE CHECK OR LIST ANY SPECIAL NEEDS, SERVICES OR MODES OF TRANSPORTATION YOU REQUIRE DURING TRANSPORTATION:

WHEELCHAIR \_\_\_\_\_, POWER WHEELCHAIR \_\_\_\_\_, CANE , WALKER \_\_\_\_\_, SERVICE ANIMAL \_\_\_\_\_, OXYGEN \_\_\_\_\_  
PERSONAL CARE ATTENDANT \_\_\_\_\_, LIFT TO LOAD \_\_\_\_\_, SCOOTER \_\_\_\_\_

OTHER: \_\_\_\_\_

**SECTION V -**

I ATTEST ALL INFORMATION IS CORRECT TO MY KNOWLEDGE AND ANY CHANGES WILL BE REPORTED TO MARION TRANSIT IMMEDIATELY:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF PREPARER: "Eve" Y \_\_\_\_\_ DATE: 07 / 12 / 2024  
(IF OTHER THAN APPLICANT)

PREPARER - PRINT NAME: "Eve" Yvonne \_\_\_\_\_ RELATIONSHIP OR MARION TRANSIT: MARION TRANSIT

OFFICE USE ONLY

INITIAL REVIEW:

NAME (LAST, FIRST): Regis, Stacy

**SECTION VI -**

INITIAL AUTHORIZATION

APPROVAL DATE: 7 / 12 / 24

DENIED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REASON: \_\_\_\_\_

MANAGER REVIEW - IF DENIED

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PERIODIC REVIEWS (EVERY 3 YEARS MINIMUM)

BY: <u>Stacy</u>	DATE: <u>7/23/24</u>	BY: _____	DATE: _____
BY: <u>Stacy</u>	DATE: <u>7/26/24</u>	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____
BY: _____	DATE: _____	BY: _____	DATE: _____

**COORDINATION  
CONTRACTS AND  
MONITORING**

**COORDINATION AGREEMENT**  
**BETWEEN**  
**COMMUNITY TRANSPORTATION COORDINATOR**  
**AND**  
**BRIDGE TO HOPE, INC.**

WHEREAS, Marion Senior Services, Inc. in its role as the Community Transportation Coordinator (CTC) for Marion County, hereafter known as the CTC, and;

WHEREAS, in the capacity, the CTC has initiated a program to provide community transportation service clients, agencies, and organizations, provided such service complies with Chapter 427, Florida Statutes and Chapter 41-2 and 19-90, Florida Administrative Code, and;

WHEREAS, the Bridge to Hope, Inc. (hereafter referred to as AGENCY) is considered to be a Bonafede (X private-not-for-profit-agency or \_\_\_ private-for-profit enterprise) operating in Marion Country and is eligible for the services of the CTC. The transportation services described herein are deemed to comply with all applicable with all applicable state laws and regulations, and;

WHEREAS, the AGENCY currently provides services using its own vehicles in the provision of transportation to transportation disadvantaged clients that are unique in nature, and will provide the CTC the opportunity to develop a proposal for any new transportation services needed,

NOW THEREFORE, the CTC and AGENCY, in consideration of the mutual covenants hereinafter set forth, agree as follows:

1. AGENCY shall maintain daily records of ridership and provide such to CTC quarterly.
2. AGENCY shall act as a transportation provider based on the availability of AGENCY vehicles.
3. AGENCY, when acting as provider, shall furnish all vehicles which conform to the laws of the State of Florida as provided in Florida Statutes 427, and shall maintain same in good mechanical and clean condition.
4. AGENCY has developed and implemented a System Safety Program Plan (SSPP) and agrees to abide by said policy.
5. AGENCY shall maintain a minimum liability insurance rate of \$100,000 per person, and \$300,000 per incident in effect at all times.
6. AGENCY shall conduct a criminal background screening for all drivers. Should the AGENCY acquire vehicles that require a CDL license to operate, AGENCY shall conduct pre-employment drug screening and pre-employment physicals for all drivers at said time. However, the AGENCY shall conduct drug and/or alcohol testing when any of the following conditions exist:
  - a. In the event a qualified supervisor/company official has reasonable suspicion to believe that a covered employee has engaged in prohibited drug use and/or alcohol misuse;
  - b. In the event of a fatal accident; or
  - c. In the event of a non-fatal accident if an individual suffers bodily injury and immediately received medical treatment away from the scene of the accident, any vehicle incurs disabling damage as the result of the

occurrence and a vehicle is transported away from the scene by a tow truck, or the transit vehicle is removed from operation.

7. AGENCY will provide training to include safety, vehicle operations, and passenger sensitivity in accordance with Florida Statutes 427.
8. AGENCY agrees to submit an Annual Operation Report, Certificates of Compliance, Federal Transit Administration Drug and Alcohol Reports and quality assurance report to the CTC annually.
9. INDEMNIFICATION – The AGENCY shall pay on behalf of or indemnify and hold harmless Marion Senior Services, Inc., its employees, officers, agents and volunteers from and against all claims, actions, damages, fees, fines, penalties, defense costs (including attorney fees and court costs, whether such fees and costs are incurred in negotiations, collection of attorney's fees or at the trial level or on appeal), suits or liabilities which may arise out of any actual alleged negligent act, error, omission, or any default of the AGENCY (or AGENCY's officers, employees, agent, volunteers and subcontractors, if any) performance or failure to perform under terms of this contract. This indemnification and hold harmless agreement shall survive the termination or expiration of this agreement.
10. No changes to this Agreement or the Performance contemplated hereunder shall be made unless the same are in writing and signed by both parties hereto.
11. This Agreement may be terminated by either party by providing five (5) day written notice to the other party. This Agreement shall be for a period beginning 01-01-2025 and expires on 12-31-2025, unless terminated at an earlier date as described above.
12. AGENCY shall not be allowed to assign its rights, duties, and obligations pursuant to the Agreement to any entity (i) with AGENCY is affiliated (ii) into which AGENCY may be merged or reorganized, or (iii) to which all or a portion of AGENCY's capital, stock, or assets may be sold without the prior written consent of CTC Marion County which shall not be unreasonably withheld. If approval for assignment is obtained, it shall not release the AGENCY from any liability or obligation under the Agreement.
13. Any notices, invoices, reports or any other type of documentation required by this Agreement shall be sufficient if sent by the parties postage paid in the United States mail, postage paid to the addresses listed below.
14. Due to safety concerns and issues presented in the past, the AGENCY and CTC have agreed that all transportation services provided by the CTC for the AGENCY's clients seeking training services at the AGENCY will not be allowed to coordinate their own transportation to and from the AGENCY.

**AGENCY'S Authorized Representative:**

Name: Audrey Bell

Title: Owner

Address: \_\_\_\_\_

631 NW 56<sup>th</sup> Court

Ocala, Florida 34482

Telephone: (352) 497-7816

Fax: (352) 509-4814

Electronic mail address: [audreybell82@hotmail.com](mailto:audreybell82@hotmail.com)

**COUNTY'S Authorized Representative:**

Name: Jennifer Martinez

Title: Executive Director

Address: \_\_\_\_\_

1101 SW 20<sup>th</sup> Court

Ocala, Florida 34471

Telephone: (352) 620-3501

Fax: (352) 620-3501

Electronic mail address: [JMartinez@marionseniorservices.org](mailto:JMartinez@marionseniorservices.org)

15. The rights and obligations of the parties under the Agreement shall be governed by the laws of the State of Florida and the venue for any legal or judicial proceedings in connection with the enforcement or interpretation of this Agreement shall be in Marion County, Florida.

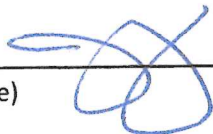
IN WITNESS THEREOF, the parties have executed the Agreement of the date first above written.

**COUNTY/CTC:**

Marion Senior Services  
(Name of COUNTY/county/CTC)

Jennifer Martinez  
(Printed or Typed Name)

Executive Director  
(Printed or Typed Title)

\_\_\_\_\_  
(Signature) 

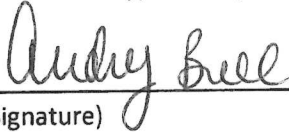
12/5/24  
(Date)

**AGENCY:**

Bridge to Hope, Inc.  
(Name of Agency)

Audrey Bell  
(Printed or Typed Name)

Owner  
(Printed or Typed Title)

\_\_\_\_\_  
(Signature) 

12/5/24  
(Date)



Name of Sub-Contractor: Bridge to hope

Name of Monitor/Title: Herma Schulz, Joseph Bertokomeu - Transit Managers

Date of Visit: Feb 4, 2025

## Sub-Contractor Monitoring Site Visit

### Checklist

#### Vehicle Records

1.  List of vehicle inventory
2.  Maintenance records
  - a) Vehicle safety inspections
  - b) Wheelchair lift inspections
  - c) Pre-trip inspections
3.  Vehicle registration
4.  Insurance certification

#### Vehicle/Equipment Standards

1.  Operator's name, phone # and identification number posted on vehicle
2.  Properly functioning heat/ac
3.  First aid kit & fire extinguisher
4.  Two-way radio or equivalent communication device
5.  CTC's phone number posted in each vehicle for comments including TD Helpline #

**Comments:** Vehicle records are stored in binders, ONE for each vehicle. Binders have manifests and other material in them.

Overall condition of vehicles - very clean and well marked

**Recommendations:** Advised to keep maintenance file separate from manifest and other paperwork.

Advised them to put CTC numbers inside of bus.  
Recommended a site visit to MSS to see our system.

**Sub-Contractor Monitoring Site Visit**

**Drivers Records / Standard Requirements**

1.  Copy of current FL Class D drivers license
2.  MVR history
3.  *N/A* Copy of FDOT physical card (pre-employment & annual)
4.  CPR & First Aid Certification (not a requirement)
5.  Documentation / hours of defensive driving techniques and over the road training/ supervisor evaluation
6.  Documentation / training Bio-hazard clean-up
7.  Sensitivity & Awareness training / passenger relations
8.  Wear photo identification
9.  Instruction on daily inspections (oil check, battery, belts, tire pressure, coolant level, w/c lift operation)

**Comments:** *Training records were stored by event/class not by individual driver*

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**Recommendations:** *Storing all driver files together in one folder for each driver. Talked about keeping a spreadsheet for training information.*

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**Sub-Contractor Monitoring Site Visit**

**Drug Program (separate fire proof file)**

1. N/A Documentation / 60 minutes of drug and alcohol training
2. N/A Signatures of safety sensitive employees certifying employees have received 60 minutes of training
3. N/A Categorized drug and alcohol filing system
  - a) Pre-employment
  - b) Random (50% drug – 25% alcohol)
  - c) Reasonable suspicion
  - d) Return to duty
  - e) Post-accident

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Sub-Contractor: Florida Center for the Blind

Name of Monitor/Title: Herman Schuch, Joseph Bartelomeo - Transit Managers

Date of Visit: 2-6-25

## Sub-Contractor Monitoring Site Visit

### Checklist

#### Vehicle Records

1.  List of vehicle inventory
2.  Maintenance records
  - a) Vehicle safety inspections
  - b) Wheelchair lift inspections
  - c) Pre-trip inspections
3.  Vehicle registration
4.  Insurance certification

#### Vehicle/Equipment Standards

1.  Operator's name, phone # and identification number posted on vehicle
2.  Properly functioning heat/ac
3.  First aid kit & fire extinguisher
4.  Two-way radio or equivalent communication device *cell phone's*
5.  CTC's phone number posted in each vehicle for comments including TD Helpline #

Comments: Vehicle in very good shape, operator's name + phone number using magnetic decals.

One vehicle missing blood/first aid kit  
Maintenance file in great shape

Recommendations: Install CTC's phone number in each vehicle  
will be sending them a picture of our signs.

**Sub-Contractor Monitoring Site Visit**

**Drivers Records / Standard Requirements**

1.  Copy of current FL Class D drivers license
2.  MVR history
3. n/a Copy of FDOT physical card (pre-employment & annual)
4. n/a CPR & First Aid Certification (not a requirement)
5.  Documentation / hours of defensive driving techniques and over the road training/ supervisor evaluation
6.  Documentation / training Bio-hazard clean-up
7.  Sensitivity & Awareness training / passenger relations
8. n/a Wear photo identification
9.  Instruction on daily inspections (oil check, battery, belts, tire pressure, coolant level, w/c lift operation)

**Comments:** Driver information was good, in the process of creating individual driver files

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**Recommendations:** NONE - on top of it!

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**Sub-Contractor Monitoring Site Visit**

**Drug Program (separate fire proof file)**

1. N/A Documentation / 60 minutes of drug and alcohol training
2. N/A Signatures of safety sensitive employees certifying employees have received 60 minutes of training
3.  Categorized drug and alcohol filing system
  - a) Pre-employment only
  - b) Random (50% drug – 25% alcohol)
  - c) Reasonable suspicion
  - d) Return to duty
  - e) Post-accident

Comments: Only does pre-employment drug tests. (Not DOT).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

AGENCY CONTRACT

Effective: January 1, 2025 to December 31, 2025

THIS CONTRACT is entered into between the COMMUNITY TRANSPORTATION COORDINATOR, MARION SENIOR SERVICES, INC. designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire are of Marion County, and hereinafter referred to as the “Coordinator” and ADVOCACY RESOURCE CENTER MARION, INC. hereinafter referred to as the “Agency”.

WHEREAS, the Coordinator is requitted, under Rule 41-2.011, F.A.C., when cost effective and efficient, to enter into contract with a transportation Agency to provide transportation services; and

WHEREAS, transportation disadvantaged funds include any local government, state or federal funds that are for the transportation of transportation disadvantaged; and

WHEREAS, the Coordinator desires to contract with the Agency for the provision of transportation services for the transportation disadvantaged; and

WHEREAS, the Coordinator believes it to be in the public interest to provide such transportation services through the Agency for the residents of the service area who are clients of the Agency; and

WHEREAS, the Agency will provide the Coordinator the opportunity to develop a proposal for any new transportation services to the Coordinator,

WHEREAS, the Agency, in an effort to coordinate available resources, will make available transportation services to the Coordinator,

WHEREAS, the Contract allows for the provisions of transportation services be provided by the Agency, in accordance with Chapter 427, F.S., Rule 41-2, F.A.C., and the most current Community Transportation Coordinator policies.

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations herein, the parties agree as follows:

THE AGENCY SHALL:

- A. Provide services and vehicles according to the conditions specified in Attachment I.
- B. Coordinate available resources and make available transportation services to the Coordinator. Such services shall be provided in accordance with Attachment I.
- C. Annually, submit to the Coordinator a Year to Date Operating Report (from the Annual Operating Report) detailing demographic, operational and financial data regarding coordination activities in the designated service area period covering July 1, through June 30 and due by August 1 every year. The report shall be prepared on forms provided by the Commission for the Transportation Disadvantaged, hereinafter Commission, and according to the instructions for the forms.
- D. Comply with audit and record keeping requirements by:
  1. Utilizing the Commission recognized Chart of Accounts defined in the Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Agencies with existing and equivalent systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.
  2. Maintaining and filing with the Coordinator such progress, fiscal inventory and other reports as the Coordinator may require during the period of this contract.
  3. By reserving to the Coordinator, the right to conduct finance and compliance audits at any time. Such audits conducted by the Coordinator will be at the expense of the Coordinator.

- E. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to the Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of the five (5) years, the records shall be retained until resolution of the audit findings. The Agency shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly authorized by the Coordinator shall have full access to and the right to examine any of the records and documents during the retention period.
- F. Comply with Safety Requirements by:
  - 1. Complying with Section 341.061, F.S., and Rule 14-90, F.A.C., concerning System Safety or complying with Chapter 234.051 F.S., regarding school bus safety requirements for those services provided through a school board;
  - 2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing, and;
  - 3. Complying with Coordinator's System Safety Program Plan (SSPP) for designated services area.
- G. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of \$100,000 for any one person and \$200,000 per occurrence at all times during the existence of this Contract along with Workers Comp. Upon the execution of this Contract, the Agency shall add the Coordinator as an additional named insured to all insurance policies covering vehicles transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Coordinator. The Agency shall furnish the Coordinator written verification of the existence of such insurance coverage prior to the execution of this Contract. School board vehicle insurance coverage shall be in accordance with Section 234.03, F.S. and 234.211, F.S. Insurance coverage in excess of \$1 million per occurrence must be approved by the Coordinator and /or the local Coordinating Board before inclusion in this contract or in the justification of rates and fare structures, s. 41-2.006 (1), FAC.
- H. Safeguard information by not using or disclosing any information concerning a user of services under this Agreement for any purpose not in conformity with the local, state and federal regulations, including but not limited to 45 CFR, Part 205.50, except upon order of a court of competent jurisdiction, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

- I. Protect Civil Rights by:
    1. Complying with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, as amended. The Agency gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so require by the Coordinator. Agency shall also assure compliance with:
      - a. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from federal financial assistance.
      - b. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on basis of disability in programs and activities receiving or benefiting from federal financial assistance.
      - c. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
      - d. The Age Discrimination Act of 1975, as amended, 42 U.S.C.6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
      - e. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
      - f. All regulations, guidelines, and standards lawfully adopted under the above statutes.
      - g. The Americans with Disabilities Act of 1990, as it may be amended from time to time.
- HIPAA: Agency agrees to enter into an agreement with Coordinator to comply with requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the associated regulations, 45 C.F.R. parts 160-164, as may be finalized and amended (the Privacy Rule) and 45 C.F.R.142.308 (a) as may be finalized and amended (Chain of Trust requirement) establishing required safeguards to ensure the security and confidentiality of protected client information. See Attachment IV.



2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Agency, its successors, subcontractors, transferees, and assignees for the period during which such assistance is provided. Assuring that agency's subcontractors, subgrantees, or others with whom the Coordinator arranges to provide services or benefits to participants or employees in employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Agency agrees that the Coordinator may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.
- J. Agency's obligation to indemnify, defend, and pay for the defense or at the Coordinator's option, to participate and associate with the Coordinator in the defense and trial of any claim and any related settlement negotiations, shall be triggered by the Coordinator's notice of claim for indemnification to the Agency. Agency's inability to evaluate liability or its evaluation of liability shall not excuse the Agency's duty to defend and indemnify within seven days after such notice by the Coordinator is given by registered mail. Only an adjudication or judgement after the highest appeal is exhausted specifically finding the Coordinator solely negligent shall excuse performance of this provision by the Agency. Agency shall pay all costs and fees related to this obligation and its enforcement by the Coordinator's failure to notify Agency of a claim shall not release Agency of the above duty to defend.
  - K. Comply with all standards and performance requirements of the:
    1. The Commission for the Transportation Disadvantaged (Attachment II);
    2. The local Coordinating Board approved Transportation Disadvantaged Service Plan and;
    3. Any entities that purchase service.Failure to meet the requirements or obligations set forth in this Contract, and performance requirements established and monitored by the Coordinating Board in the approved Transportation Disadvantaged Service Plan be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Coordinator.

- L. Provide Corrective Action. A corrective action notice is a written to the Agency that the Agency is in breach of certain provisions of this Contract and that correction is required. Any corrective action notice will specify a reasonable time for corrective action to be completed. Agency agrees to implement the Corrective Action specified in the notice and provide written documentation to substantiate the implementation of the Corrective Action.
- M. All contracts, subcontracts, coordination contracts will be reviewed annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Contract.
- N. Return to the Coordinator any overpayments due to unread funds or funds disallowed pursuant to the terms of this Contract that were disbursed to the Agency by the Coordinator. The Agency shall return any overpayment within thirty (30) calendar days after either discovery by the Agency, or notification of the Agency by the Coordinator or entity purchasing transportation, whichever is earlier. In the event that the Coordinator first discovers an overpayment has been made, the Coordinator will notify the Agency by letter of such a finding. Should repayment not be made in a timely manner, the Coordinator or purchasing entity will charge interest after thirty (30) calendar days after the date of notification or discovery, or the Coordinator will deduct said amount from future invoices.
- O. In performing this Contract, the Agency shall not discriminate against any employee or applicant for employment because of race, age, disability, creed, color, sex or national origin. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, modified only to show the particular contractual relationship in all its contracts in connection with the development of operation of the Contract, except contracts for the standard commercial supplies or raw materials, and shall require all such contractors to insert a similar provision in subcontracts relating to the performance of this Contract, except subcontracts for standard commercial supplies or raw materials. The Agency shall post, in conspicuous places available to employees and applicants for employment for Project work, notices setting forth the provisions of the nondiscrimination clause.
- P. By execution of this Contract, the Agency represents that it has not paid and, also, agrees not to pay, any bonus or commission for the purpose of obtaining an approval of its application for the financing hereunder. Funds disbursed to the Agency under this Contract shall not be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.

THE COORDINATOR SHALL:

- A. Recognize the Agency as described in Chapter 427, F.S., and Rule 41-2, F.A.C.
- B. Insure that entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the coordinated system.
- C. At a minimum, annually monitor the Agency for insurance, safety and reporting requirements, pursuant to Chapter 427, F.S., and Rule 41-2, F.A.C. The information contained in the Annual Operating Report must be collected, at a minimum, quarterly from the Agency.

THE AGENCY AND COORDINATOR FURTHER AGREE:

- A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act to do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will at once notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency to the end that the Agency may proceed as soon as possible with the provision of transportation services.
- B. If any part or provision of this Contract is held invalid, the remainder of this Contract shall be binding on the parties hereto.
- C. Termination Conditions:
  - 1. Termination at Will - This Contract may be terminated by either party upon no less than thirty (30 ) days' notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
  - 2. Termination due to Lack of Designation - In the event that the Coordinator so designated by local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
  - 3. Termination due to Disapproval of Memorandum of Agreement – In the event that the Commission does not accept and approve any contracted transportation rates listed within Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.

4. Termination due to Lack of Funds – In the event funds to finance this contract become unavailable, the Coordinator may terminate the contract with no less than twenty-four (24) hours written notice to the Agency. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt. The Coordinator shall be the final authority as to the availability of funds.
5. Termination for Breach – Unless the Agency’s breach is waived by the Coordinator in writing, the Coordinator may, by written notice to the Agency, terminate this Contract upon no less than twenty-four (24) hours’ notice. Notice shall be delivered by certified mail, returned receipt requested, or in person with proof of delivery. Waiver by the Coordinator of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not act as a waiver or estoppel to enforcement of any provision of this Contract. The provisions herein do not limit the Coordinator’s right to remedies at law or to damages.
6. Upon receipt of a notice of termination of this Contract for any reason, the Agency shall cease service and prepare all final reports and documents required by the terms of this Contract. A final invoice shall be sent to the Coordinator within thirty (30) days after the termination of this Contract.
- D. Renegotiations or Modifications of this Contract shall only be valid when they have been reduced to writing, duly approved by the Coordinator, and signed by both parties hereto.
- E. Agency shall assign no portion of this Contract without the prior written consent of the Coordinator.
- F. This Contract is the entire agreement between the parties.
- G. Attachments I and II are an integral part of the Contract and are hereby incorporated by reference into this Contract. All subsequent attachments are of an optional nature.

H. Notice and Contract:

The name and address of the contract manager for the Coordinator for this Contract is:

Name: Clayton Murch Address: 1101 SW 20<sup>th</sup> Ct., Ocala, FL 34471  
 Title: Transportation Director Telephone: (352) 620-3519

The representative/position of the Agency responsible for administration of the program under this contract is: Jason Whitmore telephone: 352-387-2210.

In the event that different representatives are designated by either party after execution of this Contract, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Contract.

This contract and its attachments contain all the terms and conditions agreed upon by the parties hereto.

WITNESS WHEREOF, the parties hereto have caused these presents to be executed

Agency:

Advocacy Resource Center Marion, Inc.

[Handwritten Signature]  
Authorized Signature

Leneia J. Chapp  
Name & Title of authorized individual

12/5/2024  
Date:

Community Transportation Coordinator

Marion Senior Services, Inc.

[Handwritten Signature]  
Authorized Signature

Jennifer Martinez, ED  
Name & Title of authorized individual

12/5/24  
Date:

Attachments that are part of this contract:

- I - Service Description
- II - Standards & Performance Requirements
- III - HIPPA Assurance

ATTACHMENT I  
SERVICE DESCRIPTION  
ADVOCACY RESOURCE CENTER MARION, INC.

1. The agency will be able to provide: (Type of service – ambulatory, non-ambulatory, stretcher, population, purpose)  
Transportation for our 14 developmentally disabled adults to doctor & dental appointments, banks, grocery shopping, employment and volunteer jobs, weekly activities, church bowling, all Special Olympics events, outings (picnics, field trips, movies, etc.) All our residents are ambulatory.
2. The agency will be available to provide transportation: (Days & hours of availability). 24 hours a day, 7 days a week for our 14 residents.  
Days agency will not be able to provide services: (Holidays & other days not available). We provide services 365 days a year.
3. Vehicles agency will use to transport all passengers: (Vehicle inventory attached)
4. Vehicle/equipment standards, if any: (Identify standards such as functioning air conditions/heating, grab rails, stanchions, first aid kits, fire extinguishers, adequate communication equipment).

<p>® All vehicles must display the Agency’s name, phone number and vehicle number unless confidentially of client is required.</p>
<p>® Vehicles used to fulfill non-emergency medical transportation services needs must comply with provisions of Rule 10C-7-45, FL Administrative Code and be issued a wheelchair permit if vehicle is equipped and used for transportation of wheelchairs.</p>
<p>® Vehicles must be equipped with properly functioning heating and air conditioning units.</p>
<p>® Stanchions and grab rails shall be functionally located throughout appropriate vehicles.</p>
<p>® Vehicles shall be properly maintained within reasonable limits which prevent hazardous conditions from occurring. Vehicles purchased with federal, state or local government funds must be maintained according to grant conditions. Vehicles may be subject to inspection by the FL Dept. of Transportation and/or the Coordinator.</p>
<p>® Vehicles must have a first aid kit and fire extinguisher.</p>
<p>® Vehicles must be equipped with two-way radio or equivalent communication device.</p>

® Toll free number for complaints shall be posted in each vehicle. In Marion County: 352-620-3071. (MSS Transportation)

5. Driver requirements, if any: (Identify requirements of drivers such as current license, vision, dress, specialized training, relationship with riders – provide assistance, physical contact, communication)

Drivers employed by the Agency shall:

- a) Perform their duties in due regard for the safety, comfort, and convenience of users and their property.
  - b) Have a current valid Florida Chauffeurs/Class D License or commercial driver license.
  - c) All drivers must pass a pre-employment and annual DOT physical examination and drug screen for public section bus driver and have vision which is correctable to 20/50.
  - d) Dress appropriately and wear a photo identification.
  - e) Announce him/herself at the scheduled time, the driver must obtain clearance from the dispatcher before leaving the location without picking up the user.
  - f) Open and close vehicle door when user enters and exits vehicle, and provide additional assistance to user if required or requested.
6. Training: (Identify required training of all personnel, including drivers, reservations, etc. Also provide how often this training is required and how it will be provided to agency’s employees)

Driver and Agency personnel shall be trained by the Proposer to accommodate the special transportation needs of the elderly, disabled and/or socially disadvantaged users. The program developed should include a minimum of the following:

a. Defensive driving technique
b. Instruction on minor, daily maintenance procedures, such as checking oil, and battery, fan belts, tire pressure, coolant level, etc.
c. Training on the proper manipulation of wheelchair passengers.
d. CPR
e. First Aid
f. Training in required forms and procedures.
g. Sensitivity and awareness toward others.

7. Agency fare structure: (Identify fare structure and what services are eligible and ineligible) n/a

8. Billing/invoicing and reimbursement procedure for agency: (When, how often, what reports if any should be submitted) n/a  
Reporting requirements: (Include all Requirements of Commission, Coordinator, Local Coordinating Board and any entities purchasing transportation)

Quarterly – Annual Operating Report cumulative data using approved TD Commission forms (previously distributed).

Other reports as may be required from time to time by CTC or funding entities.



## ATTACHMENT II

### The Commission for the Transportation Disadvantaged Standards and Performance Requirements

Pursuant to Rule 41-2.006, Florida Administrative Code, the Community Transportation Coordinator and any Transportation Agency from whom service is purchased or arranged by the Community Transportation Coordinator shall adhere to Commission approved standards. These standards shall include:

- (a) Drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration;
- (b) An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Transportation Disadvantaged Service Plan;
- (c) Child restraint devices shall be determined locally as to their use, responsibility, and cost of such device in the local Transportation Disadvantaged Service Plan;
- (d) Passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices;
- (e) Vehicle transfer points shall provide shelter, security, and safety of passengers;
- (f) A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The local complain process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board;
- (g) Out of service area trips shall be provide when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips;
- (h) Interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger;

- (i) Billing requirements of the Community Transportation Coordinator to subcontracts shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, except in instances where the Community Transportation Coordinator is a non-governmental entity;
- (j) Passenger/trip data base must be maintained or accessible by the Community Transportation Coordinator on each rider transported within the system;
- (k) Adequate seating for paratransit services shall be provided to each rider and escort, child, or personal care assistant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time;
- (l) Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle;
- (m) The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheel chair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open or close doors to buildings, except in situations in which assistant in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers

may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver;

- (n) All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two-way communications in good working order and be audible to the driver at all times to the base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after the adoption date of this section of the Rule;
- (o) All vehicles ordered or put into service after the adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heaters will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after the adoption date of this section of the Rule;
- (p) First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan; and
- (q) Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

Attachment IV  
HIPAA CONFIDENTIALITY AGREEMENT between  
Advocacy Resource Center Marion, Inc. (Vendor)  
and  
Marion Senior Services, Inc.

**PURPOSE:**

This agreement is made and entered into in order to ensure that clients' Protected Health Information (PHI) is appropriately safeguarded and that exchange of information as a Vendor of MSS be made with integrity and confidentiality.

The Vendor agrees to maintain the confidentiality of any information provided to them by MSS in accordance with the Health Portability and Accountability Act of 1996 (HIPAA) and associated regulations as set forth in Title 45 Code of Federal Regulation, Part 160 and 164, as may be amended (the Privacy Rule) and 45 Code of Federal Regulations 142.308 (a)(2) as may be finalized and amended (Chain of Trust requirement)

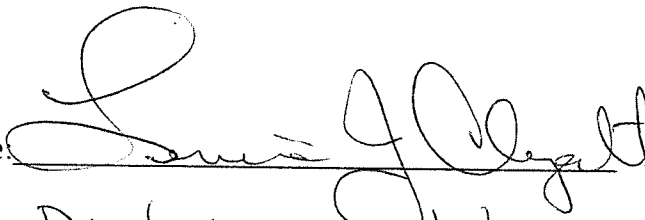
Vendor may use and/or disclose PHI only as permitted or required by this agreement or as otherwise required by law. Vendor may disclose PHI to, and permit the use of PHI by its employees only to the extent directly related to the necessary for the performance of the services and will be no more than the minimum PHI necessary to perform the services. Vendor will not use or disclose PHI in a manner inconsistent with obligations under the Privacy Rule, or that would violate the Privacy Rule if disclosed or used in such a manner.

Security measures maintained by Vendor shall include administrative safeguards, physical safeguards, technical security services and technical security mechanisms as necessary to protect such PHI. Upon request MSS, Vendor shall provide a written description of such safeguards.

The Vendor agrees to amend this agreement from time to time, as necessary, for MSS to comply with requirements of the Privacy Rule.

Vendor agrees that it will immediately report to MSS any use or disclosure of PHI received from MSS that is not authorized by or otherwise constitutes a violation of this agreement.

Vendor agrees that upon termination of this agreement, it shall contact MSS with regard to any information currently in its possession that was received from or created on behalf of MSS, to determine whether MSS wishes to have said information returned to them or from Vendor to provide certification that information was destroyed.

Authorized Signature:   
Title: Executive Director Date: 12/15/2024

Name of Sub-Contractor: Arc of MARION

Name of Monitor/Title: HERMAN SCHULZ - MANAGER

Date of Visit: 8/28/2024

## Sub-Contractor Monitoring Site Visit

### Checklist

#### Vehicle Records

1.  List of vehicle inventory
2.  Maintenance records
  - a) Vehicle safety inspections
  - b) Wheelchair lift inspections
  - c) Pre-trip inspections
3.  Vehicle registration
4.  Insurance certification

#### Vehicle/Equipment Standards

1.  Operator's name, phone # and identification number posted on vehicle
2.  Properly functioning heat/ac
3.  First aid kit & fire extinguisher
4.  Two-way radio or equivalent communication device
5.  CTC's phone number posted in each vehicle for comments including TD Helpline #

Comments: Discussed check list above with Jason Whitmore - Manager. Jason has recently stepped in as manager, and having to rebuild the program from the bottom up.

Recommendations: JASON will schedule a visit with Marion Transit to observe the maintenance files and bus folders. Jason will also contact Carlos Colon - FDOT and Jarrell Smith - FDOT consultant to discuss any FDOT concerns he may have.

### Sub-Contractor Monitoring Site Visit

#### Drivers Records / Standard Requirements

1.  Copy of current FL Class D drivers license
2.  MVR history
3.  Copy of FDOT physical card (pre-employment & annual)
4.  CPR & First Aid Certification (not a requirement)
5.  Documentation / hours of defensive driving techniques and over the road training/ supervisor evaluation
6.  Documentation / training Bio-hazard clean-up
7.  Sensitivity & Awareness training / passenger relations
8.  Wear photo identification
9.  Instruction on daily inspections (oil check, battery, belts, tire pressure, coolant level, w/c lift operation)

Comments: Discussed checklist above with Jason.

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Recommendations: Individual Bus folders and Driver Training folders. Separate the two categories.

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Sub-Contractor Monitoring Site Visit

Drug Program (separate fire proof file)

1.  Documentation / 60 minutes of drug and alcohol training
2.  Signatures of safety sensitive employees certifying employees have received 60 minutes of training
3.  Categorized drug and alcohol filing system
  - a) Pre-employment
  - b) Random (50% drug – 25% alcohol)
  - c) Reasonable suspicion
  - d) Return to duty
  - e) Post-accident

Comments: This is a 5310 ONLY recipient  
Exempt from TESTING.

ARC of Marion has 2 CDL Buses, Both  
drivers are in the Random Pool.

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**COORDINATION AGREEMENT**  
**BETWEEN**  
**COMMUNITY TRANSPORTATION COORDINATOR**  
**AND**  
**THE FLORIDA CENTER FOR THE BLIND, INC.**

WHEREAS, Marion Senior Services in its role as the Community Transportation Coordinator (CTC) for Marion County, hereafter known as the CTC, and;

WHEREAS, in the capacity, the CTC has initiated a program to provide community transportation service clients, agencies, and organizations, provided such service complies with Chapter 427, Florida Statutes and Chapter 41-2 and 19-90, Florida Administrative Code, and;

WHEREAS, the Florida Center for the Blind, Inc., (hereafter referred to as AGENCY) is considered to be a Bonafede ( private-not-for-profit-agency or  private-for-profit enterprise) operating in Marion Country and is eligible for the services of the CTC. The transportation services described herein are deemed to comply with all applicable with all applicable state laws and regulations, and;

WHEREAS, the AGENCY currently provides services using its own vehicles in the provision of transportation to transportation disadvantaged clients that are unique in nature, and will provide the CTC the opportunity to develop a proposal for any new transportation services needed,

NOW THEREFORE, the CTC and AGENCY, in consideration of the mutual covenants hereinafter set forth, agree as follows:

1. AGENCY shall maintain daily records of ridership and provide such to CTC quarterly.
2. AGENCY shall act as a transportation provider based on the availability of AGENCY vehicles.
3. AGENCY, when acting as provider, shall furnish all vehicles which conform to the laws of the State of Florida as provided in Florida Statutes 427, and shall maintain same in good mechanical and clean condition.
4. AGENCY has developed and implemented a System Safety Program Plan (SSPP) and agrees to abide by said policy.
5. AGENCY shall maintain a minimum liability insurance rate of \$100,000 per person, and \$300,000 per incident in effect at all times.
6. AGENCY shall conduct a criminal background screening for all drivers. Should the AGENCY acquire vehicles that require a CDL license to operate, AGENCY shall conduct pre-employment drug screening and pre-employment physicals for all drivers at said time. However, the AGENCY shall conduct drug and/or alcohol testing when any of the following conditions exist:
  - a. In the event a qualified supervisor/company official has reasonable suspicion to believe that a covered employee has engaged in prohibited drug use and/or alcohol misuse;
  - b. In the event of a fatal accident; or
  - c. In the event of a non-fatal accident if an individual suffers bodily injury and immediately received medical treatment away from the scene of the accident, any vehicle incurs disabling damage as the result of the

occurrence and a vehicle is transported away from the scene by a tow truck, or the transit vehicle is removed from operation.

7. AGENCY will provide training to include safety, vehicle operations, and passenger sensitivity in accordance with Florida Statutes 427.
8. AGENCY agrees to submit an Annual Operation Report, Certificates of Compliance, Federal Transit Administration Drug and Alcohol Reports and quality assurance report to the CTC annually.
9. INDEMNIFICATION – The AGENCY shall pay on behalf of or indemnify and hold harmless Marion Senior Services, Inc., its employees, officers, agents and volunteers from and against all claims, actions, damages, fees, fines, penalties, defense costs (including attorney fees and court costs, whether such fees and costs are incurred in negotiations, collection of attorney's fees or at the trial level or on appeal), suits or liabilities which may arise out of any actual alleged negligent act, error, omission, or any default of the AGENCY (or AGENCY's officers, employees, agent, volunteers and subcontractors, if any) performance or failure to perform under terms of this contract. This indemnification and hold harmless agreement shall survive the termination or expiration of this agreement.
10. No changes to this Agreement or the Performance contemplated hereunder shall be made unless the same are in writing and signed by both parties hereto.
11. This Agreement may be terminated by either party by providing five (5) day written notice to the other party. This Agreement shall be for a period beginning 01-01-2025 and expires on 12-31-2025, unless terminated at an earlier date as described above.
12. AGENCY shall not be allowed to assign its rights, duties, and obligations pursuant to the Agreement to any entity (i) with AGENCY is affiliated (ii) into which AGENCY may be merged or reorganized, or (iii) to which all or a portion of AGENCY's capital, stock, or assets may be sold without the prior written consent of CTC Marion County which shall not be unreasonably withheld. If approval for assignment is obtained, it shall not release the AGENCY from any liability or obligation under the Agreement.
13. Any notices, invoices, reports or any other type of documentation required by this Agreement shall be sufficient if sent by the parties postage paid in the United States mail, postage paid to the addresses listed below.
14. Due to safety concerns and issues presented in the past, the AGENCY and CTC have agreed that all transportation services provided by the CTC for the AGENCY's clients seeking training services at the AGENCY will not be allowed to coordinate their own transportation to and from the AGENCY.

**AGENCY'S Authorized Representative:**

Name: Anissa Pieriboni

Title: President/CEO

Address: \_\_\_\_\_

1411 NE 22<sup>nd</sup> Avenue

Ocala, Florida 34470

Telephone: (352) 873-4700

Fax: (352) 873-4751

Electronic mail address: [apieriboni@flblind.org](mailto:apieriboni@flblind.org)

**COUNTY'S Authorized Representative:**

Name: Jennifer Martinez

Title: Executive Director

Address: \_\_\_\_\_

1101 SW 20<sup>th</sup> Court

Ocala, Florida 34471

Telephone: (352) 620-3501

Fax: (352) 620-3501

Electronic mail address: [JMartinez@marionseniorservices.org](mailto:JMartinez@marionseniorservices.org)

15. The rights and obligations of the parties under the Agreement shall be governed by the laws of the State of Florida and the venue for any legal or judicial proceedings in connection with the enforcement or interpretation of this Agreement shall be in Marion County, Florida.

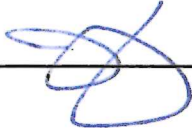
IN WITNESS THEREOF, the parties have executed the Agreement of the date first above written.

**COUNTY/CTC:**

Marion Senior Services  
(Name of COUNTY/county/CTC)

Jennifer Martinez  
(Printed or Typed Name)

Executive Director  
(Printed or Typed Title)

\_\_\_\_\_  
(Signature) 

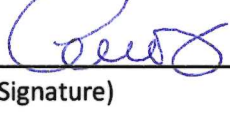
12/5/24  
(Date)

**AGENCY:**

Florida Center for the Blind, Inc.  
(Name of Agency)

Anissa Pieriboni  
(Printed or Typed Name)

President/CEO  
(Printed or Typed Title)

\_\_\_\_\_  
(Signature) 

12/18/2024  
(Date)

**TITLE VI/ADA**

# MARION TRANSIT



## American with Disabilities Act Transportation-Related ADA Policies and Procedures

Marion Transit is committed to complying with all applicable provisions of the Americans with Disabilities Act, as amended (ADA), and applicable state and local laws and maintains liability coverage for required services to individuals with disabilities. It is Marion Transit's policy not to discriminate against any participant or employee regarding any terms or conditions of their participation with programs at Marion Senior Services, Inc. and access to services provided within, including transportation, on the basis of such individual's disability.

Consistent with this policy of non-discrimination, Marion Transit, will provide reasonable accommodations to an individual with a disability, as defined in the ADA or applicable law, who has made Marion Transit aware of his or her disability at intake, unless doing so would cause an undue hardship to the agency.

The agency also wishes to participate in a timely, good faith, interactive process with a disabled participant to determine effective reasonable accommodations, if any, which can be made in response to a request for accommodations. Requests should be made to the Transportation Director. By working together in good faith, the Agency hopes to implement any reasonable accommodations that are appropriate and consistent with its legal obligations.

Any participant who has questions regarding this policy or believes that he or she has been discriminated against based on a disability should notify the Transportation Director or Human Services Director. All such inquiries or complaints will be treated as confidential to the greatest extent possible and will only be disclosed on a need-to-know basis.

Mission: "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".

# MARION TRANSIT



## Terms Used in This Policy

As used in this ADA policy, the following terms have the indicated meaning:

- **Disability:** A physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.
- **Major life activities:** Term includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.
- **Substantially limiting:** In accordance with the ADA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possibly return in a substantially limiting form, is also considered a disability under EEOC final ADA regulations.
  - **Reasonable accommodation:** Includes any changes or adjustments to the human services transportation program and may include making existing transportation services readily accessible to and usable by individuals with disabilities.
  - **Undue hardship:** An action requiring significant difficulty or expense by Marion Transit in determining whether an accommodation would impose an undue hardship on Marion Transit factors to be considered include:
    - The nature and cost of the accommodation.
    - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons affected, the effect on expenses and resources, or the impact of such accommodation on the operation of the facility.
    - The type of operations of the agency, including its composition, structure and functions.

## Right to Use Marion Transit Transportation Services

Transportation services will not be denied to any participant with a disability, if the individual is capable of using the service and abides by Marion Transit rider rules (see below).

Marion Transit further does not require an individual with a disability to use designated priority seats, if the individual does not choose to use these seats.

Marion Transit does not require that an individual with a disability be accompanied by an attendant.

Mission: "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".

# MARION TRANSIT



## Rules for Rider Conduct

Marion Transit may refuse service to any individual who engages in violent, seriously disruptive, or illegal conduct, or represents a direct threat to the health or safety of others.

The definition of "direct threat" is intended to be interpreted consistently with the parallel definition in the Department of Justice regulations. That is, CFR, Title 49, Part 37 does not require a public entity to permit an individual to participate in or benefit from the services, programs, or activities of that public entity when that individual poses a direct threat to the health or safety of others. In determining whether an individual poses a direct threat to the health or safety of others, a public entity must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk, the probability that the potential injury will actually occur, and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

Marion Transit strictly prohibits the use of alcohol and/or drugs, and/or the possession of a firearm/weapon by any participant while on board a vehicle. The use of drugs and/or alcohol or the possession of a firearm/weapon will result in immediate discharge.

Marion Transit Drivers will make reasonable attempts resolve issues with riders. If service is denied, the Driver will document the incident or incidents leading to the service denial on the incident Report (see Exhibit A), substantiating how such an incident rises to the level of seriously disruptive behavior or a direct threat.

## Boarding and Securement: Policies and Procedures for Wheelchair-Bound Participants

It is the policy of Marion Transit to comply with all the legal requirements of Federal and State laws and regulations as they pertain to individuals with disabilities. Marion Transit transit program provides quality transportation services without discrimination to all persons, including individuals with disabilities. Service is provided in a manner that meets the following goals:

1. Provide safe, accessible and dignified services to all persons.
2. Expedite the safe and efficient boarding, securing, transporting and alighting of all passengers, regardless of mobility status.
3. Accommodate the wide range of mobility aids within the confines of available vehicles and standard equipment.
4. Minimize potential damage to mobility aids and transit system equipment in the process.

Mission: "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".



# MARION TRANSIT



Marion Transit's transit program has the capacity to carry a wheelchair and occupant. A wheelchair is defined as a mobility aid belonging to any class of three or four-wheeled devices used by individuals with mobility impairments, whether operated manually or powered. A "common wheelchair" does not exceed 30 inches in width and 48 inches in length measured two inches above the ground and does not weight more than 800 or 1000 pounds when occupied based on the capacity of the bus lift.

Marion Transit does not allow Segway personal transportation devices onto transportation vehicles, nor does the agency allow such devices in its offices.

**Boarding:** Drivers and scheduling practices will provide adequate time for a passenger with a disability to board and/or disembark the vehicle. It is the responsibility of the driver to determine the safest location for passenger boarding based on conditions and individual needs upon arrival at the pick-up site. The passenger will maneuver the mobility aid to the vehicle. Only a properly trained transit employee can operate the lift, secure the wheelchair on the lift and in the securement station.

A person with a disability who is not using a wheelchair or other seated mobility aid may use the lift to board or alight the vehicle upon request.

Drivers will make themselves available for assistance to persons with disabilities and will assist upon request of the passenger. Drivers will leave their seat to assist a passenger with using the vehicle ramp, lift and/or securement systems. Drivers will use the accessibility-related equipment and features on their vehicles.

**Securement:** Securement of the "common wheelchair" class of mobility device is the responsibility of the driver and drivers will be trained in the proper operation of all securement equipment based on manufacturer specifications. Marion Transit utilizes universal tie-downs to secure mobility devices.

Marion Transit shall respond to requests for reasonable modification to policies and practices consistent with its transportation program, unless the request would fundamentally alter the nature of Marion Transit's services, programs or activities. All requests for modification are to be in writing (any format) with the name of the individual requesting modification and other relevant contact information and shall be delivered to the Transportation Director. Forms are also available on the [www.marionseniorservices.org](http://www.marionseniorservices.org) website.

## ADA Complaint Procedures

Marion Transit's Transportation Director and leadership staff are responsible for ADA grievances. The ADA Coordinator is Tom Wilder, Transportation Director as the ADA Coordinator's alternate is Donna Tackett, Human Resources Director to address the agency's compliance with ADA regulations as it relates to the transportation program and ADA transportation related concerns and grievances.

Transportation related ADA concerns, grievances or complaints are required to be submitted to Transportation Director at 1101 SW 20<sup>th</sup> Court, Ocala, Florida 34471 on the agency's Complaint

Mission: "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".



# MARION TRANSIT



Form (see Exhibit B for complete instructions on the process). This form is also available on the agency website [www.marionseniorservices.org](http://www.marionseniorservices.org). Completed forms can also be sent electronically to [transit@marionseniorservices.org](mailto:transit@marionseniorservices.org).

## Equipment for Accessible Service

Marion Transit shall ensure that vehicle operators and other personnel are thoroughly trained on the operation and make use of accessibility-related equipment or features required by Part 38 of this title and shall maintain in operative condition those features of facilities and vehicles that are required to make the vehicles and facilities readily accessible to and usable by individuals with disabilities. These features include lifts and other means of access to vehicles, securement devices, signage and systems to facilitate communications with persons with impaired vision or hearing.

Marion Transit shall establish a system of regular and frequent maintenance checks of lifts sufficient to determine if they are operative (this is part of the Daily Pre/Post Trip Inspection conducted on every vehicle). Drivers are required to immediately report to the Transit Manager any failure of a lift or other accessibility feature. Accessibility features shall be repaired promptly if they are damaged or out of order. When an accessibility feature is out of order, Marion Transit shall take reasonable steps to accommodate individuals with disabilities who would otherwise use the feature.

Vehicle accessibility features include:

- Lifts and ramps
- Mobility aid securement areas and systems
- Lighting
- Seatbelts and/or shoulder harnesses (required to be used by all passengers)
- Signage

Facility features include:

- Signage
- Accessible paths to and within facilities
- Ramps

## Wheelchairs and Other Mobility Devices

Marion Transit's transit program has the capacity to carry a wheelchair and occupant. Marion Transit does not allow Segway personal transportation devices onto transportation vehicles, nor does the agency allow such devices in its Centers.

## Service Animals

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Marion Transit allows passengers to bring a service animal. When booking a trip, riders should advise reservations they will have a service animal riding with them.

## Effective Communications

Mission: "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".

# MARION TRANSIT



Marion Transit will make every accommodation to communicate with persons who have disabilities affecting hearing, speaking, reading, writing or comprehension, as long as the accommodation does not place an undue burden upon the organization.

## **ADA Training for Employees**

Marion Transit has designed a training program that provides complete information on accessibility-related equipment and accommodations required by the ADA training is thoroughly define in the agency's Transportation Operating Policies and Procedures (Exhibit C). Employees further acknowledge that they have received and read the agency's transportation-related ADA Policy as documented with Exhibit D and is include in driver training files.

ADA training ensures that employees understand the importance of keeping equipment and accommodations in good working order and that employee provide excellent customer service to people with disabilities. The training program:

- Covers all aspects of service delivery; e Includes regular updates as necessary on new technologies and refresher in-service training on serving people with disabilities;
- Addresses both technical tasks (operating all accessibility equipment and features) and human relations (providing assistance to individuals with disabilities in boarding, alighting and securement, sensitivity & etiquette in serving persons with disabilities, communicating with individuals with different types of disabilities); and,
- Vehicle mechanics (maintaining all accessibility equipment and keeping maintenance and repair records).

Marion Transit's Transportation Director, reporting to the Marion Senior Services, Inc. Executive Director, is responsible for the oversight of the transportation program, including its policies and procedures, and supervising employees to ensure they provide proper and consistent levels of service to individuals with disabilities.

## **Description of Services and Scheduling Rides**

Transportation services are offered Monday— Friday from 5:00 a.m. to \*7:00 p.m. transportation service requests are to be made up to 2 weeks but not less than \*72 hours in advance of your appointment time. Transportation requests must be made by calling Reservations at 352-620-3072 Monday through Friday 8:00 a.m. to 5:00 p.m.

(\*ADA & Dialysis riders may make special request with Reservations)

## **Reasonable Modifications Requests**

Marion Transit shall respond to requests for reasonable modification to policies and practices consistent with its transportation program, unless the request would fundamentally alter the nature of Marion Transit's services, programs or activities. All requests for modification are to be in writing (any format) with the name of the individual requesting modification and other relevant contact information and shall be delivered to the Transportation Director. Forms are also available on the agency website [www.marionseniorservices.org](http://www.marionseniorservices.org)

Mission: "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".

# MARION TRANSIT



## **Use of Cell Phones**

Each Driver has read and signed acknowledging the use of cell phone policy which forbids use of cell phones while driving.

## **Ridership by Unaccompanied Minors**

Marion Transit provides transportation to unaccompanied minors as long as the minor is accompanied by an adult. Unaccompanied minors (ages 15 and above) are provided transportation services to/from school activities and/or doctor's appointments with prior approval/permission granted by the minor's parent/guardian.

## **Travel Attendants**

Marion Transit allows participants to be accompanied by travel attendants in the event that it is necessary, and the vehicle is not to capacity. Prior knowledge of ridership by a participant traveling with an attendant is necessary to make sure the vehicle is not to capacity.

## **Food and/or Beverage Consumption**

There is no consumption of food and/or beverages on Marion Transit vehicles.

## **Bicycles and Strollers**

Marion Transit makes all reasonable accommodations for bicycles and strollers as appropriate.

## **Oxygen and Other Health Aids**

Marion Transit does not prohibit an individual with a disability from traveling with a respirator or portable oxygen supply, as long as the health aid is classified as a portable oxygen concentrator as defined in 49 CFR, 177.870(e).

\*\*\*END\*\*\*

Mission: "Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".

# EXHIBIT A



# EXHIBIT B

**Marion Senior Services, Inc.**  
**dba Marion Transit**



**Title VI Complaint Form**  
Or  
**ADA Complaint Form**  
(Circle One)

Consistent with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), the Agency has designated an individual as the Title VI/ADA Coordinator. The Coordinator is responsible for accepting complaints of discrimination on the basis of race, color, national origin, sex, age, disability, religion and family status in the provision of services, activities, programs, or benefits provided by the Agency.

A Complaint shall be submitted in writing within the following time frames:

- **Title VI: No later than 180 days from the date** of the alleged discrimination based on race, color, religion, sex or national origin.
- **ADA: No later than 60 days from the date** of the alleged discrimination of a qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of or be subjected to discrimination in programs, services or activities sponsored by Marion Senior Services.

Complaints shall include the name, address, and phone number of the complainant, along with the location, date and description of the problem. Complaints shall be processed in accordance with the applicable law.

Note: Marion Senior Services, Inc. does not discriminate based on race, color, national origin, sex, age, disability, religion or family status in any program or service. Persons with questions about nondiscrimination or those needing special accommodations under the ADA or language services should contact the **Transportation Director (352) 620-3071**.

**Please submit this form via email to [transit@marionseniorservices.org](mailto:transit@marionseniorservices.org), in person at the address below, or mail this form to:**

**Marion Transit Services a Division of Marion Senior Services, Inc.**  
**ATTN: Transportation Director**  
**1101 SW 20<sup>th</sup> Court**  
**Ocala, FL 34471**





**Marion Senior Services, Inc.**  
**dba Marion Transit**



**Section IV**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Federal Court  | <input type="checkbox"/> Local Agency |
| <input type="checkbox"/> State Court    |                                       |

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section V**

Name of the agency complaint is against:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date required below.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# EXHIBIT C

# ADA & Title VI for Drivers

Overview of Americans with Disabilities Act (ADA) & Title VI for Paratransit Drivers at Marion Transit

## ADA & Title VI

- Objectives

- Know the difference between ADA & Title VI
- Identify similarities and differences between the two laws
- How do they apply to Marion Transit
- Know the five criteria of determining discrimination
- Learn how to document a complaint

## What is ADA?

- Americans with Disabilities Act, passed in 1990.
- Federal CIVIL RIGHTS legislation that says it is illegal to discriminate against people with disabilities in employment, state and local government services, private businesses, telecommunications

## and transportation

Goal: The full inclusion of people with disabilities in all aspects of American society.

## Impairments that “Consistently Meet the Definition of Disability”

- AFFECT MAJOR LIFE ACTIVITIES - Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting and bending.
  - Deafness
  - Blindness
  - Intellectual disability
  - Partially or completely missing limbs
  - Mobility impairments requiring use of a wheelchair
    - Plus more...



## Five Titles of the ADA

1. Title I: Employment
2. Title II: Accessibility in public entities
3. Title III: Accessibility in businesses
4. Title IV: Telecommunications
5. Title V: Miscellaneous

## ADA Continued

- The Americans with Disabilities Act, Title II, states that no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity.
- The Americans with Disabilities Act, Title III applies to access to places of public accommodation and commercial facilities. This includes private factories, warehouses and places of public accommodation like inns, restaurants, bars, theaters, stadiums, stores, etc. *AND terminals, depots or other stations used for specified public transportation.*
- THINK ACCESS TO BUSINESS AND PUBLIC TRANSPORTATION FACILITIES.

## The Civil Rights Act of 1964

- The Civil Rights Act of 1964 is a landmark piece of civil rights legislation in the United States that outlawed discrimination based on race, color, religion, sex, or national origin.
  - □ Title I - Voting Rights
  - □ Title II - Discrimination in Places of Public Accommodation
  - □ Title III - Desegregation of Public Facilities
  - □ Title IV - Desegregation of Public Education
  - □ Title V - Commission on Civil Rights
  - □ **Title VI - Nondiscrimination in Federally Assisted Programs**
  - □ Title VII - Equal Employment Opportunity
  - □ Title VIII - Registration and Voting Statistics
  - □ Title IX - Intervention and Procedure after Removal in Civil Rights Cases - Civil Rights Cases at State Level Can be Taken Over by Supreme Court
  - □ Title X - Establishment of Community Relations Office under Department of Commerce
  - □ Title XI - Miscellaneous

## Title VI

- The Title VI of the Civil Rights Act of 1964 states that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.



## Five (5) Criteria of Discrimination -ADA/Title VI

1. Was there a denial of benefits or services?
2. Did we provide a different service or a service in a different way than we provided it to others?
3. Did we segregate or separately treat individuals?
4. Was there direct discrimination?
5. Did the customer specifically mention that they were discriminated against?

## Complaint Form

The image shows a screenshot of a web browser displaying a complaint form for Marathon Senior Services, Inc. The form is titled "COMPLAINT FORM" and contains several sections of text, including a header, a paragraph of introductory text, and a section titled "Name of Complaint (If Applicable)". The text is small and difficult to read, but the structure is clear.

**Marathon Senior Services, Inc.**  
 1400 S. Orange Ave., Suite 100  
 Ocala, FL 34471  
 Phone: 352.237.1111

**COMPLAINT FORM**

Marathon Senior Services, Inc. is committed to providing the highest quality of care and services to our residents. We are dedicated to ensuring that all residents receive the care and services they need to live safely and comfortably. If you have a concern or complaint, please contact us immediately. We will investigate and resolve the issue as quickly as possible.

**Name of Complaint (If Applicable)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Roles Responsibilities - Marion Transit

- **2.1 Supervisors/Managers** - responsible for ensuring that complaints are fully investigated in a timely manner. Proposed actions for improvement are documented and if warranted disciplinary action is taken. Compliments are also documented and discussed with the employee.
- **2.2 Drivers/Employees** - responsible for providing a service to our customers that meet or exceed expectations. Notify their respective supervisor as soon as practical of any potential situation(s) that may cause someone to initiate a complaint against the agency and/or employee.

## Procedures

- Any Marion Transit employee can receive a compliment or complaint from a citizen. When a compliment or complaint is being made the employee receiving the information is required to document with as much information including; who, what, when, where, how, and why. Forms are available to document both types of incidents and may be accessed by contacting the Transit Office Assistant.
- Once the incident is documented, it should be forwarded to the respective supervisor/manager for further investigation. The supervisor/manager will make the Transportation Director aware of the complaint or compliment and forward the report(s) once the investigation is completed.
- In the case of a complaint, the supervisor/manager will propose actions to remedy the situation. Both the supervisor/manager and Transportation Director will determine outcomes.
- Once a complaint or compliment is completed, copies of the report will be placed in the respective Marion Transit employee folder and/or Master Index Folder. The person making the complaint should be notified of the outcome if warranted.
- Complaints that may warrant severe disciplinary action will be brought to the attention of the Executive Director and Human Resources.



## Conclusion

- Marion Senior Services, Inc. and Marion Transit do not discriminate based on race, color, national origin, sex, age, disability, religion or family status.
- Complaints shall be submitted in writing within the following time frame:
  - Title VI: No later than 180 days from the date fo the alleged discrimination
  - ADA: No later than 60 days from the date of the alleged discrimination
- If you have any question regarding complaints of discrimination notify your supervisor immediatly.

**Marion Senior Services, Inc. d/b/a Marion Transit**



**Title VI**

Date Adopted: July 1, 2016  
Last Updated: February 2024



**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Title VI Program Activity Log**

<b>Date</b>	<b>Activity (Review/Update/Addendum/ Adoption/Distribution)</b>	<b>Concerned Person (Signature)</b>	<b>Remarks</b>
July 2016	Updated	<i>Tom Wilder</i>	Added new Director Names
May 2018	Review	<i>Tom Wilder</i>	No changes
June 2018	Update Public Participation Plan	<i>Tom Wilder</i>	Added new outreach efforts.
June 2019	Review	<i>Tom Wilder</i>	No changes.
June 2020	Review	<i>Tom Wilder</i>	No changes.
February 2022	Updated	<i>Clayton Murch</i>	3-year update
May 2022	Updated	<i>Clayton Murch</i>	Updated Letter of Concurrence and corresponding dates
October 2022	Review	<i>Clayton Murch</i>	Formatting changes only
December 2023	Updated	<i>Clayton Murch</i>	Updated demographic maps & data, alternate Title VI contact, Funding sources, Outreach table
February 2024	Updated	<i>Clayton Murch</i>	Update language in section 4.4. Changed JPA language to PTGA. Updated CTC agreement date & headcount numbers.

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Title VI Program Activity Log  
(Continued)**

Date	Activity (Review/Update/Addendum/ Adoption/Distribution)	Concerned Person (Signature)	Remarks

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

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APPENDIX B	CURRENT SYSTEM DESCRIPTION
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APPENDIX D	TITLE VI SAMPLE NOTICE TO PUBLIC
APPENDIX E	TITLE VI COMPLAINT FORM
APPENDIX F	PUBLIC PARTICIPATION PLAN
APPENDIX G	LANGUAGE ASSISTANCE PLAN
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APPENDIX J	TITLE VI EQUITY ANALYSIS

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 1.0 Title VI/Nondiscrimination Policy Statement and Management Commitment to Title VI Program

*49 CFR Part 21.7(a): Every application for Federal financial assistance to which this part applies shall contain, or be accompanied by, an assurance that the program will be conducted, or the facility operated in compliance with all requirements imposed or pursuant to [49 CFR Part 21].*

Marion Senior Services, Inc. d/b/a Marion Transit assures the Florida Department of Transportation that no person shall, on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and the Florida Civil Rights Act of 1992 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency.

Marion Senior Services, Inc. d/b/a Marion Transit further agrees to the following responsibilities with respect to its programs and activities:

1. Designate a Title VI Liaison that has a responsible position within the organization and access to the recipient's Chief Executive Officer or authorized representative.
2. Issue a policy statement signed by the Executive Director or authorized representative, which expresses its commitment to the nondiscrimination provisions of Title VI. The policy statement shall be circulated throughout the Recipient's organization and to the general public. Such information shall be published where appropriate in language other than English.
3. Insert the clauses of Section 4.5 of this plan into every contract subject to the Acts and the Regulations.
4. Develop a complaint process and attempt to resolve complaints of discrimination against Marion Senior Services. Participate in training offered on the Title VI and other nondiscrimination requirements.
5. If reviewed by FDOT or any other state or federal regulatory agency, take affirmative actions to correct any deficiencies found within a reasonable time period, not to exceed ninety (90) days.
6. Have a process to collect racial and ethnic data on persons impacted by the agency's programs.
7. Submit the information required by FTA Circular 4702.1B to the primary recipients (refer to Appendix A of this plan)

**THIS ASSURANCE** is given in consideration of and for the purpose of obtaining any and all federal funds, grants, loans, contracts, properties, discounts or other federal financial assistance under all programs and activities and is binding. The person whose signature appears below is authorized to sign this assurance on behalf of the agency.

\_\_\_\_\_  
Signature

Jennifer Martinez

Executive Director/Signatory Authority, Marion Senior Services, Inc. d/b/a Marion Transit,  
Date:, March 20, 2024

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 2.0 Introduction & Description of Services

Marion Senior Services, Inc. d/b/a Marion Transit submits this Title VI Program in compliance with Title VI of the Civil Rights Act of 1964, 49 CFR Part 21, and the guidelines of FTA Circular 4702.1B, published October 1, 2012.

Marion Senior Services, Inc. d/b/a Marion Transit is a sub-recipient of FTA funds and provides service in Marion County. A description of the current Marion Senior Services' system is included in Appendix B.

#### Title VI Liaison

Clayton Murch  
Transportation Director  
(352) 620-3519  
1101 SW 20<sup>th</sup> Court, Ocala, FL 34471

#### Alternate Title VI Contact

Renee Cunningham  
HR Director  
(352) 620-3501  
1101 SW 20<sup>th</sup> Court, Ocala, FL 34471

Marion Senior Services, Inc. d/b/a Marion Transit must designate a liaison for Title VI issues and complaints within the organization. The liaison is the focal point for Title VI implementation and monitoring of activities receiving federal financial assistance. Key responsibilities of the Title VI Liaison include:

- Maintain knowledge of Title VI requirements.
- Attend training on Title VI and other nondiscrimination authorities when offered by FDOT or any other regulatory agency.
- Disseminate Title VI information to the public including in languages other than English, when necessary.
- Develop a process to collect data related to race, gender, and national origin of service area population to ensure low income, minorities, and other underserved groups are included and not discriminated against.
- Implement procedures for the prompt processing of Title VI complaints.

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 2.1 First Time Applicant Requirements

*FTA Circular 4702.1B, Chapter III, Paragraph 3: Entities applying for FTA funding for the first time shall provide information regarding their Title VI compliance history if they have previously received funding from another Federal agency.*

### 2.2 Marion Senior Services, Inc. d/b/a Marion Transit is not a first-time applicant for FTA/FDOT funding. Annual Certifications and Assurances

In accordance with 49 CFR Section 21.7(a), every application for financial assistance from FTA must be accompanied by an assurance that the applicant will carry out the program in compliance with Title VI regulations. This requirement shall be fulfilled when the applicant/recipient submits its annual

*FTA Circular 4702.1B, Chapter III, Paragraph 2: Every application for financial assistance from FTA must be accompanied by an assurance that the applicant will carry out the program in compliance with the Title VI regulations.*

certifications and assurances. Primary recipients will collect Title VI assurances from sub-recipients prior to passing through FTA funds.

Marion Senior Services, Inc. d/b/a Marion Transit will remain in compliance with this requirement by annual submission of certifications and assurances as required by FDOT.

Primary (anticipated and received) funding sources:

<u>Grant</u>	<u>Purpose</u>	<u>Source</u>	<u>Typical Amount</u>
• 5310 Grant	Capital	Federal & Local	\$360,000
• 5311 Grant	Operating	Federal & Local	\$1,000,000
• TD Grant	Operating	State & Local	\$800,000
• ARP Grant	Operating	Federal	\$695,000
• CRRSAA Grant	Operating	Federal	\$802,000

### 2.3 Title VI Program Concurrence and Adoption

This Title VI Program was reviewed by FDOT on May 10, 2022. The Program was approved and adopted by Marion Senior Services' Board of Directors during a meeting held in October 2022. A copy of the meeting minutes and FDOT concurrence letter is included in Appendix C of this document.

**Commented [A1]:** Once your program plan is approved by FDOT, please update the date with the date of your concurrence letter.

Make sure to include a copy of your meeting minutes in which your board approved this plan.



## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 3.0 Title VI Notice to the Public

*FTA Circular 4702.1B, Chapter III, Paragraph 5: Title 49 CFR 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI.*

#### 3.1 Notice to Public

Recipients must notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI Program. The notice must include:

- A statement that the agency operates programs without regard to race, color and national origin
- A description of the procedures members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations
- A description of the procedure members of the public should follow in order to file a discrimination complaint against the grantee

An example of the Marion Senior Service's Title VI Notice to the Public can be found in Appendix D.

#### 3.2 Notice Posting Locations

The Notice to Public will be posted at many locations to apprise the public of Marion Senior Services' obligations under Title VI and to inform them of the protections afforded them under Title VI. At a minimum, the notice will be posted in public areas of Marion Senior Services' resource rooms, and on the Marion Senior Services' website at [marionseniorservices.org](http://marionseniorservices.org). Additionally, notices will be posted on transit vehicles.

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 4.0 Title VI Procedures and Compliance

*FTA Circular 4702.1B, Chapter III, Paragraph 6: All recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to member of the public.*

#### 4.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by Marion Senior Services' may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). Marion Senior Services investigates complaints received no more than 180 days after the alleged incident. Marion Senior Services will process complaints that are complete.

Once the complaint is received, Marion Senior Services will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Marion Senior Services has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Marion Senior Services may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within ten (10) business days, Marion Senior Services can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on Marion Senior Services' website ([marionseniorservices.org](http://marionseniorservices.org)).

#### 4.2 Complaint Form

A copy of the complaint form in English and Spanish is provided in Appendix E and on Marion Senior Services' website ([marionseniorservices.org](http://marionseniorservices.org)).

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 4.3 Record Retention and Reporting Policy

*FTA Circular 4702.1B, Chapter III, Paragraph 11: Primary recipients should assist their sub-recipients in complying with DOT's Title VI regulations, including the general reporting requirements.*

FTA requires that all direct and primary recipients document their compliance by submitting a Title VI Plan to their FTA regional civil rights officer once every three (3) years. Marion Senior Services, Inc. d/b/a Marion Transit will submit Title VI Programs to FDOT for concurrence on an annual basis or any time a major change in the Plan occurs.

Compliance records and all Title VI related documents will be retained for a minimum of three (3) years and reported to the primary recipient annually.

### 4.4 Sub-recipient Assistance and Monitoring

Marion Senior Services, Inc. d/b/a Marion Transit has no current sub-recipients. Marion Transit is required by FTA to ensure that sub-recipients of federal funds comply with all Title VI requirements. To meet this mandate, Marion Transit monitoring consists of collecting data through site visits, day-to-day technical assistance, and reports/forms. Marion Transit uses reports and site visits to determine if the sub-recipients are complying with the Title VI requirements as outlined in FTA Circular 4702.1B and their Title VI Plan.

Title VI Complaint procedures, Title VI Complaint Form, and a sample Title VI Notice have been developed and distributed by Marion Transit to its sub-recipients. Marion Transit also assists the sub-recipients with demographic maps for Title VI purposes upon request.

### 4.5 Contractors and Subcontractors

Marion Senior Services, Inc. d/b/a Marion Transit is responsible for ensuring that contractors are in compliance with Title VI requirements. Contractors may not discriminate in the selection and retention of any subcontractors. Subcontractors also may not discriminate in the selection and retention of any subcontractors. Marion Senior Services, Inc. d/b/a Marion Transit, contractors, and subcontractors may not discriminate in their employment practices in connection with federally assisted projects. Contractors and subcontractors are not required to prepare or submit a Title VI Plan. However, the following nondiscrimination clauses will be inserted into every contract with contractors and subcontractors subject to Title VI regulations.

#### Nondiscrimination Clauses

During the performance of a contract, the contractor, for itself, its assignees and successors in interest (hereinafter referred to as the "Contractor") must agree to the following clauses:

1. **Compliance with Regulations:** The Contractor shall comply with the Regulations relative to nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation (hereinafter, "USDOT") Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time,

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

(hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this Agreement.

2. **Nondiscrimination:** The Contractor, with regard to the work performed during the contract, shall not discriminate on the basis of race, color, national origin, sex, age, disability, religion or family status in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor shall not participate either directly or indirectly in the discrimination prohibited by section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.
3. **Solicitations for Subcontractors, including Procurements of Materials and Equipment:** In all solicitations made by the Contractor, either by competitive bidding or negotiation for work to be performed under a subcontract, including procurements of materials or leases of equipment; each potential subcontractor or supplier shall be notified by the Contractor of the subcontractor's obligations under this contract and the Regulations relative to nondiscrimination on the basis of race, color, national origin, sex, age, disability, religion, or family status.
4. **Information and Reports:** The Contractor shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the *Florida Department of Transportation, the Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or the Federal Motor Carrier Safety Administration* to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of a Contractor is in the exclusive possession of another who fails or refuses to furnish this information the Contractor shall so certify to the *Florida Department of Transportation, the Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or the Federal Motor Carrier Safety Administration* as appropriate and shall set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event of the Contractor's noncompliance with the nondiscrimination provisions of this contract, Marion Senior Services shall impose contract sanctions as appropriate, including, but not limited to:
  - a. withholding of payments to the Contractor under the contract until the Contractor complies, and/or
  - b. cancellation, termination or suspension of the contract, in whole or in part.
6. **Incorporation of Provisions:** The Contractor shall include the provisions of paragraphs (1) through (6) in every subcontract, including procurement of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto. The Contractor shall take such action with respect to any subcontract or procurement as the Marion Senior Services, Florida Department of Transportation, the Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or the Federal Motor Carrier Safety Administration may direct as a means of enforcing such provisions including sanctions for noncompliance.

### Disadvantaged Business Enterprise (DBE) Policy

As a part of the Public Transportation Grant Agreement (PTGA) with FDOT, Marion Senior Services and its contractors and subcontractors agree to ensure that Disadvantaged Business Enterprises as defined in 49

## **Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

CFR Part 26, as amended, have the opportunity to participate in the performance of contracts. Marion Senior Services and its contractor and subcontractors shall not discriminate on the basis of race, color, national origin, or sex in the performance of any contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of FDOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of the contract or such other remedy as the recipient deems appropriate.

### **E-Verify**

As a part of the PTGA with FDOT, vendors and contractors of Marion Senior Services, Inc. d/b/a Marion Transit shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the vendor or contractor while contracted with Marion Senior Services, Inc. d/b/a Marion Transit. Additionally, vendors and contractors shall expressly require any subcontractors performing work or providing services pursuant to work for Marion Senior Services, Inc. d/b/a Marion Transit shall likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor while working for Marion Senior Services, Inc. d/b/a Marion Transit.

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**5.0 Title VI Investigations, Complaints, and Lawsuits**

*FTA Circular 4702.1B, Chapter III, Paragraph 7: In order to comply with the reporting requirements of 49 CFR 21.9(b), FTA requires all recipients to prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin: active investigations....; lawsuits, and complaints naming the recipient.*

In accordance with 49 CFR 21.9(b), Marion Senior Services, Inc. d/b/a Marion Transit must record and report any investigations, complaints, or lawsuits involving allegations of discrimination. The records of these events shall include the date the investigation, lawsuit, or complaint was filed; a summary of the allegations; the status of the investigation, lawsuit, or complaint; and actions taken by Marion Senior Services, Inc. d/b/a Marion Transit in response; and final findings related to the investigation, lawsuit, or complaint. The records for the previous three (3) years shall be included in the Title VI Plan when it is submitted to [FDOT] and/or [other primary recipient].

Marion Senior Services, Inc. d/b/a Marion Transit has had no investigations, complaints, or lawsuits involving allegations of discrimination on the basis of race, color, or national origin over the past three (3) years. A summary of these incidents is recorded in Table 1.

**Table 1: Summary of Investigations, Lawsuits, and Complaints**

	<b>Date (Month, Day, Year)</b>	<b>Summary (include basis of complaint: race, color, or national origin)</b>	<b>Status</b>	<b>Action(s) Taken</b>
<b>Investigations</b>				
1.				
2.				
<b>Lawsuits</b>				
1.				
2.				
<b>Complaints</b>				
1.				
2.				

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 6.0 Public Participation Plan

*FTA Circular 4702.1B, Chapter III, Paragraph 4.a.4: Every Title VI Plan shall include the following information: A public participation plan that includes an outreach plan to engage minority and limited English proficient populations, as well as a summary of outreach efforts made since the last Title VI Plan submission. A recipient's targeted public participation plan of minority populations may be part of efforts that extend more broadly to include constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others.*

The Public Participation Plan (PPP) for Marion Senior Services was developed to ensure that all members of the public, including minorities and Limited English Proficient (LEP) populations, are encouraged to participate in the decision-making process for Marion Senior Services, Inc. d/b/a Marion Transit's Policy and service delivery decisions need to take into consideration community sentiment and public opinion based upon well-executed outreach efforts. The public outreach strategies described in the PPP are designed to provide the public with effective access to information about Marion Senior Services and to provide a variety of efficient and convenient methods for receiving and considering public comment prior to implementing changes to services. The PPP is included as Appendix F to this Title VI Plan.

#### Current Outreach Efforts

Marion Senior Services, Inc. is required to submit a summary of public outreach efforts made over the last three (3) years. The following is a list and short description of Marion Senior Services, Inc. recent, current, and planned outreach activities.

Event Date	Activity or Event	Location Name	Address	City	State	Zip Code
01/15/21	One:One Talk	Parkside Garden Apartments	621 NW 2nd Street	Ocala	FL	34475
05/06/21	Information Session	Evangeline Booth Apartments	2921 NE 14th Street	Ocala	FL	34474
05/19/21	Food Distribution	Belleview Church of Christ	12355 S Highway 441	Belleview	FL	34420
06/16/21	Food Distribution	St. Joseph's of the Forest Catholic Church	17301 Hwy 40	Silver Springs	FL	34488
03/18/21	Quarterly Senior Day	Marion Senior Services	1101 SW 20th Court	Ocala	FL	34471
06/17/21	Quarterly Senior Day	Marion Senior Services	1101 SW 20th Court	Ocala	FL	34471
07/21/21	Fresh Stop Bus	Marion Oaks Community Center	294 Marion Oaks Lane	Ocala	FL	34473

### Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

08/18/21	Fresh Stop Bus	New Mary Missionary Baptist Church	St. 4491 NW 27th Ave	Ocala	FL	34475
09/01/21	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
09/15/21	Community Outreach Event/Produce Giveaway	Progressive Union Missionary Baptist Church	8792 NW 38th Ave Rd	Ocala	FL	34482
10/20/21	Fresh Stop Bus	St. Joseph's of the Forest	17301 E Highway 40	Silver Springs	FL	34488
10/31/21	Bark in the Park Event	Ocala Downtown Market	310 SE 3rd Street	Ocala	FL	34471
11/14/21	Community Presentation	Christ the King Anglican Church	4440 SE 3rd Ave	Ocala	FL	34470
11/17/21	Community Presentation	Candler Hills Club	8575 SW 87th Circle	Ocala	FL	34481
11/17/21	Grateful for Grandparents Day/Produce Giveaway	United Way	1401 NE 3rd Street	Ocala	FL	34470
12/15/21	Fresh Stop Bus	Magnolia Walk Apartments	2603 SW 10th St	Ocala	FL	34474
01/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
01/19/22	Fresh Stop Bus	Papy's Place	9475 NE Jacksonville Road	Ocala	FL	32617
02/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
02/16/22	Fresh Stop Bus	Seventh Day Adventist Church	7620 S US Hwy 41	Dunnellon	FL	34432
03/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
03/07/22	Community Presentation	Ocala First United Methodist Church	1126 E Silver Springs Blvd	Ocala	FL	34470
03/16/22	Fresh Stop Bus	Bellevue Church of Christ	12355 S Highway 441	Bellevue	FL	34420
03/18/22	Community Event	College of Central Florida	3003 SW College Road	Ocala	FL	34474
03/30/22	Community Event	Ready, Set, Safe, Emergency Expo	1510 NW 4th Street	Ocala	FL	34475



### Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

05/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
05/10/22	Community Presentation	Pine Run Estates Neighbors Helping Neighbors	10379 SW 88th Terrace	Ocala	FL	34481
05/18/22	Fresh Stop Bus	Marion Oaks Community Center	280 Marion Oaks Lane	Ocala	FL	34473
06/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
06/02/22	Community Presentation	Dunnellon Caregiver Support Group	20351 Robinson Road	Dunnellon	FL	34431
06/12/22	Community Presentation	Church of the Advent	11251 SW Hwy 484	Dunnellon	FL	34431
06/15/22	Fresh Stop Bus	Magnolia Walk Apt	2601 SW 10th Street	Ocala	FL	34471
07/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
07/20/22	Fresh Stop Bus	New Hope Missionary Baptist Church	2240 NE 8th Lane	Anthony	FL	32617
08/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
08/17/22	Fresh Stop Bus	Progressive Union MBC	8792 NW 38th Avenue Road	Ocala	FL	34482
09/21/22	Fresh Stop Bus	Christ the King	4440 SE 3rd Avenue	Ocala	FL	34480
10/01/22	Commodity Supplemental Food Program - New Clients	N/A	Various Via Mail	Ocala	FL	34471
10/16/22	Bark in the Park 2nd Annual Event	Ocala Downtown Market	310 SE 3rd Street	Ocala	FL	34471
10/19/22	Fresh Stop Bus	New St. Mary Missionary Baptist Church	4491 NW 27th Avenue	Ocala	FL	34478
10/28/22	Community Health Expo	One Health Center	1714 SW 17th Street	Ocala	FL	34471
10/27/22	Oak Run Community Health Fair	Oak Run Community - Palm Grove	6951 SW 115th Street Road	Ocala	FL	34476
11/16/22	Fresh Stop Bus	Marion Senior Services	1101 SW 20th Court	Ocala	FL	34471

### Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

11/24/22	Marion Senior Services Community Thanksgiving Dinner	One Health Center	1714 SW 17th Street	Ocala	FL	34476
01/18/23	Fresh Stop Bus	Forest Community Center	7777 S. County Rd. 314A	Ocklawaha	FL	32179
02/15/23	Fresh Stop Bus	Marion Oaks Community Center	294 Marion Oaks Lane	Ocala	FL	34473
02/21/23	Ocala Lions Club	The Way Church	7173 SW ST 200	Ocala	FL	34476
02/27/23	Walk-In & Mailings	Marion Senior Services	1101 SW 20th Ct	Ocala	FL	34471
03/03/23	Caregiver Support Group	Dunnellon Public Library	20351 Robinson Rd	Dunnellon	FL	34432
03/07/23	CIL Expo	One Health Center	1714 SW 17th Ave	Ocala	FL	34471
03/09/23	Oak Run Recreation & Entertainment Co.	Oak Run Community	8885 SW 110th St	Ocala	FL	34481
03/10/23	ALF Living Expo	College of Central Florida	3001 SW College Rd	Ocala	FL	34471
03/15/23	Fresh Stop Bus	Magnolia Walk	2603 SW 10th St	Ocala	FL	34471
03/17/23	Parade of Seniors	College of Central Florida	3001 SW College Rd	Ocala	FL	34471
04/24/23	Pre-Assessment Event	The Church of Holy Faith	19924 West Blue Cove Dr.	Dunnellon	FL	34432
04/30/23	Walk-In & Mailings	Marion Senior Services	1101 SW 20th Ct	Ocala	FL	34471
04/30/23	CSFP New Clients	Marion Senior Services	1101 SW 20th Ct	Ocala	FL	34471
05/17/23	Fresh Stop Produce Event	Miracle Deliverance Center	1950 NW Blitchton Road	Ocala	FL	34475
05/22/23	Senior Farmers Market Nutrition Program	Marion Senior Services	1101 SW 20th Ct	Ocala	FL	34471

### Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

05/23/23	Senior Farmers Market Nutrition Program	MSS - Senior Community Center @ Dunnellon - The Church of the Holy Faith	19924 West Blue Cove Dr.	Dunnellon	FL	34432
05/24/23	Senior Farmers Market Nutrition Program	MSS - Forest Community Center	777 S. Hwy 314A	Ocklawaha	FL	32179
06/07/23	CSFP New Clients	Marion Senior Services	various via mail	Ocala	FL	34471
06/15/23	World Elder Abuse Awareness Day	One Health Center	1714 SW 17th Ave	Ocala	FL	34471
07/19/23	CSFP New Clients	Marion Senior Services	various via mail	Ocala	FL	34471
08/11/23	CSFP New Clients	Marion Senior Services	various via mail	Ocala	FL	34471
08/22/23	Senior Farmers Market Nutrition Program	Trinity Villas	3728 NE 8th Place	Ocala	FL	34479
09/13/23	CSFP New Clients	Marion Senior Services	various via mail	Ocala	FL	34471
09/20/23	Fresh Stop	Foxwood Farms	4705 NW 20th St	Ocala	FL	34482
09/29/23	Breast Cancer	One Health Center	1714 SW 17th Ave	Ocala	FL	34471
10/04/23	Fresh Stop	Boys and Girls Club	674 Silver Road	Ocala	FL	34472
10/06/23	CSFP New Clients	Marion Senior Services	various via mail	Ocala	FL	34471
10/18/23	Fresh Stop	Forest Community Center	777 S. Hwy 314A	Ocklawaha	FL	32179
10/26/23	Oak Run Health Fair	Oak Run Community	6951 SW 115th St Rd	Ocala	FL	34476
10/26/23	CSFP New Clients	Marion Senior Services	various via mail	Ocala	FL	34471
10/31/23	First Presbyterian Church	First Presbyterian Church	511 SE 3rd St	Ocala	FL	34471

### Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

11/08/23	CSFP New Clients	Marion Senior Services	1101 SW 20th Ct	Ocala	FL	34471
11/20/23	Fort King Presbyterian Church Group	Zoom Meeting		Ocala	FL	34471
11/27/23	Fresh Stop	Senior Center Anthony	2240 NE 86th Lane	Anthony	FL	32617
11/23/23	Community Thanksgiving Dinner	One Health Center	1714 SW 17th Ave	Ocala	FL	34471

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 7.0 Language Assistance Plan

*FTA Circular 4702.1B, Chapter III, Paragraph 9: Recipients shall take reasonable steps to ensure meaningful access to benefits, services, information, and other important portions of their programs and activities for individuals who are limited English proficient (LEP).*

Marion Senior Services, Inc. d/b/a Marion Transit operates a transit system within Marion County. The Language Assistance Plan (LAP) has been prepared to address Marion Senior Services, Inc. d/b/a Marion Transit's responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak, or understand English are LEP. In Marion Senior Services, Inc. d/b/a Marion Transit's service area 3.58% of the residents describes themselves as not able to communicate in English very well (Source: US Census). Marion Senior Services, Inc. is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP. Marion Senior Services, Inc. d/b/a Marion Transit has utilized the U.S. Department of Transportation (DOT) LEP Guidance Handbook and performed a four-factor analysis to develop its LAP. The LAP is included in this Title VI Program as Appendix G.

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 8.0 Transit Planning and Advisory Bodies

*FTA Circular 4702.1B, Chapter III, Paragraph 10: Recipients that have transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, must provide a table depicting the racial breakdown of the membership of those committees, and a description of efforts made to encourage the participation of minorities on such committees.*

Marion Senior Services, Inc. d/b/a Marion Transit has an elected Board of Directors that consists of 18 members.

Marion Senior Services, Inc. d/b/a Marion Transit will make efforts to encourage minority participation on the committee. These efforts are made by distributing information about the participation on the committee at public meetings and throughout the transit system. Marion Senior Services, Inc. d/b/a Marion Transit will utilize the minority population demographic maps included in Appendix I in order to focus on the areas in which the committee participation information is distributed.

The following is a breakdown of Marion Senior Services, Inc. d/b/a Marion Transit's Board of Directors broken down by race.

Black 12%

White 88%

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 9.0 Title VI Equity Analysis

*FTA Circular 4702.1B, Chapter III, Paragraph 4.a.8: If the recipient has constructed a facility, such as vehicle storage, maintenance facility, operation center, etc., the recipient shall include a copy of the Title VI equity analysis conducted during the planning stage with regard to the location of the facility.*

Title 49 CFR, Appendix C, Section (3)(iv) requires that “the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.” For purposes of this requirement, “facilities” does not include bus shelters, as they are considered transit amenities. It also does not include transit stations, power substations, or any other project evaluated by the National Environmental Policy Act (NEPA) process. Facilities included in the provision include, but are not limited to, storage facilities, maintenance facilities, operations centers, etc. In order to comply with the regulations, Marion Senior Services will ensure the following:

1. Marion Senior Services, Inc. d/b/a Marion Transit will complete a Title VI equity analysis for any facility during the planning stage with regard to where a project is located or sited to ensure the location is selected without regard to race, color, or national origin. Marion Senior Services, Inc. d/b/a Marion Transit will engage in outreach to persons potentially impacted by the siting of the facility. The Title VI equity analysis must compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site.
2. When evaluating locations of facilities, Marion Senior Services, Inc. d/b/a Marion Transit will give attention to other facilities with similar impacts in the area to determine if any cumulative adverse impacts might result. Analysis should be done at the Census tract or block group level where appropriate to ensure that proper perspective is given to localized impacts.
3. If Marion Senior Services, Inc. d/b/a Marion Transit determines that the location of the project will result in a disparate impact on the basis of race, color, or national origin, Marion Senior Services, Inc. d/b/a Marion Transit may only locate the project in that location if there is a substantial legitimate justification for locating the project there, and where there are no alternative locations that would have a less disparate impact on the basis of race, color, or national origin. Marion Senior Services, Inc. d/b/a Marion Transit must demonstrate and document how both tests are met. Marion Senior Services, Inc. d/b/a Marion Transit will consider and analyze alternatives to determine whether those alternatives would have less of a disparate impact on the basis of race, color, or national origin, and then implement the least discriminatory alternative.

Marion Senior Services, Inc. d/b/a Marion Transit has not recently constructed any facilities, nor does it currently have any facilities in the planning stage. Therefore, Your Community Transit does not have any Title VI Equity Analysis reports to submit with this Plan. Your Community Transit will utilize the demographic maps included in Appendix I for future Title VI analysis.

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**10.0 System-Wide Service Standards and Service Policies**

*FTA Circular 4702.1B, Chapter III, Paragraph 10: All fixed route transit providers shall set service standards and policies for each specific fixed route mode of service they provide.*

Marion Senior Services, Inc. d/b/a Marion Transit is not a fixed route service provider.



## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### 11.0 Appendices

APPENDIX A	FTA CIRCULAR 4702.1B REPORTING REQUIREMENTS FOR TRANSIT PROVIDERS
APPENDIX B	CURRENT SYSTEM DESCRIPTION
APPENDIX C	TITLE VI PLAN ADOPTION MEETING MINUTES AND FDOT CONCURRENCE LETTER
APPENDIX D	TITLE VI SAMPLE NOTICE TO PUBLIC
APPENDIX E	TITLE VI COMPLAINT FORM
APPENDIX F	PUBLIC PARTICIPATION PLAN
APPENDIX G	LANGUAGE ASSISTANCE PLAN
APPENDIX H	OPERATING AREA LANGUAGE DATA: Marion Senior Services' SERVICE AREA
APPENDIX I	DEMOGRAPHIC MAPS
APPENDIX J	TITLE VI EQUITY ANALYSIS

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

**Appendix A**

**FTA Circular 4702.1B Reporting  
Requirements for Transit Providers**

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

Every three years, on a date determined by FTA, each recipient is required to submit the following information to the Federal Transit Administration (FTA) as part of their Title VI Program. Sub-recipients shall submit the information below to their primary recipient (the entity from whom the sub-recipient receives funds directly), on a schedule to be determined by the primary recipient.

### General Requirements

*All recipients must submit:*

- Title VI Notice to the Public, including a list of locations where the notice is posted
- Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)
- Title VI Complaint Form
- List of transit-related Title VI investigations, complaints, and lawsuits
- Public Participation Plan, including information about outreach methods to engage minority and limited English proficient populations (LEP), as well as a summary of outreach efforts made since the last Title VI Program submission
- Language Assistance Plan for providing language assistance to persons with limited English proficiency (LEP), based on the DOT LEP Guidance
- A table depicting the membership of non-elected committees and councils, the membership of which is selected by the recipient, broken down by race, and a description of the process the agency uses to encourage the participation of minorities on such committees
- Primary recipients shall include a description of how the agency monitors its sub-recipients for compliance with Title VI, and a schedule of sub-recipient Title VI Program submissions
- A Title VI equity analysis if the recipient has constructed a facility, such as a vehicle storage facility, maintenance facility, operation center, etc.
- A copy of board meeting minutes, resolution, or other appropriate documentation showing the board of directors or appropriate governing entity or official(s) responsible for policy decisions reviewed and approved the Title VI Program. For State DOTs, the appropriate governing entity is the State's Secretary of Transportation or equivalent. The approval must occur prior to submission to FTA.
- Additional information as specified in Chapters IV, V, and VI, depending on whether the recipient is a transit provider, a State, or a planning entity (see below)

### Requirements of Transit Providers

*All Fixed Route Transit Providers must submit:*

- All requirements set out in Chapter III (General Requirements)
- Service standards
  - o Vehicle load for each mode
  - o Vehicle headway for each mode
  - o On time performance for each mode
  - o Service availability for each mode
- Service policies
  - o Transit Amenities for each mode
  - o Vehicle Assignment for each mode

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

*Transit Providers that operate 50 or more fixed route vehicles in peak service and are located in an Urbanized Area (UZA) of 200,000 or more people must submit:*

- Demographic and service profile maps and charts
- Demographic ridership and travel patterns, collected by surveys
- Results of their monitoring program and report, including evidence that the board or other governing entity or official(s) considered, was aware of the results, and approved the analysis
- A description of the public engagement process for setting the “major service change policy,” disparate impact policy, and disproportionate burden policy
- Results of service and/or fare equity analyses conducted since the last Title VI Program submission, including evidence that the board or other governing entity or official(s) considered, was aware of, and approved the results of the analysis

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

# **Appendix B**

## **Current System Description**

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### Current System Description

1. An overview of the organization including its mission, program goals and objectives.  
Marion Senior Services, Inc. d/b/a Marion Transit's current and long-term focus as a transportation provider is on maintaining the best-coordinated transportation system possible for this community. Our goal is to create a coordinated system with the objective of providing safe, reliable, timely and efficient transportation services to county residents.
2. Organizational structure, type of operation, number of employees, service hours, staffing plan and safety and security plan.  
Marion Senior Services, Inc. is a non-profit 501(c)(3) organization. Our organization is made up of 74 full-time employees, 31 part-time employees, and 113 volunteers. Our Executive Director is responsible for all of the day-to-day operations of our organization and reports directly to our Board of Directors (BOD). Our BOD is committed to this program. Transportation services are provided in accordance with the BOD's approved Operations Manual/System Safety/Security Program and its Transportation Disadvantaged Service Plan (TDSP). We will continue to operate at previous year (2020) service hours operating 32 full-time demand response routes.
3. Indicate if your agency is a government authority or a private non-profit agency.  
Marion Senior Services, Inc. d/b/a Marion Transit is a non-profit 501(c)(3) with a CTC agreement with the Marion County Board of County Commission. We have an executed CTC agreement dated July 1, 2020.
4. Who is responsible for insurance, training and management, and administration of the agency's transportation programs?  
Marion Senior Services, Inc. d/b/a Marion Transit's Transportation Director is responsible for training and management of our transportation program. All safety sensitive employees are required to complete FDOT approved safety and security training course as part of their new hire orientation. All new employees are also required to complete 80 hours of on-the-road drivers training, which includes riding with a training driver, behind-the-wheel training, and training on proper use of wheelchair lifts and securement devices. The Finance Director is responsible for annual renewal of all liability insurance for both FDOT and agency owned vehicles, as well as vehicle registration renewal. It is the Transportation Manager's responsibility to administer all aspects of the transportation program and to control access and usage of all agency vehicles.
5. Who provides vehicle maintenance and record keeping?  
Maintenance on all agency vehicles is provided by Advanced Tire Service. Advanced Tire Service employs ASE certified technicians with experience in working on commercial passenger vehicles of the type our agency uses. All maintenance is performed using the Preventative Maintenance Plan, which conforms to the State Vehicle Maintenance Guidelines set forth in the FDOT Preventative Maintenance Guidelines document. All vehicle files and driver files are kept on-site at our operations base located at 1101 SW 20<sup>th</sup> Court in Ocala and are maintained by the Fleet Safety Manager. All records are maintained and retained for a minimum of five (5) years.

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

6. Number of current transportation related employees  
Our transportation department has a total of 51 employees that include: 32 full-time drivers, 5 part-time drivers, 2 administrators and 12 support staff.
7. Who will drive the vehicle, number of drivers, CDL certifications, etc.?  
Only transportation employees that have completed all required safety and drivers training requirements will be allowed to drive the agency vehicles. None of our buses meet the criteria that require Commercial Driver's Licenses.
8. A detailed description of service routes and ridership numbers  
Transportation services provided through our program are available to transportation disadvantaged citizens of Marion County. We provide a wide range of trip purposes that include: medical, nutrition, shopping, social service, training, employment, social and recreation. Approximately .02% of the medical trips we provide are to medical facilities out of the county; therefore, our out of county services are directed to the nearby highway corridors that surround this community for optimum efficiency of trip duration and the most convenient route. Currently, our fleet consists of 23' and 24' cutaway buses and all are lift equipped. We also have a contract provider that can supplement any services that we are unable to accommodate. We prioritize grouping trips and multi-loading to the maximum extent possible. We make 300 passenger trips per day on average and leverage our fleet resources so that all vehicles are used in a responsible manner to provide full coverage and retire the vehicles at a consistent pace and appropriate age and mileage.

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

**Appendix C**

**Title VI Program Adoption Meeting  
Minutes and FDOT Concurrence Letter**



Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program



*Florida Department of Transportation*

RON DESANTIS  
GOVERNOR

420 W. Landstreet Rd.  
Orlando, FL 32824

JARED W. PERDUE, P.E.  
SECRETARY

May 10, 2022

Clayton Murch  
Marion Senior Services  
1101 SW 20<sup>th</sup> Court  
Ocala, Florida 34471

Re: 2022 Title VI Plan Review and Acceptance

Dear Mr. Murch:

The Department has completed a review of your agency's 2022 Title VI Plan Update. We find the Title VI plan to be in compliance with Section 49 Code of Federal Regulations, part 21 and Federal Transit Administration (FTA) Circular 4702.1B as well as the Department's Title VI Plan Guidance.

We appreciate the opportunity to review the document and ensure compliance with the federal and state requirements. Found in Attachment A of this notice is the FDOT District Five Title VI Sub-Recipient Compliance Monitoring Form used to verify Marion Senior Services' Title VI Plan. Please include a copy of this letter in the appendices of your agency's Title VI Plan as outlined in the Title VI requirements. The Department also recommends proper documentation of the receipt of acceptance letter in the plan's activity log.

If you have any questions, please contact me at (321) 319-8175 or e-mail [Jo.Santiago@dot.state.fl.us](mailto:Jo.Santiago@dot.state.fl.us).

Sincerely,

Respectfully,

A handwritten signature in black ink that reads "Jo Santiago". The signature is written in a cursive style and is contained within a white rectangular box with a thin black border.

Jo Santiago, C.P.M.

Transit Intermodal Supervisor  
FDOT District Five

JS/bg

Attachment A: FDOT District Five Title VI Sub-Recipient Compliance Monitoring Form

*Improve Safety, Enhance Mobility, Inspire Innovation*  
[www.fdot.gov](http://www.fdot.gov)

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Attachment A**

**FDOT - District Five Title VI Sub-Recipient Compliance Monitoring Form**

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

**FDOT District Five  
Title VI Program  
Sub-recipient Compliance Monitoring Form**



Agency Name: Marion Senior Services, Inc. d/b/a Marion Transit  
Title VI Liaison: Clayton Murch, Transportation Director  
Date of Review: February 25, 2022  
Fixed Route Provider:  Yes  No

**FDOT representative(s) and/or consultant(s) conducting review:**

Name: Ryan Wenger Title: Transportation Planner  
Phone: (407) 459-1615 Email: [rwenger@vbb.com](mailto:rwenger@vbb.com)

**Secondary reviewer:**

Name: Brendan Guess Title: Consultant for FDOT, District Five  
Phone: (407) 792-1635 Email: [Brendan.Guess@dot.state.fl.us](mailto:Brendan.Guess@dot.state.fl.us)

The Florida Department of Transportation (FDOT) is a primary recipient of various Federal Transit Administration (FTA) grants and in turn may administer sub-recipient funding to Florida agencies and organizations. Per the guidelines outlined in FTA C 4702.1B for recipients of FTA financial assistance to carry out USDOT Title VI regulations (49 CFR part 21), sub-recipients to the FDOT are required to submit Title VI Programs to the FDOT every three (3) years on a schedule determined by the FDOT. FDOT, as the primary recipient of FTA funding, is responsible for the monitoring of sub-recipients that are subject to Title VI regulations.

**All Appendices referenced in this checklist may be found in:**  
FTA Circular 4702.1B Title VI Requirements and Guidelines for Federal Transit Administration Recipients

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program



Requirement	Location	Yes	No	Comments
<b>Title VI Annual Certification and Assurances</b>				
Statement included in Program	Page 1-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Title VI Notice to the Public</b>				
Included in Program	Page 2-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List of public locations where notice is posted	Page 2-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Title VI Complaint Procedures Posted on Agency's website?	<a href="#">Website</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Text of procedure matches Appendix C - FTA C 4702.1B	Page A-2 – A-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appendix A
Title VI Complaint Form Posted on Agency's website?	<a href="#">Website</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appendix E shows a copy of the complaint form.
Public Notice specifies 3 classes of Title VI – race, color and national origin	Page 2-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Title VI investigations, complaints, and lawsuits: (Appendix E - FTA C 4702.1B)</b>				
List of transit-related active investigations conducted by FTA and entities other than FTA	Page 5-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit has had no investigations, complaints, or lawsuits involving allegations of discrimination on the basis of race, color, or national origin over the past three (3) years.
Lawsuits	Page 5-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Complaints naming the recipient	Page 5-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Public Participation Plan</b>				
Included copy of plan	Page F-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appendix F
Methods to engage minority and LEP population	Page G-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appendix G
Outreach efforts made since the last Title VI Program submission	Page 6-1 – 6-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See the table starting on page 6-1
<b>Language Assistance Plan for providing language assistance to persons with Limited English Proficiency (LEP)</b>				
Four Factor Analysis	Page G-3 – G-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appendix G

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program



Requirement	Location	Yes	No	Comments
Description of how the sub-recipient provides: <ul style="list-style-type: none"> <li>• Language assistance</li> <li>• Notice to LEP persons about availability</li> <li>• Monitors and evaluates the plan</li> <li>• Trains employees to provide assistance</li> </ul>	Page 4-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit has one sub-recipient
<b>Minority Representation on planning and advisory bodies</b>				
A table depicting the membership of non-elected committees and councils <ul style="list-style-type: none"> <li>• Broken down by race</li> <li>• Description of the process agency uses to encourage the participation of minorities</li> </ul>	Page 8-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit has an elected Board of Directors that consists of 18 members. <ul style="list-style-type: none"> <li>• White 89%</li> <li>• Black 11%</li> </ul>
<b>Title VI equity analysis if the sub-recipient has constructed a facility, such as a vehicle storage facility, maintenance facility, operation center, etc.</b>				
Completed equity analysis before site selection	Page 9-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit has not recently constructed any facilities, nor does it currently have any facilities in the planning stage
Analysis examines facilities with similar impacts at the block group/census tract level, considers and analyzes alternatives	Page 9-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Board meeting minutes, resolution, or other appropriate documentation</b>				
Included copy	Page C-2 – C-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appendix C
Shows Board of Directors/appropriate governing entity for policy decisions reviewed and approved the Title VI Program	Page C-2 – C-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appendix C

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program



**Title VI Fixed Route Transit Provider Requirements**

Service Standards				
Requirement	Location	Yes	No	Comments
<b>Vehicle load for each mode (ratio of passengers to the number of seats)</b>				
Provided vehicle load standards for peak and off-peak times for each mode of transit (fixed route, BRT, rail, etc.)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit is not a fixed route service provider.
<b>Vehicle headway for each mode (amount of time between buses arriving at a stop)</b>				
Provided vehicle headway standards for peak and non-peak service for each type of service (express, radial, feeder, etc.)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit is not a fixed route service provider.
<b>On time performance for each mode (as defined by agency, typically &gt; 1 minute early, or &gt; 5 late)</b>				
Provided on-time performance standard for each mode of transit (fixed route, BRT, rail, etc.)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit is not a fixed route service provider.
<b>Service availability for each mode (walking distance is generally defined as within ¼ or ½ mile from transit)</b>				
Provided percentage of residents in the service area that must be within walking distance of bus or rail service	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit is not a fixed route service provider.
<b>Transit amenities for each mode (seating, shelters, maps, schedules, electronic signage, waste receptacles)</b>				
Developed a policy that equitably distributes transit amenities across the system by mode	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit is not a fixed route service provider.
<b>Vehicle assignment for each mode of service</b>				
Developed a policy to equitably distribute vehicles across the system based on age, type, capacity, and/or technology	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Marion Senior Services, Inc. d/b/a Marion Transit is not a fixed route service provider.

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Appendix D**  
**Title VI Sample Notice to Public**

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program



### ***MARION TRANSIT***

- Marion Senior Services, Inc. d/b/a Marion Transit operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Marion Senior Services, Inc. d/b/a Marion Transit.
- For more information on Marion Senior Services, Inc. d/b/a Marion Transit's civil rights program, and the procedures to file a complaint, contact (352) 620-3071, email [cmurch@marionseniorservices.org](mailto:cmurch@marionseniorservices.org) or visit our administrative office at 1101 SW 20<sup>th</sup> Court, Ocala, FL 34471.  
For more information you may visit: [www.marionseniorservices.org](http://www.marionseniorservices.org).
- If information is needed in another language, contact (352) 620-3071



Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

# **Appendix E**

## **Title VI Complaint Forms**

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Marion Senior Services, Inc. d/b/a Marion Transit**

Title VI Complaint Form

**TITLE VI COMPLAINT FORM**

Consistent with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), the Agency has designated an individual as the Title VI/ADA Coordinator. The coordinator is responsible for accepting complaints of discrimination on the basis of race, color, national origin, sex, age, disability, religion and family status in the provision of services, activities, programs, or benefits provided by the Agency.

A complaint shall be submitted in writing within the following time frames:

- **Title VI: No later than 180 days from the date** of the alleged discrimination based on race, color, religion, sex or national origin.
- **ADA: No later than 60 days from the date** of the alleged discrimination of a qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of or be subjected to discrimination in programs, services or activities sponsored by Marion Senior Services, Inc.

Complaints shall include the name, address, and phone number of the complainant, along with the location, date and description of the problem. Complaints shall be processed in accordance with the applicable law.

Note: Marion Senior Services, Inc. does not discriminate based on race, color, national origin, sex, age, disability, religion or family status in any program or service. Persons with questions about nondiscrimination or those needing special accommodations under the ADA or language services should contact the **Transportation Director (352) 620-3071**.

To file a complaint, complete the form below and mail to Marion Senior Services, Inc. d/b/a Marion Transit at 1101 SW 20<sup>th</sup> Court, Ocala, FL 34471.

**Please submit this form in person at the address below, or mail this form to:**

**Marion Senior Services, Inc. d/b/a Marion Transit  
ATTN: Transportation Director  
1101 SW 20<sup>th</sup> Court  
Ocala, FL 34471**

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Submit a Civil Rights/ADA Complaint:**

**Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements (Circle):  
Large Print    Audio Tape    TDD    Other

**Section II**

Are you filing this complaint on your own behalf?     Yes\*     No

\*If you answered "yes" to this question, go to Section III

If not, please supply the name and relationship of the person for whom you are complaining for:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.     Yes     No

**Section III**

I believe the discrimination I experienced was based on (check all that applies):

Race     Color     National Origin     Gender     Religion     Disability     Age  
 Family Status

Date of Alleged Discrimination (Month, Day, Year)

\_\_\_\_\_

Explain as clearly as possible what happened and why you believe you discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses. Please include any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Section IV**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

- Federal Agency                       State Agency  
 Federal Court                       Local Agency  
 State Court

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section V**

Name of the agency complaint is against: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date required below.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Marion Senior Services, Inc. d/b/a Marion Transit**

Title VI Complaint Form

**TÍTULO VI FORMULARIO DE QUEJA**

De acuerdo con el Título VI de la Ley de Derechos Civiles de 1964 y la Ley de Estadounidenses con Discapacidades de 1990 (ADA), el Condado designó a un individuo como Coordinador del Título VI / ADA del Condado. El Coordinador es responsable de aceptar quejas de discriminación por motivos de raza, color, origen nacional, sexo, edad, discapacidad, religión y estado familiar en la prestación de servicios, actividades, programas o beneficios provistos por el Condado. Las quejas se presentarán por escrito dentro de los siguientes plazos:

**Título VI: a más tardar 180 días a partir de la fecha** de la supuesta discriminación

**ADA: a más tardar 60 días a partir de la fecha** de la supuesta discriminación

Las quejas incluirán el nombre, la dirección y el número de teléfono del demandante, junto con la ubicación, la fecha y la descripción del problema. Las quejas se procesarán de acuerdo con la ley aplicable.

El Condado de Marion no discrimina por raza, color, origen nacional, sexo, edad, discapacidad, religión o estado familiar en ningún programa o servicio. Las personas con preguntas sobre la no discriminación o aquellos que necesitan alojamiento especial bajo la ADA o los servicios de idiomas deben comunicarse con **Director de Transporte al (352) 620-3071**.

Para presentar una queja, complete el siguiente formulario y envíe por correo a Marion Senior Services, Inc. d/b/a Marion Transit al 1101 SW 20th Court, FL 34471.

**Envíe este formulario en persona a la siguiente dirección, o envíe este formulario por correo a:**

**Marion Senior Services, Inc. d/b/a Marion Transit  
ATTN: Transportation Director  
1101 SW 20th Court  
Ocala, FL 34471**

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

**Presentar una queja de Derechos Civiles / ADA:**

**Sección I**

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono (casa): \_\_\_\_\_ Trabajo: \_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_

Requisitos de formato accesible (círculo):

Letra grande      Cinta de audio      TDD      Otro

**Sección II**

¿Está llenando esta queja en su propio nombre?       Si       No

\* Si respondió "sí" a esta pregunta, vaya a la Sección III

De lo contrario, proporcione el nombre de la relación de la persona por la que se queja:

Nombre \_\_\_\_\_ Relación \_\_\_\_\_

Explique por qué ha solicitado un tercero:

Confirme que ha obtenido el permiso de la parte perjudicada si está presentando una demanda en nombre de un tercero.

Si       No

**Sección III**

Creo que la discriminación que experimenté se basó en (marque todo lo que corresponda):

Raza       Color       Origen Nacional       Género  
Estado  
 Edad       Religión       Discapacidad       familiar

Fecha de presunta discriminación (Mes, Día, Año) \_\_\_\_\_

Explique lo más claramente posible qué sucedió y por qué cree fue discriminado. Describe a todas las personas que estuvieron involucradas. Incluya la información del nombre y del contacto de la persona (s) que lo discriminó (si lo sabe), así como los nombres y la información

**Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

de contacto de cualquier testigo. Incluya cualquier otra información que nos ayude en nuestra investigación de las alegaciones. También proporcione cualquier otra documentación que sea relevante para esta queja.

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**Sección IV**

¿Ha presentado esta queja ante cualquier otra agencia federal, estatal o local, o ante cualquier tribunal federal o estatal?

Si                       No

En caso afirmativo, marque todo lo que corresponda:

Agencia Federal                       Agencia del Estado  
 Corte Federal                       Agencia Local  
 Tribunal Estatal

Proporcione información sobre una persona de contacto en la agencia / tribunal donde se present la queja.

Nombre: \_\_\_\_\_

Título: \_\_\_\_\_

Agencia: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

**Sección V**

El nombre de la queja de la agencia está en contra:

Persona de contacto: \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_

**Puede adjuntar cualquier material escrito u otra información que considere relevante para su reclamo.**

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

# **Appendix F**

## **Public Participation Plan (PPP)**



## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### Introduction

The Public Participation Plan (PPP) for Marion Senior Services was developed to ensure that all members of the public, including minorities and Limited English Proficient (LEP) populations, are encouraged to participate in the decision-making process for Marion Senior Services. Policy and service delivery decisions need to take into consideration community sentiment and public opinion based upon well-executed outreach efforts. The public outreach strategies described in the PPP are designed to provide the public with effective access to information about Marion Senior Services and to provide a variety of efficient and convenient methods for receiving and considering public comment prior to implementing changes to services. Marion Senior Services also recognizes the importance of many types of stakeholders in the decision-making process, including other units of government, metropolitan area agencies, community based organizations, major employers, passengers and the general public, including low-income, minority, LEP, and other traditionally underserved communities.

### Public Participation Goals

The main goal of the PPP is to offer meaningful opportunities for all interested segments of the public, including, but not limited to, low-income, minority and LEP groups, to comment, about Marion Senior Services and its operations. The goals for this PPP include:

- **Inclusion and Diversity:** Marion Senior Services will proactively reach out and engage low-income, minority, and LEP populations for the Marion Senior Services service area so these groups will have an opportunity to participate.
- **Accessibility:** All legal requirements for accessibility will be met. Efforts will be made to enhance the accessibility of the public's participation – physically, geographically, temporally, linguistically and culturally.
- **Clarity and Relevance:** Issues will be framed in public meetings in such a way that the significance and potential effect of proposed decisions is understood by participants. Proposed adjustments to fares or services will be described in language that is clear and easy to understand.
- **Responsive:** Marion Senior Services will strive to respond to and incorporate, when possible, appropriate public comments into transportation decisions.
- **Tailored:** Public participation methods will be tailored to match local and cultural preferences as much as possible.
- **Flexible:** The public participation process will accommodate participation in a variety of ways and will be adjusted over time as needed.

### Public Participation Methods

The methods of public participation included in this PPP were developed based upon best practices in conjunction with the needs and capabilities of Marion Senior Services and intends to achieve meaningful public participation by a variety of methods with respect to service and any changes to service. The public will be invited to provide feedback on the Marion Senior Services website ([marionseniorservices.org](http://marionseniorservices.org)) and

## **Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

all feedback on the site will be recorded and passed on to Marion Senior Services' management. The public will also be able to call the Marion Senior Services office at 352-620-3071 during its hours of operation. Feedback collected over the phone will be recorded and passed on to Marion Senior Services' management. Formal customer surveys to measure performance will be conducted periodically. The comments recorded as a part of these participation methods will be responded to as appropriate. Information/brochures regarding our services are accessible in Marion Senior Services' resource room and open to the public. Materials and news letters are disseminated at physician's offices , churches, health fairs, senior centers, and any public outreach event that Marion Senior Services, Inc. participates. Accessible formats are available upon request.

All information and materials communicating proposed and actual service adjustments will be provided in English and any other language that meets the "safe harbor" criteria.

### Public Hearing

Our Agency is not required to perform public hearings.

### LCB Meetings

LCB meetings are tentavely scheduled every third Thursday of each quarter. The Transportation Planning Office and Marion Senior Services, Inc. d/b/a Marion Transit provides information to the Board Members regarding issues, if any, and necessary action items.

Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

# **Appendix G**

## **Language Assistance Plan (LAP)**

## Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program

### I. Introduction

Marion Senior Services, Inc. d/b/a Marion Transit operates a transit system within Marion County. The Language Assistance Plan (LAP) has been prepared to address Marion Senior Services, Inc. d/b/a Marion Transit's responsibilities as they relate to the needs of individuals with Limited English Proficiency (LEP). Individuals, who have a limited ability to read, write, speak or understand English are LEP. In Marion Senior Services, Inc. d/b/a Marion Transit's service area there are 3,788 households or 2.44% who describe themselves as "Limited English Speaking" (Source: US Census). Marion Senior Services, Inc. d/b/a Marion Transit is federally mandated (Executive Order 13166) to take responsible steps to ensure meaningful access to the benefits, services, information and other important portions of its programs and activities for individuals who are LEP.

The U.S. Department of Transportation Handbook, titled "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers, (April 13, 2007) " (hereinafter "Handbook"), states that Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., and its implementing regulations provide that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity that receives Federal financial assistance (Handbook, page 5). The Handbook further adds that Title VI prohibits conduct that has a disproportionate effect on LEP persons because such conduct constitutes national origin discrimination (Handbook, page 5).

Executive Order 13166 of August 16, 2000 states that recipients of Federal financial assistance must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons (Handbook, page 6). Additionally, recipients should use the DOT LEP Guidance to determine how best to comply with statutory and regulatory obligations to provide meaningful access to the benefits, services, information and other important portions of their programs and activities for individuals who are LEP (Handbook, page 6). These provisions are included in FTA Circular 4702.1B in Paragraph 9 of Chapter III (pages III-6 to III-9).

For many LEP individuals, public transit is the principal transportation mode available. It is important for Marion Senior Services, Inc. d/b/a Marion Transit to be able to communicate effectively with all of its riders. When Marion Senior Services, Inc. d/b/a Marion Transit is able to communicate effectively with all of its riders, the service provided is safer, more reliable, convenient, and accessible for all within its service area. Marion Senior Services, Inc. d/b/a Marion Transit is committed to taking reasonable steps to ensure meaningful access for LEP individuals to this agency's services in accordance with Title VI. This plan will demonstrate the efforts that Marion Senior Services, Inc. d/b/a Marion Transit undertakes to make its service accessible to all persons without regard to their ability to communicate in English. The plan addresses how services will be provided through general guidelines and procedures including the following:

Identification: Identifying LEP populations in service areas Interpretation: Offering timely interpretation to LEP individuals upon request

Translation: Providing timely translation of important documents

Staffing: Identifying Marion Senior Services' staff to assist LEP customers

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Training: Providing training on LAP to responsible employees.

### II. **Four Factor Analysis**

The analysis provided in this report has been developed to identify LEP population that may use Marion Senior Services, Inc. d/b/a Marion Transit and identify needs for language assistance. This analysis is based on the "Four Factor Analysis" presented in the Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons, dated April 13, 2007, which considers the following factors:

1. The number and proportion of LEP persons in the service area who may be served or are likely to encounter a Marion Senior Services' program, activity or service.
2. The frequency with which LEP persons come in contact with Marion Senior Services' programs, activities or services.
3. The nature and importance of programs, activities or services provided by Marion Senior Services to the LEP population.
4. The resources available to Marion Senior Services and overall costs to provide LEP assistance

a. **Factor 1: The Number and Proportion of LEP Persons Served or Encountered in the Eligible Service Population**

Of the 154,996 households in the Marion Senior Services' service area 3,788 of them describe themselves as speaking English less than "very well". People of Hispanic descent are the primary LEP persons likely to utilize Marion Senior Services.

Appendix H contains a table which lists the languages spoken at home by the ability to speak English for the population within the Marion Senior Services' service area.

b. **Factor 2: The Frequency with which LEP Individuals Come into Contact with Your Programs, Activities, and Services**

The Federal guidance for this factor recommends that agencies should assess the frequency with which they have contact with LEP individuals from different language groups. The more frequent the contact with a particular LEP language group, the more likely enhanced services will be needed. Marion Senior Services, Inc. d/b/a Marion Transit has assessed the frequency with which LEP individuals come in contact with the transit system. The methods utilized for this assessment include analysis of Census data, examining phone inquiries, requests for translated documents, and staff survey. The majority of these interactions have occurred with LEP persons who mainly spoke Spanish.

c. **Factor 3: The Nature and Importance of the Program, Activity, or Service Provided by the Recipient to People's Lives**

Public transportation and regional transportation planning is vital to many people's lives. According to the Department of Transportation's *Policy Guidance Concerning Recipient's*

## **Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

*Responsibilities to LEP Persons*, providing public transportation access to LEP persons is crucial. A LEP person's inability to utilize public transportation effectively, may adversely affect his or her ability to access health care, education, or employment.

An on-board passenger survey was conducted in September of 2015 to collect data on usage of and access to the Marion Senior Services. According to the survey, the most common age among all the participants in the survey was 65 or older. This supports the fact that Marion Senior Services can be considered a senior transit service as most of its patrons are over the age of 65.

### **d. Factor 4: The Resources Available to the Recipient and Costs**

Marion Senior Services provides all services materials in Spanish as this population is the most prevalent in Marion County who don't speak English very well.

### **III. Language Assistance Plan**

In developing a Language Assistance Plan, FTA guidance recommends the analysis of the following five elements:

1. Identifying LEP individuals who need language assistance
2. Providing language assistance measures
3. Training staff
4. Providing notice to LEP persons
5. Monitoring and updating the plan

The five elements are addressed below.

#### **a. Element 1: Identifying LEP Individuals Who Need Language Assistance**

Federal guidance provides that there should be an assessment of the number or proportion of LEP individuals eligible to be serviced or encountered and the frequency of encounters pursuant to the first two factors in the four-factor analysis.

Marion Senior Services has identified the number and proportion of LEP individuals within its service area using United States Census data (see Appendix H). As presented earlier, 85.12% of the service area households speak English only. The largest non-English spoken language in the service area is Spanish. Of those households whose primary spoken language is Spanish, approximately 18.84% identify themselves as "Limited English Speaking".

#### **b. Element 2: Language Assistance Measures**

Federal Guidance suggests that an effective LAP should include information about the ways in which language assistance will be provided. This refers to listing the different language services an agency provides and how staff can access this information.

For this task Federal Guidance recommends that transit agencies consider developing strategies that train staff as to how to effectively deal with LEP individuals when they either call agency centers or otherwise interact with the agency.

## **Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

When an interpreter is needed, in person or on the telephone, first it should be determined what language is required. Marion Senior Services' staff has Spanish speaking employees available to assist with Spanish persons who don't speak English very well. Any other languages would require an interpreter. Marion Senior Services would contact the Ocala Police Department for their assistance first, then the University of Florida if further assistance was necessary. There are no translation services in Ocala, FL.

As for document translation, Marion Senior Services employs staff who have the capability to translate simple documents into Spanish.

### **c. Element 3: Training Staff**

Federal guidance states staff members of an agency should know their obligations to provide meaningful access to information and services for LEP persons and that all employees in public contact positions should be properly trained.

Suggestions for implementing Element 3 of the Language Assistance Plan, involve: (1) identifying agency staff likely to come into contact with LEP individuals; (2) identifying existing staff training opportunities; (3) providing regular re-training for staff dealing with LEP individual needs; and (4) designing and implementing LEP training for agency staff.

In the case of Marion Senior Services, the most important staff training is for Customer Service Representatives and transit drivers. Several representatives are bilingual in English and Spanish. The following training will be provided to Customer Service Representative:

1. Information on Title VI Procedures and LEP responsibilities
2. What language assistance is available
3. Documentation of language assistance requests
4. How to handle a potential Title VI/LEP complaint

### **d. Element 4: Providing Notice to LEP Persons**

Marion Senior Services will make Title VI information available in English and Spanish on the Agency's website. Key documents are written in English and Spanish. Notices are also posted in Marion Senior Services' resource office and on buses. Additionally, when staff prepares a document or schedules a meeting, for which the target audience is expected to include LEP individuals, then documents, meeting notices, flyers, and agendas will be printed in an alternative language based on the known LEP population.

### **e. Element 5: Monitoring and Updating the Plan**

The plan will be reviewed and updated on an ongoing basis. Updates will consider the following:

- The number of documented LEP person contacts encountered annually
- How the needs of LEP persons have been addressed
- Determination of the current LEP population in the service area
- Determination as to whether the need for translation services has changed

## **Marion Senior Services, Inc. d/b/a Marion Transit, Title VI Program**

- Determine whether Marion Senior Services' financial resources are sufficient to fund language assistance resources needed

Marion Senior Services understands the value that its service plays in the lives of individuals who rely on this service, and the importance of any measures undertaken to make the use of system easier. Marion Senior Services is open to suggestions from all sources, including customers, Marion Senior Services' staff, other transportation agencies with similar experiences with LEP communities, and the general public, regarding additional methods to improve their accessibility to LEP communities.

### **IV. Safe Harbor Provision**

DOT has adopted the Department of Justice's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP population. The Safe Harbor Provision stipulates that, if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be affected or encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations. Translation of non-vital documents, if needed, can be provided orally. If there are fewer than 50 persons in a language group that reaches the five percent (5%) trigger, the recipient is not required to translate vital written materials but should provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

Marion Senior Services, Inc. d/b/a Marion Transit's service area does have LEP populations which qualify for the Safe Harbor Provision.

The Safe Harbor Provision applies to the translation of written documents only. They do not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable. Marion Senior Services, Inc. d/b/a Marion Transit may determine, based on the Four Factor Analysis, that even though a language group meets the threshold specified by the Safe Harbor Provision, written translation may not be an effective means to provide language assistance measures.



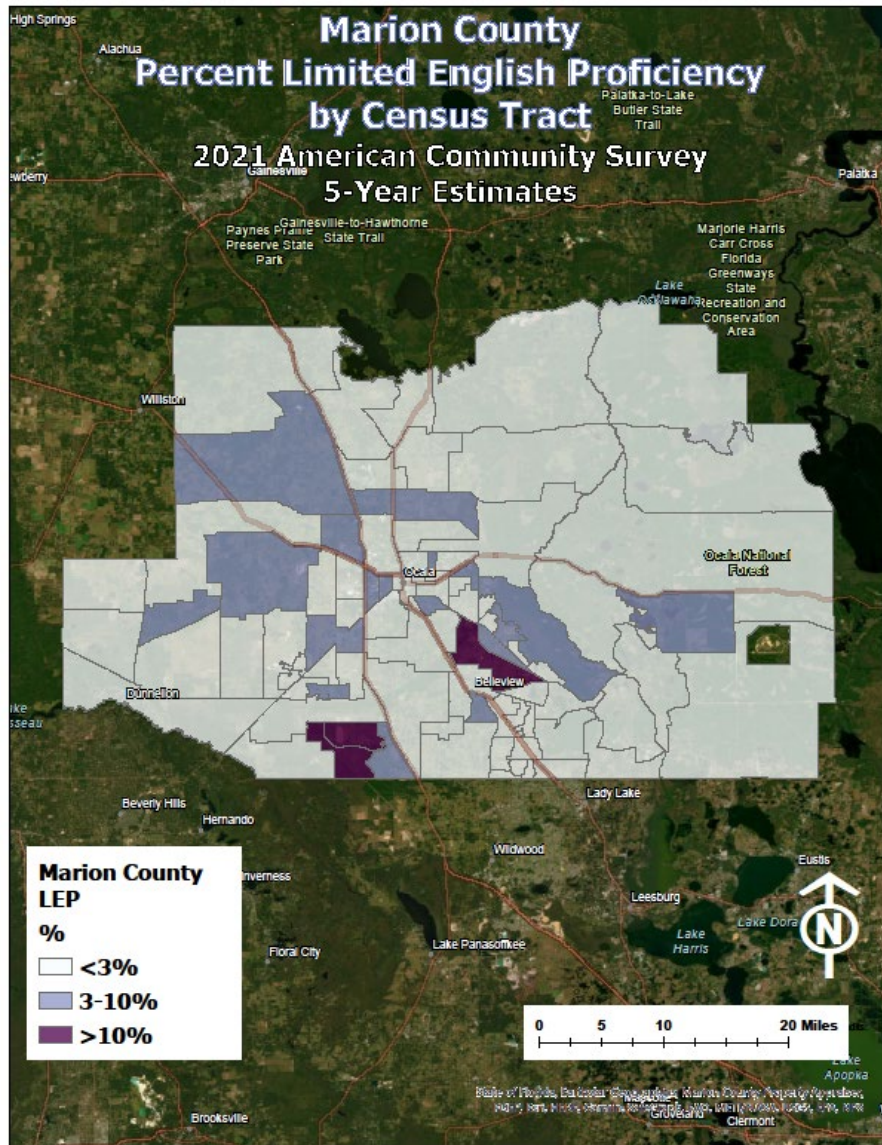
**Appendix H**  
**Operating Area Language Data:**  
**Marion Senior Services, Inc. d/b/a Marion**  
**Transit's Service Area**

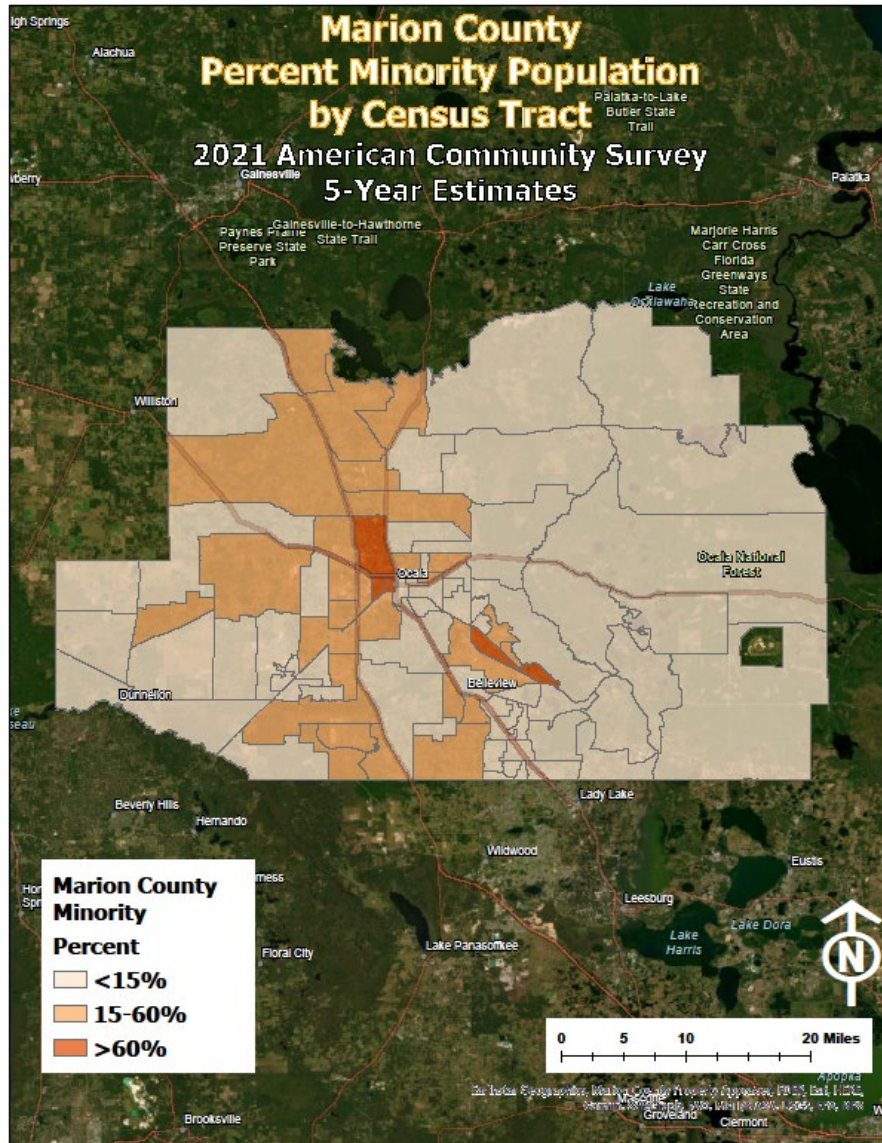
Marion County, Florida			
US Census 2022 ACS 5-Year Estimates			
Label	Estimate	Margin of Error	Percent of Population
Total:	154,996	±1,348	100.00%
English only	131,935	±1,566	85.12%
Spanish:	17,180	±810	11.08%
Limited English speaking household	3,237	±628	2.09%
Not a limited English speaking household	13,943	±961	9.00%
French, Haitian, or Cajun:	1,123	±275	0.72%
Limited English speaking household	48	±61	0.03%
Not a limited English speaking household	1,075	±264	0.69%
German or other West Germanic languages:	1,240	±340	0.80%
Limited English speaking household	9	±14	0.01%
Not a limited English speaking household	1,231	±340	0.79%
Russian, Polish, or other Slavic languages:	251	±137	0.16%
Limited English speaking household	21	±27	0.01%
Not a limited English speaking household	230	±128	0.15%
Other Indo-European languages:	1,276	±311	0.82%
Limited English speaking household	165	±107	0.11%
Not a limited English speaking household	1,111	±284	0.72%
Korean:	151	±93	0.10%
Limited English speaking household	72	±67	0.05%
Not a limited English speaking household	79	±76	0.05%

Chinese (incl. Mandarin, Cantonese):	239	±132	0.15%
Limited English speaking household	25	±36	0.02%
Not a limited English speaking household	214	±126	0.14%
Vietnamese:	234	±91	0.15%
Limited English speaking household	20	±35	0.01%
Not a limited English speaking household	214	±88	0.14%
Tagalog (incl. Filipino):	398	±168	0.26%
Limited English speaking household	42	±66	0.03%
Not a limited English speaking household	356	±153	0.23%
Other Asian and Pacific Island languages:	503	±154	0.32%
Limited English speaking household	75	±76	0.05%
Not a limited English speaking household	428	±130	0.28%
Arabic:	163	±104	0.11%
Limited English speaking household	23	±30	0.01%
Not a limited English speaking household	140	±105	0.09%
Other and unspecified languages:	303	±149	0.20%
Limited English speaking household	51	±60	0.03%
Not a limited English speaking household	252	±129	0.16%

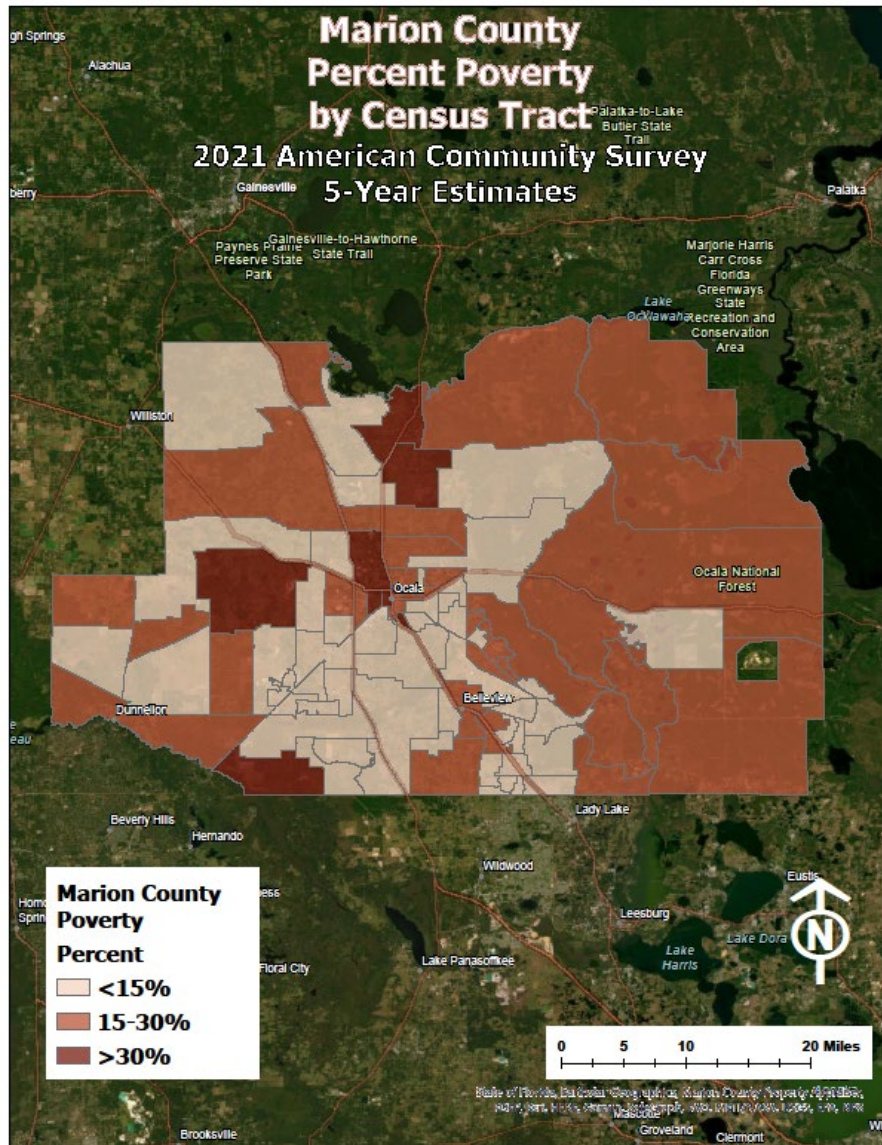
# **Appendix I**

## **Demographic Maps**









# GRIEVANCE PROCEDURES



## **COMPLAINT & COMPLIMENTS PROCEDURE**

### **1.0 Purpose**

1.1 This document spells out the proper procedure for handling Complaints or Compliments for Marion Transit. Because we provide a community service, the agency is subject to receiving complaints and/or compliments regarding our service, employees or both. *Unless received after business hours, callers should not be forwarded to a voicemail.*

Marion Transit strives to provide excellent service to our clients/customers.

#### **Customers have the right to:**

- File complaints without fear of retaliation;
- Prompt investigations and effective resolutions; and
- Current and complete program information.

#### **Customers are responsible for:**

- Filing complaints in a timely manner (state local time frame), and
- Providing CTC with pertinent information.

#### **Determination of complaint:**

- Title VI: Discrimination based on race, color, religion, sex, or national origin.
- ADA: Discrimination of qualified disabled individual, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity.

#### **Time Frame for complaints:**

- Title VI: No later than 180 days from the date of the alleged discrimination.
- ADA: No later than 60 days from the date of the alleged discrimination.
- Record retention of complaints filed is 5 years.

**Note:** Title VI / ADA Complaint form is available on Marion Transit webpage.

### **2.0 Roles Responsibilities**

**2.1 Supervisors/Managers** – responsible for ensuring that complaints are fully investigated in a timely manner. Proposed actions for improvement are documented and if warranted disciplinary action is taken. Compliments are also documented and discussed with the employee.

**2.2 Drivers/Employees** – responsible for providing a service to our customers that meet or exceed expectations. Notify their respective supervisor as soon as practical of any potential situation(s) that may cause someone to initiate a complaint against the agency and/or employee.

### **2.3 Office Assistant**

The Office Assistant should be the primary recipient of complaints or compliments. Callers of complaints or compliments will be transferred directly to the Office Assistant who will assess the nature of the incident to determine mitigation. For complaints, the Office assistant will speak with the caller immediately or as soon as possible thereafter and attempt the following:

1. Remedy the complaint, if possible.
2. Document the complaint and forward to a supervisor, if not possible.

**Note: Most complaints can be remedied and satisfy the caller if addressed immediately.**

### **3.0 Procedures**

Any Marion Transit employee can receive a compliment or complaint from a citizen. When a compliment or complaint is being made, the employee should first try to remedy the issue, if not then the Office Assistant will be the person responsible for receiving the complaint information/caller. The complaint or compliment is required to be documented with as much information including who, what, when, where, how, and why. Forms are available to document both types of incidents and may be accessed by contacting the Transit Office Assistant.

Once the incident is documented, it should be forwarded to the respective supervisor/manager for further investigation. The supervisor/manager will make the Transportation Director aware of the complaint or compliment and forward the report(s) once the investigation is completed.

*The Incident Tracker form will be utilized, and a tracking number will be assigned and documented on the form.*

In the case of a complaint, the supervisor/manager will propose actions to remedy the situation. Both the supervisor/manager and Transportation Director will determine outcomes.



Once a complaint or compliment is completed, copies of the report will be placed in the respective Marion Transit employee folder and Master File, by month/year.

The person making the complaint should be notified of the outcome, if warranted.

Complaints that may warrant severe disciplinary action will be brought to the attention of the Executive Director and Human Resources.

The MT Incident Tracker form will be utilized to track compliments or complaints.

Note: Copies of forms are attached.

+++ END +++

# GRIEVANCE PROCEDURES

## OCALA MARION TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

### **Article 1: Preamble**

The following will set forth the grievance procedures which shall serve to guide the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board (TDLCB). The Community Transportation Coordinator (CTC) will receive and attempt to satisfy any concerns by any person(s). If for any reason the complainant is not satisfied with the resolution determined by the CTC then the procedures herein will assist in acquiring a satisfactory resolution. This will provide procedures and policies for fulfilling the requirements of chapter 427, Florida Statutes, Rule 41-2 of the Florida Administrative Code (FAC), and subsequent laws setting forth requirements for the establishment of grievance procedures.

### **Article II: Name and Purpose**

Name: The Grievance Committee is a Subcommittee of the Transportation Disadvantaged Local Coordinating Board, but will hereinafter be referred to as the Grievance Subcommittee.

Purpose: The primary purpose of the Grievance Subcommittee is to process, investigate and make recommendations to any and all unresolved grievances and/or complaints. To provide a formal grievance process by the TDLCB to address concerns by any person or agency including but not limited to, users, potential users, agencies, and other interested parties. The Grievance Subcommittee will provide a mechanism for issues to be brought before the committee which shall meet as often as necessary to address unresolved complaints in a timely manner.

### **Article III: Definitions**

1. Community Transportation Coordinator (CTC): An entity and or person appointed to ensure that coordinated transportation services are provided to the transportation disadvantaged population in a designated service area.
2. A Grievance is defined as any ongoing service problem that interferes with accessing a major life activity, such as work, healthcare, employment, education, shopping, social activities, or other life sustaining activities.
3. Service Complaint: Any routine incidents and/or dissatisfaction that occur, are reported to the driver, dispatcher, or other individuals involved with the daily operations, and are

resolved within the course of a reasonable time period suitable to the complainant.

Service complaints may include but are not limited to:

- a. Late trips (late pickup, late drop off, and/or late returns)
  - b. No-show by Transportation Operator
  - c. No-show by client
  - d. Client Behavior
  - e. Driver Behavior
  - f. Passenger discomfort
  - g. Refusal of service to client for any reason
4. Formal Grievances: A written complaint to document any concerns or an unresolved service complaint regarding the operation or administration of TD services by the Transportation Operator, Community Transportation Coordinator, agencies, or Local Coordinating Board. Formal Grievances may include, but are not limited to:
- a. Chronic or unresolved service complaints
  - b. Violation of specific laws governing the provision of Transportation Disadvantaged Services (i.e., Chapter 427 of Florida Statutes, Chapter 41-2 of Florida Administrative Code and accompanying documents, Sunshine Law and/or ADA violations)
  - c. Contract disputes (Agencies/Operators)
  - d. Bidding disputes
  - e. Agency compliance
  - f. Conflicts of interest
  - g. Supplanting of funds
  - h. Billing and/or accounting procedure violation
  - i. Denials of applications for paratransit services

#### **Article IV: Membership**

1. Members of the Grievance Subcommittee shall serve on a voluntary basis and shall consist of at least five (5) voting members.
2. Each member of the Grievance Subcommittee shall serve at the discretion of the TDLCB.
3. The CTC shall not serve on the Grievance Subcommittee.
4. Grievance Subcommittee members will meet if a grievance is brought before the committee.

5. When a meeting of the Grievance Subcommittee is necessary, staff to the TPO shall schedule the meeting. Meetings shall be held at the time and place as the Grievance Subcommittee may determine.
6. The Members shall serve a term of one year, with allowances for multiple terms.
7. The Grievance Subcommittee shall elect a Chairperson and Vice-Chairperson.
8. A simple majority shall be present in any official action.
9. No voting member will have a vote on an issue that is deemed a conflict of interest.

#### **Article V: Filing Complaints and Grievances – STEP 1**

10. All formal grievances must contain the following:
  - a. Must submit in writing
  - b. Name and address of complainant
    - A clear and concise statement of the grounds for the grievance and supplemented by supporting documentation
    - Exact date and time of incident
    - Exact location of incident
    - Any witnesses to incident (including name and address)
    - Vehicle unit number, license number, color and type
    - Any other information affiliated with the complaint
  - c. An explanation by the complainant of the improvements needed to address the complaint

All written complaints can be sent to:

Marion Senior Services  
1101 SW 20<sup>th</sup> Court  
Ocala, Florida 34471

and/or

Ocala Marion TPO  
2710 E. Silver Springs Blvd.  
Ocala, Florida 34470

A complaint form has been created (see page 8) indicating all of the above-mentioned items.

11. The CTC must post the contact person and telephone number for access to information regarding reporting service complaints or filing a formal grievance in each of their vehicles in plain view of riders.

12. The CTC will have ten (10) working days from the date of notification of the complaint to address or investigate the problem.
13. The CTC will investigate the problem and respond in writing, within ten (10) working days of notification to the complainant as to what action was taken. Such action will contain an explanation of the facts that lead to the CTC's decision and provide a method or ways to bring about a resolution.
14. The Grievance Subcommittee and TDLCB Board will receive a copy of all grievances and responses.

#### **Article VI: Appeal Process – STEP 2**

1. If the complainant is dissatisfied with the CTC's response and/or recommendation they may file an appeal with the Grievance Subcommittee.
2. The complainant may only file after they have sought satisfaction directly from the CTC and received a response. Complainant must demonstrate that they have unsuccessfully attempted to resolve the issue with the CTC. Every effort will be made by the CTC to resolve service problems. However, if unable to resolve the problem and/or the complainant wishes to take further action, then the CTC will provide the complainant with assistance in following the Grievance Procedures.
3. The appeal must be filed within ten (10) days from the date of notification of final decision from the CTC.

The appeal must be in writing and addressed to:

Ocala Marion Transportation Planning Organization  
ATTN: TDLCB Grievance Subcommittee  
2710 E. Silver Springs Blvd.  
Ocala, Florida 34470

4. Once an appeal has been received, the Grievance Subcommittee shall meet and render its recommendation within thirty (30) working days of the date the appeal was filed.

5. The complainant shall be notified in writing of the mutually agreed upon date, time and place where the appeal shall be heard. This written notice shall be mailed at least ten (10) working days in advance of the meeting.
6. A written recommendation will be rendered to all parties involved within ten (10) working days from the date of the recommendation and will include the following, in writing:
  - a. Statement that a meeting was held and the involved parties were given an opportunity to present their position(s).
  - b. The issues discussed and clearly defined
  - c. Reason(s) for the recommendation based on the information provided
7. Grievance Subcommittee must report all grievances and recommendations to the full Transportation Disadvantaged Local Coordinating Board.

#### **Article VII: Appeal to the Transportation Disadvantaged Local Coordinating Board – STEP 3**

1. If the complainant is dissatisfied with the recommendation of the Grievance Subcommittee he/she may continue the appeal process with the TDLCB as follows.
2. The appeal must be in writing and filed within ten (10) working days from the date of final recommendation from the Grievance Subcommittee.
3. Appeal to the TDLCB can only be filed after the complainant has sought satisfaction directly from the Grievance Subcommittee.
4. The appeal should demonstrate a clear violation of a specific law, regulation, contractual agreement, or circumstance.

Address all appeals to:

Ocala Marion Transportation Planning Organization  
ATTN: TDLCB  
2710 E. Silver Springs Blvd.  
Ocala, Florida 34470

5. Once an appeal has been received, the TDLCB shall meet and render its recommendation within sixty (60) working days of the date the appeal was filed.



6. The complainant shall be notified in writing of the mutually agreed upon date, time and place where the appeal shall be heard. This written notice shall be mailed at least ten (10) working days in advance of the meeting.
7. A written recommendation will be rendered to all parties involved within ten (10) working days from the date of the recommendation and will include the following, in writing:
  - a. Statement that a meeting was held and the involved parties were given an opportunity to present their position(s).
  - b. The issues discussed and clearly defined
  - c. Reason(s) for the recommendation based on the information provided

#### **Article VIII: Appeal to the Commission for the Transportation Disadvantaged – STEP 4**

If the complainant is dissatisfied with the recommendation of the TDLCB, he/she may continue the process with the TD Ombudsman Program by calling the following number(s): 1-800-983-2435. For hearing and speech impaired customers call, 711 (Florida Only) Florida Relay System or (850) 410-5708 for TTY via written correspondence to:

Florida Commission for the Transportation Disadvantaged  
Attn: Ombudsman Program  
605 Suwannee Street, MS-49  
Tallahassee, FL 32399-0450

#### **Article IX: General**

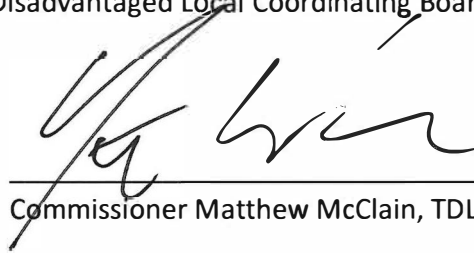
The Transportation Disadvantaged Local Coordinating Board Grievance Procedures may be amended by a two-thirds (2/3) vote of members present, if a quorum exists, and all Members have been notified of proposed changes at least seven (7) working days in advance of the meeting.

The implementation of these rules and procedures will ensure quality control and the ability to provide an impartial body to hear complaints and submit recommendations regarding the grievance as indicated.

Apart from this grievance/appeal process, aggrieved parties with proper standing may also have recourse through Chapter 120, Florida Statutes Administrative Hearing Process, or the judicial court system.

**CERTIFICATION**

The undersigned hereby certifies that he/she is the Chairperson of the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board and that the foregoing is a full, true and correct copy of the Grievance Procedures of this Local Coordinating Board as adopted by the Ocala Marion TPO Transportation Disadvantaged Local Coordinating Board on the 12th day of December 2024.



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Commissioner Matthew McClain, TDLCB Chairperson



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Robert Balmes, TPO Director

## COMPLAINT FORM

### OCALA MARION TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

Complainant(s) Name:	Complainant(s) Address:
Complainant(s) Phone Number:	Complainant(s) Email:
Complainant(s) Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.):	
Names of the Individual(s) Whom You Allege a Complaint Against (If Known):	
Name and Address of Agency, Institution, or Department Whom You Allege a Complaint Against:	

Date of incident:	Vehicle Unit/License No.-Color-Type	Time of Incident:
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Please list the name(s) and phone number(s) of any person, if known, that can be contacted for additional information to support or clarify your allegation(s):

Please explain as clearly as possible HOW, WHY, WHEN and WHERE is your alleged complaint. Include as much information as possible. Additional pages may be attached if needed.

Please indicate what would be an acceptable resolution:

Complainant(s) or Complainant(s) Representatives Signature:	Date of Signature:
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Please submit to: Address in the step process

Additional Pages are attached.

# TDLCB COMPLAINT TRACKING FORM

Name of Complainant: \_\_\_\_\_

**COMPLAINT TO THE CTC –STEP 1**

File Number \_\_\_\_\_

Date of 1<sup>st</sup>. Complaint: \_\_\_\_\_

Date of 1<sup>st</sup>. Resolution: \_\_\_\_\_

Action Taken (including date of letter): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPEAL = COMPLAINT TO THE TDLCB GRIEVANCE SUBCOMMITTEE – STEP 2**

Date of 2<sup>nd</sup> Complaint: \_\_\_\_\_

Date of 2<sup>nd</sup> Resolution: \_\_\_\_\_

Date of Subcommittee Hearing: \_\_\_\_\_

Action Taken (including date of letter): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPEAL = COMPLAINT TO THE TDLCB – STEP 3**

Date of 3<sup>rd</sup> Complaint: \_\_\_\_\_

Date of 3<sup>rd</sup> Resolution: \_\_\_\_\_

Date of TDLCB Hearing: \_\_\_\_\_

Action Taken (including date of letter): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPEAL = TO THE COMMISSION FOR THE TRANSPORTATION DISADVANTAGED – STEP 4**

Date sent: \_\_\_\_\_

If you need more space to explain please use the back of this form. 

**Marion Senior Services, Inc.**  
**dba Marion Transit**



**Title VI Complaint Form**  
Or  
**ADA Complaint Form**  
(Circle One)

Consistent with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), the Agency has designated an individual as the Title VI/ADA Coordinator. The Coordinator is responsible for accepting complaints of discrimination on the basis of race, color, national origin, sex, age, disability, religion and family status in the provision of services, activities, programs, or benefits provided by the Agency.

A Complaint shall be submitted in writing within the following time frames:

- **Title VI: No later than 180 days from the date** of the alleged discrimination based on race, color, religion, sex or national origin.
- **ADA: No later than 60 days from the date** of the alleged discrimination of a qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of or be subjected to discrimination in programs, services or activities sponsored by Marion Senior Services.

Complaints shall include the name, address, and phone number of the complainant, along with the location, date and description of the problem. Complaints shall be processed in accordance with the applicable law.

Note: Marion Senior Services, Inc. does not discriminate based on race, color, national origin, sex, age, disability, religion or family status in any program or service. Persons with questions about nondiscrimination or those needing special accommodations under the ADA or language services should contact the **Transportation Director (352) 620-3071**.

**Please submit this form via email to [transit@marionseniorservices.org](mailto:transit@marionseniorservices.org), in person at the address below, or mail this form to:**

**Marion Transit Services a Division of Marion Senior Services, Inc.**  
**ATTN: Transportation Director**  
**1101 SW 20<sup>th</sup> Court**  
**Ocala, FL 34471**

**Marion Senior Services, Inc.**  
**dba Marion Transit**



**Marion Senior Services, Inc.**  
**dba Marion Transit**



**Submit a Civil Rights Title VI/ADA Complaint:**

**Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements (Circle):

Large Print      Audio Tape      TDD      Other

**Section II**

Are you filling this complaint on your own behalf?       Yes\*       No

\*If you answered "yes" to this question, go to Section III

If not, please supply the name and relationship of the person for whom you are complaining for:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.       Yes       No

**Section III**

I believe the discrimination I experienced was based on (check all that applies):

Race    Color    National Origin    Gender    Religion    Disability    Age  
 Family Status

Date of Alleged Discrimination (Month, Day, Year)

\_\_\_\_\_

Explain as clearly as possible what happened and why you believe you discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses. Please include any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Marion Senior Services, Inc.**  
**dba Marion Transit**



**Marion Senior Services, Inc.**  
**dba Marion Transit**



**Section IV**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes                       No

If yes, check all that apply:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Federal Court  | <input type="checkbox"/> Local Agency |
| <input type="checkbox"/> State Court    |                                       |

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section V**

Name of the agency complaint is against:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date required below.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



ROUTING #  
24-10-50

# Complaint Report

## MARION TRANSIT

Date: 10/2/24

Bus # & Driver: #1902 Janine Coombs

Written By: Stacy Regis

Complaint made by: Betsy Porre

Address / Phone: Kenny's Place- 7677 SE 41<sup>st</sup> Ct Ocala FL 34480. PH; 352-286-1213 <sup>867</sup>

**Complaint Details:** Betsy Poore from Kenny's Place called in to complaint that Janine is overstepping her boundaries, and it is unacceptable. Janine is questioning the kids about why William Fuller is not with them anymore, and she is touching things that does not concerns her.

**Supervisor Comments:** Called Betsy, went over her issues with the driver. Spoke with the driver about the issues raised by Betsy. Driver understands what the issues are and will watch what her boundaries are when dealing with our clients

Supervisor Name & Signature: Joseph Bartolomeo 10/2/24

**Director Comments:** JOE BARTOLOMEO SPOKE WITH JANINE. SHE WAS INSTRUCTED TO MIND HER BUSINESS AND KEEP THINGS ON A PROFESSIONAL LEVEL

Director Signature & Date: Clayton M. Wood 10/2/2024



Date of complaint: February 14, 2024

Date of response: February 20, 2024

Clayton Murch, Transportation Director  
Marion Senior Services, Inc. dba Marion Transit  
1101 SW 20<sup>th</sup> Court  
Ocala, FL 34471

Ms. Lynn Wenner  
17217 SE 115<sup>th</sup> Terrace Rd.  
Summerfield, FL 34491

Dear Ms. Wenner:

I have reviewed the complaint placed with the Marion County TPO. We had previously committed to transporting your daughter to arrive at Transitions Life Center (TLC) at 9:30 AM on Mondays and Fridays. Due to increasing demand for service to all areas, including TLC, we have added several clients on the bus that your daughter had been transported on. Upon further investigation into the matter (based on your complaint), this has indeed caused us to not perform to our normal level of on-time performance.

As a solution to the timeliness of her arrival to TLC, we have sent an additional bus into the area and will be able to honor our previous commitment.

Thank you for bringing this matter to our attention. Should you encounter any other concerns, please do not hesitate to contact Marion Transit directly at (352) 620-3519

Sincerely,

Transportation Director, Marion Transit



Date of complaint: July 17, 2024

Date of response: July 18, 2024

Clayton Murch, Transportation Director  
Marion Senior Services, Inc. dba Marion Transit  
1101 SW 20<sup>th</sup> Court  
Ocala, FL 34471

Mr. James East  
19410 N US Hwy 301  
Citra, FL 32113

Dear Mr. East:

I have reviewed the complaint placed with the Marion County TPO. Per our phone discussion, I had a member of my team reach out to your dental office to see if there was a closer office that would not require you to be on the bus as long. Unfortunately, there was not a closer option. We adjusted our route schedule to accommodate your trip.

This letter serves as confirmation of your 7 – 8:00 AM pickup time on 7/26/2024. As per our arrangement, you will notify Marion Transit when your appointment is complete, and we will coordinate your trip home as quickly as available resources permit.

Thank you for bringing this matter to our attention. Should you encounter any other concerns, please do not hesitate to contact Marion Transit directly at (352) 620-3519

Sincerely,

Transportation Director, Marion Transit

# **ADVERSE INCIDENTS**

## UNUSUAL INCIDENTS INVOLVING CLIENTS

### 1.0 Purpose

**1.1.** This document spells out proper procedures for any unusual incidents involving a client in the custody of Marion Transit. Since the majority of our customers/clients have some type of disability, we must take special precautions and ensure that drivers are familiar with how to respond to various incidents that may occur. **Note:** *This policy and documentation is intended for incidents that are not a result of a traffic accident which has its own reporting procedure/policy.*

### 2.0 Roles and Responsibilities

**2.1 Supervisors** - responsible for ensuring that incidents are reviewed and measures are taken to prevent similar incidents from occurring again. Ensuring that medical personnel have been notified by the driver and/or dispatcher. Notifying the Transportation Director and/or Executive Director for any serious injuries.

**2.2 Drivers** – responsible for assisting the clients to prevent further unnecessary injuries or accidents from occurring. This includes our policy of assisting the client from door to door during transportation services. Immediately notify dispatch of any unusual incident followed up by notifying the duty supervisor. Provide comfort and/or assistance to mitigate further injuries to the client until relieved by medical personnel. Complete all necessary documentation of the incident utilizing the Client Incident Report.

### 3.0 Procedures

**3.1** For incidents where the client may be injured, 911 should be notified. Comfort or first aid depending on the situation and driver training should be considered until medical personnel arrive. Note: Clients may refuse medical attention, however, this must be documented.

**3.2** Drivers will complete the “Client Incident Report” and submit it to your respective supervisor by the end of shift and ensure the client agrees with the report and signs it if able. If not note why.

**3.3** Supervisors will review the incident and based on the review drivers may be subject to having a performance improvement plan initiated for not addressing deficiencies that may have mitigated the incident.

**3.4** Reports will be kept on file per SSPP Records Management retention plan.



## COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

### RECEIVING AND INVESTIGATING REPORTS OF ADVERSE INCIDENTS RELATED TO PARATRANSIT SERVICES PROVIDED TO PERSONS WITH DISABILITIES MODEL PROCEDURES

#### INTRODUCTION

Section 427.021, Florida Statutes, directs the Commission for the Transportation Disadvantaged (CTD) to establish “model procedures” for local governments and transportation service providers to receive and investigate reports related to adverse incidents that occur during the provision of paratransit services. This document provides a model to assist local governments and their contracted transportation service providers in developing and implementing procedures within their own paratransit operations.

#### STATUTORY LANGUAGE

Chapter 2024-171, Laws of Florida, creates Section 427.021, Florida Statutes, which provides:

- (1) For purposes of this section, the term “transportation service provider” means an organization or entity that contracts with a local government to provide paratransit services to persons with disabilities. This term does not apply to the department.<sup>1</sup>
- (2) The Commission for the Transportation Disadvantaged shall establish model procedures for transportation service providers to receive and investigate reports related to adverse incidents during the provision of services to persons with disabilities. The procedures must include a periodic review of ongoing investigations and documentation of final outcomes thereof. At a minimum, the investigation of an adverse incident must commence within 48 hours after receipt of the report.
- (3) Reports of adverse incidents received by the local government or the transportation service provider shall be submitted on a quarterly basis to the Commission for the Transportation Disadvantaged.

Section 427.011(9), Florida Statutes, defines “paratransit” as “those elements of public transit which provide service between specific origins and destinations selected by the individual user with such service being provided at a time that is agreed upon by the user and provider of the service. Paratransit service is provided by taxis, limousines, ‘dial-a-ride,’ buses, and other demand-responsive operations that are characterized by their nonscheduled, nonfixed route nature.”



<sup>1</sup> “Department” refers to the Florida Department of Transportation

## **PROCEDURES GUIDANCE**

Pursuant to s. 427.021, F.S., each transportation service provider (henceforth referred to as “provider”) should develop and implement procedures regarding the receipt and investigation of adverse incidents that occur during the provision of paratransit services to persons with disabilities. The procedures should:

1. Describe the reporting mechanisms the public can utilize to report adverse incidents to the provider.
2. Describe the process used by the provider to monitor those reporting mechanisms for incoming reports. The provider should ensure that reporting mechanisms are monitored regularly to allow the provider to begin an investigation of an adverse incident as soon as possible.
3. Describe how the reporting mechanism is promoted to the public, including, at a minimum, to be displayed on the provider’s website and displayed on vehicles.
4. Describe the provider’s expectations of personnel (i.e., drivers, operators, leadership, etc.) when a report of an adverse incident is received, including documenting and internally sharing the report.
5. Identify how the provider trains its personnel to receive, document, share, investigate, and follow-up on reports of adverse incidents. The provider should document the content of the training, who receives the training and when, and maintain that documentation for a set period of time. The provider should assess the need for periodic refresher training.
6. Identify how a provider stores documentation related to reports, including the assigning of a tracking number for each report of an adverse incident and the retention period of documentation.
7. Identify the provider’s personnel (such as an “Adverse Incident Manager”) responsible for investigating reports of adverse incidents, documenting the investigation, reviewing the investigation, closing the investigation, and transmitting the reports to the CTD on a quarterly basis.
8. Include a statement that an investigation must commence within 48 hours of receipt of the report and include a requirement that the provider periodically review ongoing investigations.
9. Include a policy that requires the provider to review any available video, recordings, or photographs to establish facts surrounding a reported adverse incident.

10. Require the identification of causal and contributing factors that led to an adverse incident. Causal and contributing factors should be documented in the investigation report.
11. Require that the provider identify, and document mitigations taken to eliminate factors that contributed or caused an adverse incident.
12. Require that the provider document actions taken by the provider's personnel during and after the adverse incident.
13. Require the provider document any corrective actions and their timelines that the provider identifies in response to an adverse incident.

**REQUIRED QUARTERLY REPORTING:**

The provider must compile documentation and summarize information for each reported adverse incident and complete the Commission for the Transportation Disadvantaged Adverse Incident Report form (attached). Exclude names and personal information, providing only information regarding the incident and any following action as needed. An Adverse Incident Report must be submitted for each qualifying incident.

Adverse Incident Report forms must be submitted to the CTD no later than the last day of the month following the end of the quarter. The first report due is for the quarter of January 1 through March 31, 2025, which must be submitted to the CTD no later than April 30, 2025. Reports should be emailed to: [FLCTDAdverseIncidentReport@dot.state.fl.us](mailto:FLCTDAdverseIncidentReport@dot.state.fl.us)

+++ END +++

**COMMISSION FOR THE TRANSPORTATION DISADVANTAGED**

**ADVERSE INCIDENT REPORT FORM  
RELATED TO PARATRANSIT SERVICES PROVIDED TO PERSONS WITH DISABILITIES**

This form must be completed by a transportation service provider upon receipt of a report of an adverse incident. The form must be submitted to the Commission for the Transportation Disadvantaged for each incident no later than the last day of the month following the end of the quarter, beginning January 1, 2025. Reports should be emailed to: [FLCTDAdverseIncidentReport@dot.state.fl.us](mailto:FLCTDAdverseIncidentReport@dot.state.fl.us).

**REPORT STATUS:**

<input type="checkbox"/> Preliminary Report	<input type="checkbox"/> Under Investigation	<input type="checkbox"/> Investigation Closed
---	--	---

**TRANSPORTATION SERVICE PROVIDER INFORMATION:**

Organization Name:	█
Local Government Name: (Contracting for Paratransit Services)	█
Name of Person Completing Report:	█
Phone Number:	█
Email Address:	█
Date of Report:	█

**DESCRIPTION OF ADVERSE INCIDENT:**

Who, what, when, where, how, injury(ies). Exclude names and personal information, providing only information regarding the incident.

█
---

**FOLLOWUP ACTIONS:**

Briefly describe follow-up measures taken, including mitigation or corrective actions. At a minimum, this description must include a summary of investigation activities taken by the transportation service provider.

█
---



1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471 352-620-3519

## Marion Transit Performance Measures

- **Timing of advanced scheduling requests**

Marion Transit takes reservations at least three working days before appointment and up to two weeks in advance. Currently our county demographics play a large part in this, however, with new scheduling software (anticipated implementation 2026) Marion Transit will strive to reduce the minimum days required to schedule service.

- **On-time passenger pick-up**

Random manifests are reviewed periodically to monitor on-time performance. Adjustments are made after reviewing and discussed with the drivers for improved performance. Those passengers who live in outlying areas of Marion County are required to make their appointments during a window of time that allows transit to be able to pick them up and deliver them in a timely manner. This window may be adjusted to accommodate the client when there is not another alternative. *Marion Transit is in negotiations to purchase and install updated scheduling software that will help improve this as well as provide a more detailed “real-time” analysis – anticipated 2026 implementation.*

- **Improved routing to minimize passenger wait times**

It is one of the goals of Marion Transit to *minimize passenger dwell time*. We monitor this through rider surveys and driving time logs. *Marion Transit is in negotiations to purchase and install updated scheduling software that will help improve this as well as provide a more detailed “real-time” analysis – anticipated to be implemented in 2026.*

- **Error rates for passenger pick-up and drop-off**

This is monitored and addressed by occurrence but not necessarily a frequent event.

- **Collection of public posting of passenger satisfaction survey ratings**

Marion Transit conducts at least annual customer satisfaction surveys by actual passengers. These surveys are reviewed and analyzed with the overall results being posted on our Facebook page as well as website.

---

Agency: Marion Senior Services, Inc. d/b/a – Marion Transit  
Name of Responder: Clayton Murch, Transportation Director  
Email address: [cmurch@marionseniorservices.org](mailto:cmurch@marionseniorservices.org)  
Phone number: 352-620-3519

**MARION TRANSIT**  
*A Division of Marion Senior Services*  
**CLIENT INCIDENT REPORT**

Incidents are defined something that occurs where a client is potentially injured. They are to be reported to a supervisor immediately via radio or phone call. The Incident Report should be completed and submitted by the end of shift by the employee.

Date/Time: \_\_\_\_\_ Occurrence Address: \_\_\_\_\_

Incident location: \_\_\_\_\_

Subject Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Synopsis of incident: \_\_\_\_\_

\_\_\_\_\_

(Use additional sheets if more information is needed to explain incident)

What was done with ill or injured client: \_\_\_\_\_

\_\_\_\_\_

Was 911 called to respond? Yes or No (reason): \_\_\_\_\_  
(circle)

Hospital if transported: \_\_\_\_\_

Notifications (if any): Name / Phone #: \_\_\_\_\_

Relationship: Family - Friend - Other: \_\_\_\_\_  
(circle one)

Name, address, phone # of witnesses/passenger's present: \_\_\_\_\_

\_\_\_\_\_

Subject Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject refused treatment (initial): \_\_\_\_\_  
(Have subject initial only if they refused treatment)

\*\*\*\*\*

Employee Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

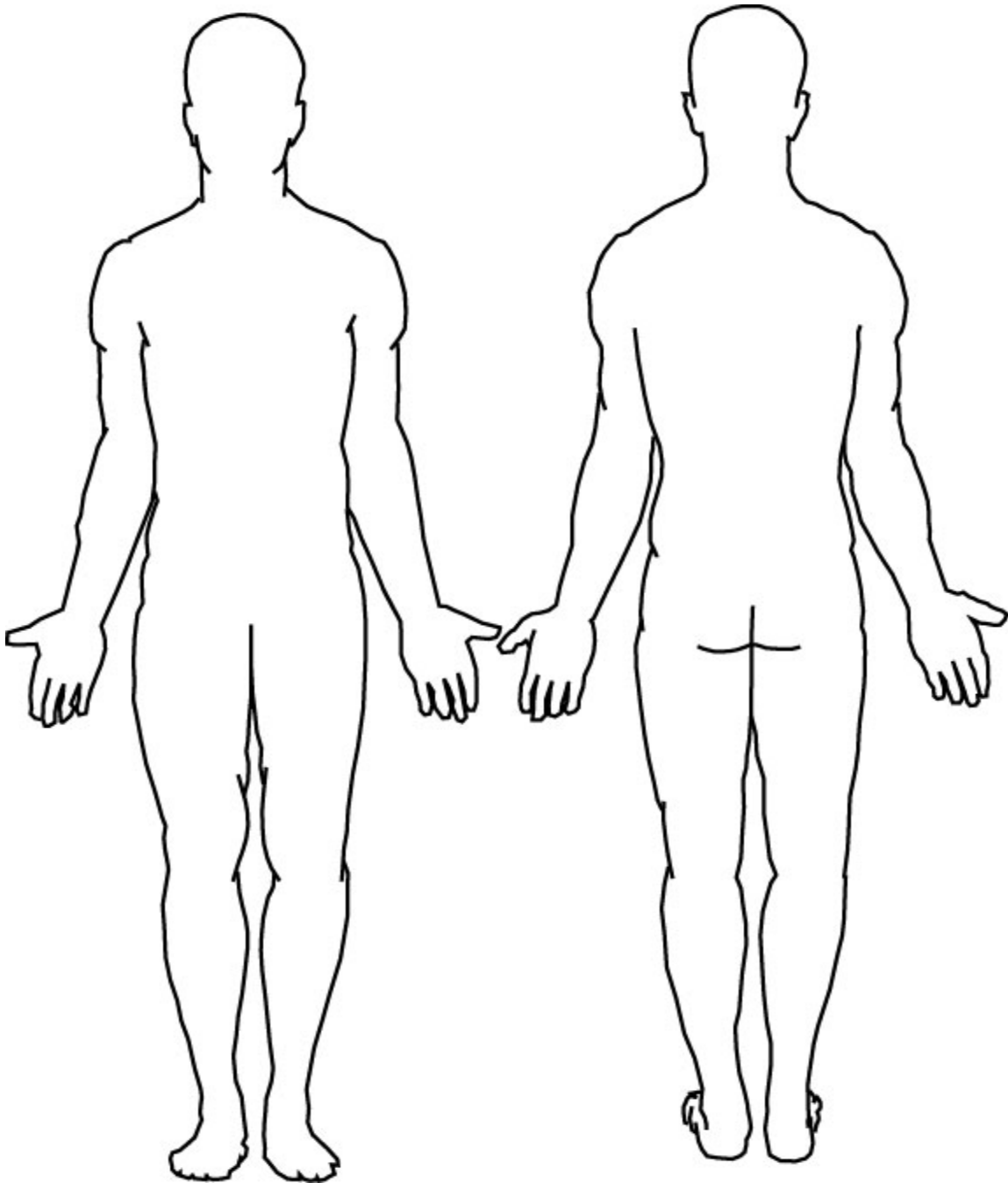
Director Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

***MARIONTRANSIT***  
*A Division of Marion Senior Services*  
**CLIENT INCIDENT REPORT**

Subject Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe any injuries, where and how they occurred: \_\_\_\_\_

---



**VEHICLE  
PERFORMANCE &  
DRIVER TRAINING**

# MARION TRANSIT



## DRIVER TRAINING MANUAL

\*\*\*

## Operational Procedures

*A division of:*





# MARION TRANSIT

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# MARION TRANSIT

## INTRODUCTION

### Mission

*“Is to provide public transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”*

### Goals

- ✓ High Passenger Satisfaction
- ✓ On-time Performance
- ✓ Minimized Passenger Dwell (wait) Time
- ✓ Passenger Safety
- ✓ Deliver Excellent Customer Service
- ✓ Safe Driving

**M**arion Transit is a Division of Marion Senior Services, Inc. established in 1973. We are a private not-for-profit 501(c)(3) agency who serves as the Marion County Community Transportation Coordinator (CTC). We do not discriminate by race, sex, age, sexual orientation or heritage and are *governed by Florida State Statute Chapter 427 and Rules 14-90 and 41-2.*

As a paratransit provider Marion Transit schedules, over 400 trips a day to meet the transportation needs of our disadvantaged citizens. Trips include medical appointments, life-sustaining nutritional needs, employment related services, education and recreation. Origin to destination transportation services is provided to qualified clients that include the elderly and persons with disabilities. We have a fleet of between 40 and 50 cutaway (24' or less) passenger buses. Combined our buses average over 1 million miles per year.

Our operating hours are typically Monday through Friday beginning at 5:00am until approximately 7:00pm (or the last bus has returned to the yard). Saturday is by appointment only and closed on Sunday's. Reservations is available Monday through Friday from 8:00am until 5:00pm. MT drivers average 8 hours of driving per day.

***Per rule 14-90, a driver shall not be permitted or required to drive more than 12 hours in a 24-hour period or drive after having been on duty for 16 hours in a 24-hour period. A driver shall not be permitted to drive until the requirement of a minimum eight consecutive hours of off-duty time has been fulfilled. A driver's work period shall begin from the time he or she first reports for duty to his or her employer. A driver is permitted to exceed his or her regulated hours in order to reach a regularly established relief or dispatch point, provided the additional driving time does not exceed one hour.***

# MARION TRANSIT

**Note: It is the driver's responsibility to review their respective daily manifest so they know when to report for duty paying special attention to client "appointment" times.**

This manual covers the following:

- Vehicle Safety Inspections
- Defensive and Safe Driving Procedures
- Driver Sensitivity and Passenger Relations

We stress three critical and essential points –

- #1. Professionalism
- #2. Common Sense and
- #3. Safe Transportation.

## **Three Critical and Essential Points**

- ✓ **PROFESSIONALISM** – This is important because professionalism is the key to any successful program. A driver demonstrates professionalism by conducting thorough vehicle safety inspections. The inspections not only create an awareness of the vehicle's safety status but also assist in maintaining a good safety record for the company. This also helps protect you as a driver. Safety inspections can be efficient and less time consuming by using a good checklist. A driver also demonstrates professionalism by dealing with the passengers in a patient and courteous manner. Such treatment makes the passengers feel safer and more secure when they ride on the vehicle. Professionalism is even further demonstrated when the driver uses defensive and safe driving procedures. Being professional is something that is expected!
- ✓ **COMMON SENSE** – This is vital since no presentations can cover all possible situations that can (and will) be encountered during vehicle inspections and relationships with special transit passengers. Common sense is important for defensive drivers since they must drive under the assumption that *other* drivers don't use common sense and not all potentially dangerous situations can be addressed in a single training program. Simply put, you must use common sense in any situation.
- ✓ **SAFE TRANSPORTATION** – This is our GOAL! Of course, it is important to efficiently move people from one point to another, it is more important to move them SAFELY! Before loading your bus with passengers, it is important to make sure that the vehicle is as safe as possible before starting out by conducting a good vehicle safety inspection. Through the practice of good passenger

# MARION TRANSIT

relations, it is possible to solicit cooperation from passengers under the most difficult conditions. Passenger cooperation makes a driver's job easier and can help make the trips safer. Of course, good defensive driving techniques reduce crashes and make transportation safer as well.

Remember, **SAFETY IS NO ACCIDENT!**

## **Rule 14-90 Specific Driver Training**

This manual covers the following:

1. Bus transit system safety and operational policies and procedures.
2. Operational bus and equipment inspections.
3. Bus equipment familiarization.
4. Basic operations and maneuvering.
5. Boarding and alighting passengers.
6. Operation of wheelchair lifts and other special equipment.
7. Defensive driving.
8. Passenger assistance and securement.
9. Handling of emergencies and security threats.
10. Security and threat awareness.
11. Driving conditions.

Drivers will cover the following during ongoing Driver Safety training:

1. Communication and handling of unsafe conditions, security threats, and emergencies.
2. Familiarization and operation of safety and emergency equipment, wheelchair lift equipment, and restraining devices.
3. Application and compliance with all applicable federal and state laws, rules, and regulations.

**NOTE:** A complete copy of rule 14-90 is included in this manual along with our Zero-Tolerance Policy and Cell Phone Policy. The latest State of Florida Driver License Official Handbook is available online for the driver to reference.

This manual is designed to provide drivers with on-going refresher references for our system and is a guide used for training.

Continue to next page.

# MARION TRANSIT

## PART I: VEHICLE SAFETY

### OVERVIEW

Every time passengers board your vehicle they are entrusting you, the driver/operator, to transport them safely to their destinations. Inspecting your vehicle for safety defects prior to use is essential to upholding that trust and protecting yourself.

#### Safety

Industry standards along with federal regulations require drivers/operators to conduct a pre-trip inspection of their vehicles to ensure that the vehicles are highway ready and safe for passengers. This involves a very serious responsibility to check on-board safety equipment carefully and to inspect the inside and outside of the vehicle thoroughly before departing on your first trip each day the vehicle is used. Key safety items that must be checked include the horn, windshield wipers, mirrors, lights, brakes, tires, and wheels. A complete pre-trip inspection is conducted to ensure safety and identify any safety-related defects before the vehicle goes into service.

#### Security

In today's environment inspection activities should also include equipment security. Criminals and terrorists are known to tamper with safety-related equipment so that it malfunctions. They may also plant foreign objects, like bombs, to directly impact a vehicle.

Signs of vehicle tampering include:

- Scratches or marks made by prying tools
- Open or disturbed compartments and cabinets
- Unusually clean or dirty components
- Missing or unusual light bulbs
- Additional wires leading from battery
- Inconsistent or missing fuel, compressed air, hydraulic or electrical connections
- Items attached to vehicle, wheel wells or frame with magnets or duct tape
- Things that are out of place

If anything unusual, suspicious or threatening is seen or found during vehicle inspection, you should immediately notify your supervisor about your concern.

Marion Transit also requires a post-trip inspection to help identify problems encountered during service. You are required to report and document any vehicle problems encountered during your shift.

# MARION TRANSIT

## The Impact of Vehicle Inspections

Working as an Operations Manager, “Jane” entered the vehicle yard early one cold winter morning before pullout and noticed an odd sight. The vehicle coming toward her was leaving a deep trail in the gravel behind the driver/operator-side rear tire. The driver/operator was attempting to drive the vehicle, dead-flat tire and all, out for a morning route. Jane flagged the vehicle down and asked the driver/operator why he had not “pre-tripped” the vehicle before driving it. His first response was a sheepish, “but I did.” Jane silently pointed at the rear of the vehicle and the flat tire. He then admitted he had only given the vehicle the “once-over... lightly.”

In this situation, the driver/operator’s choice resulted only in embarrassment. But suppose it had been something less obvious: a knot on the same tire, or brake fluid leaking onto the wheel? The outcome may not have been as minor. During this program, we will show you how to make required safety inspections on your vehicle and how to perform inspections to passenger equipment. It will be up to you to carry out those inspections to ensure the safety of you and your passengers.

## Documentation

A sample Vehicle Operator Pre/Post Trip form is included in the Appendix. Refer to this, During a vehicle inspection be sure to properly document any problems you observe on the VOI form, and do not put a vehicle with a safety-related defect into service. Remember that documentation is as important as the pre-trip inspection itself. **Details are key.**

The exact location and nature of problems must be documented on the comment section of your pre- or post-trip form. For example, simply checking “Turn Signals” on your inspection form may not resolve a problem as quickly as, “left turn light *sometimes* remains on instead of flashing.”

## PRE-TRIP INSPECTION

There are four components to the pre-trip inspection: *the approach, under the hood, the walk around and on-board*. Breaking it into these four parts makes it easier to quickly identify signs of trouble. Repetition and routine are crucial. Consistently using the same method each time you do a pre-trip inspection will result in quicker and more accurate inspections. If inspecting the exterior of your vehicle clockwise makes most sense to you, do it that way. **Just remember to develop a routine and repeat it daily.**

## The Approach

- ✓ Determine if the vehicle is leaning to one side
- ✓ Check for body damage and signs of tampering
- ✓ Check the exhaust for signs of tampering or attached objects
- ✓ Look for oil or other fluid leaks, especially at “hot spots” such as the front under the engine and the rear under the differential.

# MARION TRANSIT

## Under the Hood

1. Unlock the vehicle and open the hood.
2. Do not start the vehicle for this portion of the inspection.
3. Check for signs of tampering or attached objects
4. Check all fluid levels that require a cold check:
  - ✓ Oil
  - ✓ Washer fluid – Ensure fluid is all weather rated for cold climates
  - ✓ Antifreeze – Most vehicles allow for a check to be made from the overflow reservoir, but you should also check the radiator cap to confirm there is no leakage
  - ✓ Battery – All fluid covers are secured and there is no corrosion on either the battery covers or the terminals and no additional wires are attached
  - ✓ Other fluids – Make note of any other fluids such as refrigerant or oil leaking from the A/C system
  - ✓ Power steering fluid or transmission fluid leaking from hoses or lines should also be noted even though fluid levels may not be checked until the engine is running
  - ✓ Brake fluid
  - ✓ Check all belts and hoses for wear: cracked or worn belts and hoses should be noted on your Pre-Trip
  - ✓ Check *all* belts including the fan, A/C compressor, water, power steering, and alternator



## The Walk Around

Prepare vehicle for the Walk-Around:

- ✓ Start the engine and turn the engine on fast idle (if so equipped); make sure the transmission is in neutral or park, as appropriate for the vehicle, and the parking brake is set
- ✓ Turn on the inside and outside lights and the 4-way flashers
- ✓ Turn on the heater or A/C, depending on weather
- ✓ Briefly test the horn and the windshield wipers and washer
- ✓ Instead of checking hoses for snugness: check for belt tension and condition

Exit vehicle and starting from the front door, walk counterclockwise noting:

- ✓ Front Curb Side
- ✓ Frame and underbody
- ✓ Right front tire, wheel, and wheel well
- ✓ Front door glass
- ✓ Side turn/4-way signal lights
- ✓ Clearance lights and reflectors

# MARION TRANSIT

- ✓ Mirrors and mirror mounts
- ✓ Front of Vehicle
- ✓ Frame and underbody
- ✓ Fluid leaks or abnormal engine noise
- ✓ Headlights (high & low); Note: Board vehicle to switch beams
- ✓ Check for body damage
- ✓ Windshield glass not chipped or cracked
- ✓ License plate present and secure
- ✓ Wipers blades not brittle or torn
- ✓ Turn signals/4-way flashers
- ✓ Clearance lights and reflectors
- ✓ Left Side – Front to Rear
- ✓ Mirrors and mounts
- ✓ Driver/operator's side window
- ✓ Frame and underbody
- ✓ Front and rear tires, wheels and wheel wells
- ✓ Side turn signals/4-way flashers
- ✓ Clearance lights and reflectors
- ✓ Check for body damage
- ✓ Passenger windows

## Rear of Vehicle

- ✓ Frame and underbody
- ✓ Brake lights (assisted or wall test after re-boarding vehicle)
- ✓ Turn signals/4-way flashers
- ✓ Clearance lights and reflectors
- ✓ Check for body damage
- ✓ Rear window glass
- ✓ License plate present and secure, light functioning
- ✓ Fluid leaks
- ✓ Rear to Front Curb Side
- ✓ Frame and underbody
- ✓ Right rear tires, wheel, and wheel well
- ✓ Clearance lights and reflectors
- ✓ Check for body damage
- ✓ Passenger windows

As you probably noticed, there were several recurring items to inspect as you walked around the vehicle:

- ✓ Frame and underbody
- ✓ Tire and rim checks
- ✓ Fluid leaks
- ✓ Body damage



# MARION TRANSIT

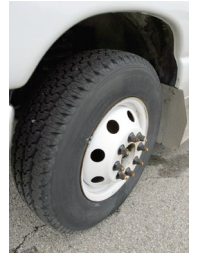
- ✓ Damaged or malfunctioning reflectors or clearance lights
- ✓ Condition of window glass

**NOTE: There is no way to properly check these items from one vantage point. To check each tire, all window glass, etc., you must perform a continual condition check as you walk around the vehicle.**

## Detailed Tire and Rim Check:

(Things to check for when inspecting)

- ✓ Tread depth – Make sure tread is not below the wear-bars, (the raised bar that runs perpendicular to the tread). Tread depth should be even from sidewall to sidewall.
- ✓ Each tire should be checked at the location showing the greatest wear.
- ✓ Sidewalls should be in good condition with no bulges or knots that may indicate cord separation.
- ✓ Look for nails or other objects in the tires. A nail or screw may not cause air to leak out immediately but may lead to a sudden flat if it goes undetected.
- ✓ Valve stems should be in good condition, not cut or cracked. One way to check stems is to flex the stem slightly from side to side and listen closely for leaking air.
- ✓ Check for cracks or dents on the wheel rims.
- ✓ Visually check the inflation of the tires. It is also important that tires be checked with a pressure gauge if available.
- ✓ Check for gear oil or brake fluid leaking onto the wheels.
- ✓ Rust around the wheel lug nuts may indicate that nuts are loose. Check to be sure they are tight. In no instance should a lug nut be missing.



## On Board

Passenger Seating Area:

- ✓ Check for items left by maintenance
- ✓ Ensure each seat mount is secured to floor
- ✓ Check for any torn or damaged seat cushions or frames
- ✓ Check seat belts (if applicable) for missing/worn parts
- ✓ Check for suspicious objects, light bulbs and any signs of tampering
- ✓ Check to see if flooring is clean, dry, and free from tears or loose mounting

Driver/Operator's Area

- ✓ Ensure fire extinguisher is on board and charged
- ✓ Ensure first aid and bio-hazard kits are on board and fully stocked
- ✓ Check for seat belt cutter and make sure it is within reach of your seated position
- ✓ Check for presence of three triangle reflectors or flares
- ✓ Ensure emergency equipment is secured in place
- ✓ Ensure your seat belt is in working order

# MARION TRANSIT

- ✓ Check operation and adjustments of your seat
- ✓ Check that all gauges and indicator lights are functioning properly
- ✓ Check that mirrors are adjusted for your seated position
- ✓ Check for signs of tampering or unusual objects
- ✓ Ensure a flashlight is on board
- ✓ Ensure a Jack handle is on board if the vehicle is wheelchair lift equipped

## Brakes –

Hydraulic (typically found on smaller transit vehicles)

- ✓ Pump brake pedal several times then hold down for 5 seconds
- ✓ Pedal should not move (depress further) during the 5 seconds it is held  
Down

## Stairwell

- ✓ Lights in stairwell are working properly
- ✓ Doors open and close appropriately
- ✓ Ensure no trip hazards or handrail obstructions

Lift and Lift Door (applies to both large and small transit vehicles)

- ✓ Doors open and close properly + shocks functioning
- ✓ Light above lift door turns on when door is opened
- ✓ Lift controls are secured, toggle switches and wiring harness in good shape
- ✓ Backup manual lift handle is present
- ✓ Lift cycles down/up, unfolds and folds properly, toe plate & rear plate working
- ✓ Check that no hydraulic fluid is leaking from lift pump
- ✓ Check deployed ramp alarm
- ✓ Check for signs of tampering or attached objects
- ✓ If the vehicle is equipped with additional securement devices (wheelchair extension securement straps, oxygen tank holders, etc.), these items need to be checked also.

## Wheelchair Securement

- ✓ Ensure an adequate number of securement devices and seat belts are available to secure all wheelchair positions
- ✓ Check that securement mechanisms function correctly and that belts are not torn or frayed
- ✓ Check that devices are properly stored, not left out on floor
- ✓ Make sure securement tracks are clean and free of debris
- ✓ Check presence & location of strap cutters

## EN ROUTE INSPECTION

While you are driving – watch gauges and use your senses (**Look, Listen, Smell, Feel**) to check for signs of trouble. If you see, hear, smell or feel anything unusual, check it out.

# MARION TRANSIT

## Looking for trouble

- ✓ Sudden drop in oil pressure on gauges
- ✓ Low or no oil pressure
- ✓ Excessive oil consumption
- ✓ Smoke or steam coming from under the dash or hood
- ✓ Scuffed tires or spotty wear
- ✓ Leaking fluid evident when vehicle is parked

## Listening for trouble

- ✓ Sharp knock when picking up speed
- ✓ Light knock when engine is idling
- ✓ Dull regular knock
- ✓ Clicking or tapping
- ✓ Continuous or intermittent squeal
- ✓ Loud exhaust noise
- ✓ Engine backfiring or sputtering, popping, or overheating
- ✓ Steaming or hissing from engine, cooling system, and/or brakes

## Smelling trouble

- ✓ Fuel (gasoline, CNG, propane, diesel)
- ✓ Burning rubber
- ✓ Burning oil
- ✓ Hot brakes
- ✓ Hot engine coolant or steam
- ✓ Hot electrical wires
- ✓ Exhaust fumes inside vehicle

## Feeling trouble

- ✓ Excessive vibration (engine, steering wheel, and/or drive line)
- ✓ Low or high speed shimmy
- ✓ Hard or wandering steering
- ✓ Excessive heat from a tire, wheel, or wheel well

## **WHEN YOU STOP DURING YOUR SHIFT:**

**Look at gauges, lights, tires and rims DURING EACH STOP: Listen, Smell or Feel for any signs of brake trouble WHEN USING THE LIFT: Look and Listen to ensure proper lift and securement function or detect fluid leaks coming from the lift mechanism.**

## **IF IT SMELLS LIKE SOMETHING IS BURNING,**

**and you don't see anything in the environment around to account for the smell, the something might be your vehicle! You should find a safe place to pull off the road as soon as possible. If the smell you observed continues or is accompanied by any sign of smoke or flame in or outside your vehicle, passengers should be evacuated immediately to a safe location. Notify dispatch!**

# MARION TRANSIT

## Defects -



## POST-TRIP INSPECTION

When you leave your vehicle, you should check to see:

- ✓ Parking brake is set and secure
- ✓ All passengers have exited vehicle
- ✓ No passengers' personal property was left on board
- ✓ All windows and hatches are closed, doors are locked
- ✓ Spray bus with disinfectant
- ✓ No signs of damage or vandalism are apparent inside or outside the vehicle

When changing vehicle assignments, relieving another driver/operator in service, or at the end of a shift, you should perform another vehicle inspection and fill out the appropriate Pre-post Trip form.

- ✓ Bus should be parked with a full fuel tank

*(Remember, critical safety defects should have been reported during your shift and would have led to a change of vehicle assignment.)*

Noting mechanical failures or other service problems allows repairs to be made and alerts the next person taking overuse of the vehicle to any problems.

### Vehicle Cleanliness -

**Our image is paramount.** It is the drivers' responsibility to keep their bus clean, both inside and outside!

- ✓ Outside – Drivers are encouraged to wash their buses at least once a week and if necessary more. Love bugs should be removed ASAP so they do not damage the exterior of the bus. The bus wash has brushes and cleaning supplies available as well as a dry vacuum.
- ✓ Inside – Drivers should ensure that the passenger compartment is kept clean and tidy. Floors need to be swept and mopped. Seats and handrails should have sanitizer used when cleaning. Dashboards should also be wiped down and always kept free of debris (paperwork) so that visibility isn't impaired.

**Spray sanitizer may be used throughout the day, but specifically at the end of the shift.**

# MARION TRANSIT

## PART II:

# DRIVER / OPERATOR SAFETY

### OVERVIEW

Defensive driving may appear, at first glance, to be those things that keep you out of harm's way as you drive your vehicle. For the transit driver/operator, however, it is much more. Defensive driving encompasses *all* aspects of your day, from the pre-trip inspection until your defect report is complete. It is a total process that helps ensure the safety of you, your passengers and others on the roadway.

Both you and the vehicle are equipped with defensive driving tools and equipment. On the vehicle this includes seat belts, brakes, mirrors, lights and turn signals. Your tools include your eyes, ears, nose, hands, feet, and – most importantly – your brain. With these tools, you acquire defensive driving skills including:

- ✓ The knowledge of you and your vehicle's capabilities and limitations  
**(do your homework)**
- ✓ The ability to survey what is on and near the road **(be alert)**
- ✓ The capacity to assess potential hazards and their potential impact  
**(use foresight)**
- ✓ The ability to identify alternatives and make the best choice quickly  
**(use judgment)**
- ✓ The expertise to safely maneuver the vehicle **(practice)**

One way to remember the important defensive driving procedures that should guide you while you are driving is the I.D.P.E. Driving Method. This four-step process is designed to help you **see, think, and act** in all situations.

Remember the four steps in the IDPE process and use them every time you drive:

- ✓ **I = Identify:** As you drive, look for and **Identify** potential hazards such as other vehicles, wildlife in the roadway, signs and signals, etc.
- ✓ **D = Decide:** When hazards appear in your path, you must **Decide** quickly how to react in order to avoid the obstacle or minimize its impact.
- ✓ **P = Predict:** Use your experience, knowledge, and judgment to **Predict** what will happen next. Judge where and when possible accidents may occur.
- ✓ **E = Execute:** Once you have decided upon a course of action, you must **Execute** quickly and decisively to keep you and others safe.

DEFENSIVE DRIVING = Preventing accidents regardless of conditions or the action of others

# MARION TRANSIT

## PHYSICAL AND EMOTIONAL CONDITIONS

As a professional driver/operator it is important to recognize that your “tools” can be inhibited by physical and emotional conditions. Your reaction time will be substantially reduced by fatigue, so a healthy diet and sufficient rest are essential to your ability to report to work “fit for duty.”

Transit operators should take their designation as “safety sensitive employees” very seriously. You are charged with the personal safety of many lives. Consuming anything that may affect your ability to respond to a hazardous situation is irresponsible and could be life threatening.

Alcohol in any amount affects alertness and judgment and should not be consumed on the job or within four hours before reporting for work. Prescription medication may also diminish your ability to safely operate a vehicle. Possible side effects of a prescribed medication should be discussed with your physician. Several common over-the-counter medications, including cough and cold remedies and antihistamines, can also cause drowsiness that affects safety. Illegal drug use, of course, is against the law. Be sure you understand your organization’s policies regarding random, reasonable suspicion and post-accident drug and alcohol testing. For more information visit <http://www.fmcsa.dot.gov/regulations/drug-alcoholtesting-program>.

Emotional conditions can interfere with concentration and driving safety as well. Driver/operator safety requires complete attention to the vehicle, the roadway, and potential problems. Your safety begins with reporting to work cool, calm, and in control. This demands a healthy lifestyle that includes freedom from legal and illegal substances, sufficient rest, and some degree of mastery over personal stress. It is also important that you find a way to resolve personal conflicts and maintain good passenger relations so that emotions do not interfere with safe driving. Anything that diverts your attention from driving should be considered unsafe. This includes objects placed on the vehicle dash, anything that obstructs your view of the entire windshield, instrument panel, side or rear windows and mirrors, and communications devices such as cell phones that divert your attention from the roadway. Root causes of accidents – being hurried, distracted, complacent or fatigued. Most vehicle collisions (and other types of accidents) are caused by human factors, or human error. The errors are most often induced by one of these root causes.

It is important to remember that Marion Transit has a “Zero” tolerance for illegal drugs. We conduct random drug tests to conform with FDOT rules.

## BASIC VEHICLE CONTROL

As indicated earlier, the vehicle also has defensive driving tools and equipment including the steering wheel, brakes, defroster, windshield wipers, mirrors, seat belts, and turn signals. The following is a description of techniques to enhance driving safety when using your vehicle’s defensive driving tools and equipment.

# MARION TRANSIT

## Accelerating

Speed up smoothly and gradually so the vehicle does not jerk. Smooth and even acceleration is the goal, whether accelerating *while moving* or accelerating *from a stop*. Rapid acceleration is hard on the engine, transmission, and differential parts, and reduces gas mileage.

An aggressive driving style, at a minimum, will cause passengers to lose confidence in the driver/operator and may cause passenger injury or property damage.

## Steering

Hold the steering wheel with BOTH hands. It's OK to vary hand positions to avoid fatigue, while using 9 and 3 o'clock as a guideline for ideal hand positions to maintain comfortable control. By holding the wheel in this position, you can smoothly steer left by pulling the wheel with the left hand and pushing it with the right and vice versa. Some larger vehicles may require a hand-over-hand turning method, where both hands alternate in pulling the wheel in one direction and then returning it after the turn. When steering, thumbs should not be hooked under the wheel. While driving, do not wear jewelry that could get caught on the wheel. Also, never hold the steering wheel with your forearms over the horn. In the event of an accident, the airbag deployment would cause serious injury.

## Braking

Hard braking is uncomfortable for passengers and generates more heat than steady, light braking. Choosing the right gear and speed will prolong brake life and reduce the chance of brake fade caused by a build-up of heat in braking surfaces.

- ✓ **ABS (Automatic Braking System):** If your vehicle is equipped with ABS brakes, all braking should be done by applying constant steady pressure.
- ✓ **Curves:** Slow down to a safe speed BEFORE you enter the curve. Drive at a constant speed through the curve and accelerate back to a safe speed coming out of the curve.
- ✓ **Emergency Braking:** If an emergency situation should call for a swift stop, you should brake in a way that will allow the vehicle to continue traveling in a straight line. Use either the "Controlled" or the "Stab" braking methods:
  - **Controlled Braking** is applying the brakes as hard as you can *without* locking the wheels. Keep steering wheel movements small. If you need to make a larger steering adjustment, or if the wheels lock, *release the brakes*.
  - **Stab Braking** is applying the brakes *all the way*, (as far as they will go). Release the brakes when the wheels lock up. As soon as the wheels start rolling, fully reapply the brakes again. If the vehicle is equipped with ABS brakes, braking should be done by applying constant, steady pressure to the brake pedal. The ABS system will constantly apply and release brakes to prevent the wheels from locking up.

**Note:** It can take up to a full second for the wheels to start rolling again after release. If you reapply the brakes before the wheels start to roll, the vehicle won't straighten out.

- ✓ **Braking after a Blowout:** *Stay off the brakes!* Use of brakes after a tire failure could cause a loss of control. Unless there is an immediate danger of a crash, stay off



# MARION TRANSIT

the brakes until the vehicle has slowed, then brake gently, pull off the road and stop.

- ✓ **Wet Brakes:** When driving in heavy rain, or through deep standing water, your brakes will become wet. When that happens, brakes will be weak, react unevenly, and may lock up causing a loss of control. Avoid driving through standing or flowing water if possible. If you must drive through water: slow down, place transmission in a low gear, and gently apply brakes while traveling through the water. This will decrease the chance of dirt or liquid getting into linings.

## Signaling and Turning

- ✓ **Directional Signals** – Use signals for every movement of your vehicle from its current lane of travel. Signal 150 feet, or more if appropriate, prior to turning or changing lanes – give more warning at higher speeds.
- ✓ **Lane Changes** – Put your turn signal on before changing lanes. Change lanes slowly and smoothly. Continually monitor the lane you are merging into, paying special attention to blind spots. Re-establish following distance as appropriate.
- ✓ **All Turns** – Place your foot over the brake pedal (cover the brake) while turning and slow to an appropriate speed. Check for pedestrians, bicyclists, and vehicles on the street you are about to enter. Check left and right prior to turning. Signal early – at least 150 feet prior to turn or lane change. Signal continuously – don't end the signal until you have completed the turn. Don't forget to turn your signal off after completing the turn, as self-cancelling signals do not always function correctly.
- ✓ **Left Turns** – Keep wheels straight if waiting for oncoming traffic. For two-lane streets/roads, start the turn when the front of your vehicle lines up with the centerline of the intersecting street. Scan and keep your head and eyes moving while turning. Use your mirrors to check clearance. If possible, make left turns from a designated left turn lane.
- ✓ **Right Turns** – Approach the intersection so that other vehicles are not tempted to squeeze by on your right. Check that you are able to see clearly down the street onto which you are turning. Start the turn when the front wheel of your vehicle is in line with the curb (or obstacle your vehicle must clear) on the intersecting street. Scan and keep your head and eyes moving while turning. Use your mirrors to check clearance.
- ✓ **Slowing and Stopping** – Warn drivers behind you with a few taps of your brake when you know you will need to slow down or if you see a hazard ahead that may require you to slow or stop. Service stops should be made as close to the curb as possible without curbing wheels (front tire within 6 inches of the curb).

## Backing

Backing the vehicle can be hazardous and should only be done when absolutely necessary. If you must back the vehicle you should take the following steps:

- ✓ If unsure of surroundings, get out of the vehicle to assess any hazards or obstacles.
- ✓ If feasible, use a competent adult “spotter” to guide and signal you. Have the spotter stand where he/she is visible in your left mirror.
- ✓ Before backing, scan in all directions and check the rear of the vehicle in both mirrors.



# MARION TRANSIT

- ✓ After checking, turn on the four-way flashers, honk the horn (if vehicle does not have a back up alarm), and continue to give short beeps while in motion.
- ✓ Scan back and forth in both mirrors while backing and confirm clearances.
- ✓ Having a spotter does not relieve you of the responsibility to back the vehicle safely.

## Following Distance

The distance between your vehicle and the vehicle you are following should allow for safe stopping regardless of the actions of the lead driver. While there are rules of thumb regarding following distance, what is safe will depend upon the driver/operator, the vehicle, weather conditions, road conditions, traffic conditions and speed of travel. So how much space do you need?

- ✓ One second of space for each 10 feet of vehicle – below 40 mph
- ✓ Add one second for speeds greater than 40 mph
- ✓ Example: for a 30 foot bus in slower city traffic: 3 seconds between you and the vehicle in front of you.
- ✓ Example: for a 30 foot bus on an Interstate: 4 seconds minimum between you and the vehicle in front of you.
- ✓ An easy trick is to use the “4 Seconds” Rule.

## Controlling Speed and Stopping Distance

Total Stopping Distance is a combination of:

- ✓ **Perception Distance:** How far your vehicle travels from the time your eyes see a hazard until your brain recognizes it
- ✓ **Reaction Distance:** The distance traveled from the time your brain recognizes the hazard and your foot pushes the brake pedal
- ✓ **Braking Distance:** The distance required to stop the vehicle once the brakes are applied
- ✓ Driving too fast (over the speed limit and/or what road conditions allow) is a major cause of fatal accidents. Speeding reduces your ability to steer safely around curves or obstacles, extends the necessary stopping distance, and increases the distance your vehicle travels while you react to the situation.

What to do about Tailgaters?

- ✓ Increase following distance for the safety of vehicles in front of you
- ✓ Don't speed up on account of the tailgater
- ✓ Avoid tricks such as flashing your brake lights
- ✓ Avoid quick changes: Signal turns and lane changes well in advance
- ✓ Consider pulling off the roadway to let tailgaters pass

## Curves

Speed limits for curves are established with many factors in mind such as an average driver/operator's skill, an “average” vehicle's steering and suspension system, the road surface and degree of the curve bank.

# MARION TRANSIT

When negotiating curves:

- ✓ Slow to below the posted speed
- ✓ Do not brake during the curve unless necessary
- ✓ If you must brake, apply brakes gently While some posted speed limits on curves may make allowances for wet pavement, they do not make allowances for snow and ice. *If in doubt, just slow down.*

## Train Crossings

- ✓ **Stop at all railroad crossings**
- ✓ Turn on the four-way flashers 150 feet before reaching the tracks
- ✓ Move as far to the right as is safely possible
- ✓ Stop the vehicle between 15 and 50 feet before the crossing; look for and stop behind the wide solid white line at signalized crossings
- ✓ Listen and look in both directions for oncoming trains
- ✓ If necessary, open the passenger door or window to see or hear approaching trains
- ✓ Do not rush to beat a train across the tracks
- ✓ When stopped for a passing train, do not proceed across the tracks until you make sure there isn't another train coming from the other direction

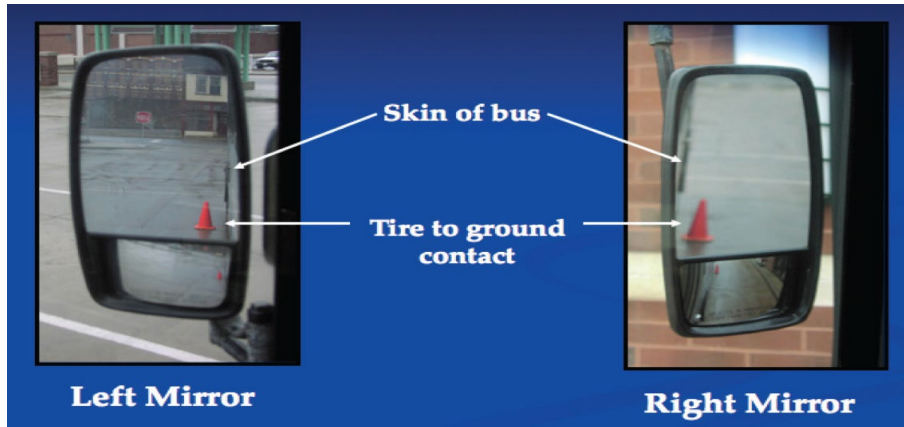
## Mirrors and Blind Spots

It is important to follow the correct procedure for setting the rearview, if so equipped, and side mirrors. In order to maximize your vision:

- ✓ Adjust the driver/operator's side mirror by resting your head against the driver/operator's side window and move the mirror so that you barely see the side of your own vehicle.

Move your head the same distance to the right and repeat the process with the outside mirror. Also, adjust outside convex mirrors and rearview mirror, if equipped, to maximize side and rearview visibility While mirrors are essential safety tools, all vehicles have blind spots. You need to know your vehicle's blind spots and be aware that other vehicles have blind spots too. As signs on large vehicles often warn, "If you can't see my mirror, I can't see you." By regularly checking your mirrors and the road ahead you will increase your awareness of what is ahead and behind the vehicle. This will improve your recognition time and may speed reaction time.

# MARION TRANSIT



## Passing on Two-Lane Roads

Passing a vehicle on two-lane roads should be avoided. If you must pass another vehicle on a two-lane road:

- ✓ Maintain your following distance until ready to pass
- ✓ Make sure there is no oncoming traffic, and that you are in a passing zone
- ✓ Check your left mirror, turn on your left turn signal, and smoothly accelerate past the vehicle
- ✓ As you pass the vehicle turn on your right turn signal and retake the lane once you are sure you have left the other vehicle with sufficient following distance

When being passed by another vehicle on a two-lane road:

- ✓ Maintain a constant speed
- ✓ Be prepared to drop back to establish “4 Seconds Rule” following distance

## Intersections

Even though we spend less than 2 percent of our total driving time at intersections, according to the National Highway Transportation Safety Administration, more than half of all injury accidents happen at intersections. When approaching an intersection:

- ✓ On approach, check the intersection to the left, then right, then left again; turn your head along with your eyes to expand your peripheral vision to get a wider view of anyone who might be entering the intersection
- ✓ Reduce speed if you cannot see 100 feet in both directions on the cross street
- ✓ Anticipate – Survey the road for pedestrians, bicyclists and other vehicles that could cross your path
- ✓ Observe the rules of the road for the stoplight, stop sign, or yield sign facing you
- ✓ Even if you have the right of way, cover the brake and be prepared to stop until you confirm the intersection is clear of conflicts, any cross traffic is yielding to you, and it is safe to proceed
- ✓ Do not take for granted that other vehicles, pedestrians, or bicyclists will stop for their stop sign or red light
- ✓ Always scan left, right, left before moving from a fixed location or pulling from a stop.

# MARION TRANSIT

## ADVERSE CONDITIONS

### Reduced Visibility

When driving in reduced visibility situations (dust, smoke, fog, rain or ~~snow~~):

- ✓ Slow down
- ✓ Turn on your lights
- ✓ Use your low-beams; high-beams reflecting off ~~snow~~, rain or dust tend to reduce visibility
- ✓ Increase following distance to two or three times that of normal driving conditions
- ✓ Avoid stopping in or alongside the roadway in dense fog, smoke, or ~~snow~~; this could result in a serious rear-end collision from traffic behind you

### Bad Weather

Foul weather increases recognition distance and stopping distance for you and other vehicles on the road. In any conditions of poor visibility, be prepared to stop within the distance you can see.

When driving in adverse weather:

- ✓ Slow down
- ✓ Turn on your lights
- ✓ Increase following distance to two or three times that of normal conditions
- ✓ Use windshield wipers and defrost to keep windows and mirrors clear
- ✓ Remember that roads can be slickest when it starts to rain and the water mixes with tar and oils that have accumulated on the road surface
- ✓ Wet road surfaces create glare and reflections that can make pavement markings and lane striping hard to see

### Winter Driving

When faced with winter conditions:

- ✓ During the pre-trip inspection pay particular attention to tire tread, vehicle heating system, and on-board emergency equipment
- ✓ Increase following distance by two or three times normal
- ✓ Take curves at slower speeds; brake prior to curve
- ✓ Anticipate stops early and slow down gradually
- ✓ Watch for overpasses, underpasses and shady areas where ice tends to form
- ✓ Snow and ice can obscure lane striping and make it difficult to see the edges of the roadway

### Summer Driving

- ✓ During the pre-trip inspection pay particular attention to tire condition, vehicle cooling/ventilation systems, and on-board emergency equipment
- ✓ While driving, check engine temperature gauge and watch for coolant spills
- ✓ In *extremely* hot weather

# MARION TRANSIT

- ✓ Inspect tires every two hours or 100 miles, whichever comes first. If tires are too hot to touch, remain stopped until tires cool down
- ✓ Watch for “bleeding tar” that has risen to the road surface
- ✓ Check that the radiator is clear of dirt, leaves, litter, or other debris that can block the flow of cooling air

## Driving Through Water

Avoid driving through deep water if possible. If you are unable to avoid driving through deep puddles or flowing water, you should:

- ✓ Slow down
- ✓ Place transmission in low gear
- ✓ Increase engine RPM and cross the water
- ✓ After you exit the water maintain light pressure on the brakes for a short distance to heat them up and dry them out
- ✓ Make a test stop when safe to do so:

Check behind to make sure no one is following, and then apply the brakes to be sure they work correctly

- ✓ Do not drive your vehicle through swiftly running water or standing pools whose depth cannot be judged. A few inches of a strong current can undermine roadbeds, as well as carry your vehicle off the roadway.

## Night Driving

You are at greater risk when you drive at night since poor lighting, glare, and other factors increase hazard recognition time as well as driver/operator reaction time.

- ✓ **Poor Lighting** – In the daytime there is usually enough light to see well. This is not true at night. Some areas may have bright streetlights, but many do not.

On most rural roads you will probably have to depend entirely on your headlights. Less light means you will not be able to see hazards as clearly or as soon. Rain, snow, and ice create glare and reflections that make night driving even more hazardous. Note that dirty headlights produce only a fraction of the light they should, so keep headlights clean.

- ✓ **Glare** – You can be blinded for a short time by bright lights, and it takes time to recover. The risks are greater for drivers/operators whose visual recovery time is higher.
- ✓ **Visual Recovery Time** – The time it takes night vision to return after encountering a bright light. Causes of increased visual recovery time include:
  - ✓ Age – recovery time increases as people get older
  - ✓ High blood pressure
  - ✓ Diabetes
- ✓ **Other Drivers** – There is an increased number of tired and intoxicated drivers on the road at night. Recognition and reaction time are both slowed by exhaustion and intoxication.

# MARION TRANSIT

## ✓ **Headlights** –

Studies have shown the safety value of leaving headlights on at all times, but policies vary from one agency to the next; know your agency's policy regarding keeping lights on during the day. The majority of Marion Transit buses are equipped with daylight running lights.

All transit drivers/operators should turn on lights approximately one hour before it gets dark and leave them on until the sun has risen above the horizon and the lights can no longer be seen on the road surface. At night, low beams allow you to see about 250 feet ahead of you. High beams extend your sight distance to 350-400 feet. If using high beams, make sure to dim within 500 feet of other vehicles to prevent glare for other drivers. Defensive driving dictates that you adjust your speed to keep stopping distance within your sight distance (i.e. going slow enough to be able to stop within the range of your headlights).

If a vehicle approaches with its high-beam lights on, look towards the edge of the road on your right. DO NOT flash your bright lights at oncoming drivers as it temporarily impairs their ability to see the road and your vehicle. If your lights should fail:

- ✓ Try high and low beams (one may work)
- ✓ Pull safely off the roadway and inform your passengers
- ✓ Set up the emergency warning equipment (triangles, flares)
- ✓ Call the dispatcher for further instructions

**Windshield and Mirrors** – Bright lights refract off dirt on windshields and mirrors, creating glare, so it is particularly important at night to have clean windshields and mirrors

**Turn Signals and Brake Lights** – At night your turn signals and brake lights are even more important for communicating with other drivers/operators. Make sure you have clean, working turn signals, brake lights, taillights, clearance lights and reflectors.

## CELL PHONE USE

**Marion Transit has a no cell phone use policy. The policy is included in the appendix.**

## RADIO COMMUNICATIONS

Official communications with dispatch or fellow drivers, whether by cell phone, two-way radio or mobile data computer, should be kept to a minimum. If there is a need for extended communication with dispatch or other drivers/operators, you should first find a safe place to pull off the road then continue your communication.

# ***MARION TRANSIT***

## **SAFETY BELTS**

The law states that the driver/operator must use the seat belt assembly before operating the vehicle. Marion Transit requires that passengers also must wear their seatbelts when the vehicle is in motion.

The National Highway Transportation Safety Administration estimates that safety belts save about 15,000 lives a year.

In short, **wear your seat belt** and encourage others to do the same. MSS requires everyone to wear seat belts including passengers!

Continue to next page.

# MARION TRANSIT

## PART III: PASSENGER SAFETY

### OVERVIEW

It is you, the driver/operator, who must ensure that passengers board and depart your vehicle safely. You must also be aware of special procedures for those passengers with special needs, including individuals who use mobility devices (wheelchairs, scooters, walkers, etc.), the frail, elderly, and children. This section will provide important information on passenger relations and crisis management to help you do your job effectively, regardless of the situation.

### SAFEBOARDING OF AMBULATORY PASSENGERS:

#### **Slips and Falls**

Passenger falls are one of the more costly casualty losses in the transit industry today. As a driver/operator, you should do your utmost to remain stopped while passengers are moving to their seats, and to accelerate and brake smoothly at all times. Entrance steps to your vehicle should be equipped with treads and a sturdy handrail to prevent slippage. During foul weather you should periodically clear steps of snow, ice and water build-up. Be sure to caution boarding passengers of slip hazards.

#### **In the Parking Lot**

Parking lots are a high-risk environment and should be avoided when possible. Extreme care must be taken to avoid pedestrians crossing outside of crosswalks and cars backing out of parking spaces. Passenger drop-off or pick-up should be planned so that your vehicle can enter and exit without the need to back up. Report stop locations that you believe are unsafe.

#### **Seat Belt Use by Passengers**

Seat belt use is mandatory when on Marion Transit equipment (both driver and rider). As a driver/operator, it is your responsibility to ensure that you and all your passengers abide by the agency's seat belt policy. You must fasten your seat belt and remind passengers, ambulatory and non-ambulatory, to use their seat belts. If any rider is reluctant to wear his/her seat belt, report the issue to dispatch.

#### **Rural Roads**

Rural roads can be difficult to navigate due to surface conditions, road width, lack of shoulders, winding turns, mountains and valleys, and few places to turn around. Reasonably open areas, such as gas stations or parking areas can be used to avoid backing up. If you must back up, get out of your vehicle to look for hazards and, if possible, use a spotter. Because rural roads are,



# MARION TRANSIT

by nature, sparsely populated, common sense should be exercised when dropping passengers in isolated areas, particularly during inclement weather.

## Stop Locations

The decision where to stop should consider safety for boarding and disembarking. While every transit stop may not be ideal, you should alert management to safety hazards caused by the location of stops. MSS provides ORIGIN TO DESTINATION (door to door) service.

## SAFEBOARDING OF NON-AMBULATORY PASSENGERS

The goal of any transportation system is to provide the mobility options that meet the travel needs of the community. For people who use wheelchairs or other mobility devices, a trained and empathetic driver/operator can make a positive contribution to their quality of life.

### Understanding Your Responsibility

As a driver/operator, you are responsible for the safe boarding, securement, transport, and de-boarding of people who use wheelchairs and other mobility devices. Marion Transit Drivers will completely facilitate boarding and de-boarding of people in wheelchairs. All passengers should be instructed to remain in their seats until instructed by the driver/operator they may get up. This will allow passengers needing assistance to be helped by the driver/operator when ready.

### Accommodating Disability Equipment

For vehicles with side lifts, you must leave sufficient space between the lift and the curb (*or* you must park close enough to deploy the lift *on* the curb and sidewalk) to board passengers in wheelchairs. In either case, you must select a flat area to ensure that the toe guard flap works properly.

### Wheelchair Basics

Knowledge of wheelchair basics is essential. First and foremost, a wheelchair is considered an extension of a person's body. Before you take charge, ask the passenger what assistance is needed. It isn't polite to grab someone's arm without asking; the same can be true with a person in a wheelchair. Talk with the person in a wheelchair as they perform any maneuvers. Ask how the brakes function, or in the case of a motorized wheelchair or scooter, how the power may be turned off. During lift operations and after on-board securement, it will be necessary to engage the brakes and/or power off the motorized wheelchair or scooter.

### Lift Operations

When arriving to board a person with a mobility device (wheelchairs, scooters, etc.):

- Ensure that the maximum lift weight is not exceeded. Each lift has the weight limit posted on them or nearby. Currently Marion Transit buses are equipped with either 800 or 1000-pound lift. *NOTE: When a 1000 pound lift is needed it will be noted on the drivers manifest.*
- Stop on level ground with room for the platform to deploy

# MARION TRANSIT

- Put the vehicle in park, set the parking brake and turn on the four-way flashers
- Deploy the lift
- Power chairs and scooters should have the power turned off once the passenger boards the lift, then turned back on in low or “turtle mode” to maneuver safely into position on the vehicle. Only in a situation in which the wheelchair user cannot safely maneuver their power chair either onto the lift or into the vehicle would a driver/operator disengage the power to allow pushing by hand to safely assist the passenger
- Depending on the type of vehicle used:
  - Side boarding van – back the passenger onto the platform
  - Rear boarding van or ramps – push the passenger forward onto the platform
- *Note: The ADA allows passengers to decide whether they want to board forward or rear-facing.*
- Make sure the mobility device brakes are set, ask the passenger to place their hands on their lap and make sure their feet are clear of the toe-guard flap to avoid any injury while being boarded.
- If the lift has securement handles, ask the passenger to take hold of them.
- If the lift has a securement belt, the belt must be secured before operating the lift.
- Inform the passenger before the lift is engaged.
- Hold onto the mobility device when raising and lowering the lift.
- Once the lift platform is level with the vehicle floor, disengage brakes on the mobility device and push the device into the vehicle so that all wheels are on the vehicle floor. The driver/operator should either be able to gently assist the wheelchair passenger into the vehicle or should leave the passenger completely on the lift, enter the vehicle through the front door and pull the passenger into position. Under no circumstances should the operator position the passenger with wheels both in the vehicle and on the lift. All wheels on the mobility device should be either in the vehicle or on the lift.
- Re-engage brakes on the mobility device, then raise the lift to a semi-stowed position. This prevents the passenger from rolling back onto the lift.
- Release the mobility device brakes and steer or move the passenger into the securement location in a front facing position.
- Secure the passenger using the procedure outlined below.
- If the passenger is using a power scooter, it is acceptable to ask them to transfer to a seat. The scooter, however, must be secured.

It must be noted that while the passenger would be strongly encouraged to transfer to a seat, the ADA allows the passenger to continue to ride on their scooter. The scooter should be secured using the wheelchair securement system. However, under the ADA, service may not be refused to the passenger if the scooter cannot be secured satisfactorily.

# MARION TRANSIT

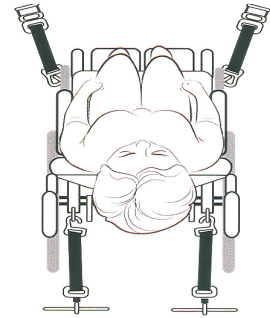
## Securing the Wheelchair Using a 4-Point Tie Down System

All mobility devices must be secured with 4-point tie downs (two front, two rear). Once secured, mobility devices should move no more than 2 inches in any

direction. The following guidelines will help ensure proper securement:

- ✓ Center the mobility device between the four floor attachments
- ✓ Set the brakes/power down the mobility device
- ✓ Attach front and rear securement straps to create a 4-point tie down, as illustrated
- ✓ Attach the straps/hooks as high on the chair as possible to a solid non-movable part. The ideal angle for securement straps is 45 degrees out from the chair frame.
- ✓ If using a cam locking system, attach the front straps first to the solid junction of the wheelchair frame.
- ✓ Rear straps should be attached to a solid junction of the frame, about 2 inches below seat level on a standard wheelchair.
- ✓ Rear belts should be parallel with the rear wheels; front belts should flare out slightly for lateral stability
- ✓ Route each strap in a straight line; do not bend it around a wheel or other object
- ✓ DO NOT attach the tie down to the wheels or any removable parts of the device (e.g., armrests or footrests)
- ✓ DO NOT attach tie downs to the folding cross brace of a standard wheelchair
- ✓ Tighten all straps, but do not over-tighten; a ratchet-type tightener could easily bend a standard wheelchair frame
- ✓ Test the mobility device to be sure you cannot move it more than 2 inches in any direction
- ✓ Secure the passenger with the lap belt and shoulder harness provided as part of the securement system, following the manufacturer's instructions
- ✓ Lap belts should cross the passenger low on the pelvis, snug but not tight
- ✓ Shoulder belts should be attached to the lap belt and be adjusted to cross the passenger on the shoulder
- ✓ If shoulder belts are not spring tensioned, leave enough slack to fit a closed fist between the shoulder belt and the passenger
- ✓ If the wheelchair securement area leaves little room for working (e.g., backed up against a wall), scoot the wheelchair a few inches from the wall to attach the rear securement straps, then move the chair back to the proper location and tighten the straps.

WHEELCHAIR  
4-POINT  
TIE-DOWN  
SYSTEM



Remember that service may not be refused to the passenger if he/she does not wish to use the shoulder harness and seat belt unless the transit system's policy requires all passengers to use seat belts. **Marion Transit requires all passengers to wear seat belts.**

# MARION TRANSIT

For hard-to-secure motorized scooters and wheelchairs, manufacturer's securement loops can be used. These loops, made from durable webbing, can be looped around the central drive shaft or seat frame and secured with two tie downs. Such straps can be permanently affixed to the mobility devices of frequent riders for easy securement.

## TRANSIT SECURITY

### **A Few Words about Security**

Transit systems, because they are open and accessible to the public, are a relatively soft target for criminals and terrorists. As a driver/operator you must remain alert to unusual or suspicious activity on and around your vehicle. The following information should help you identify and report possible security threats as well as manage on board security incidents.

### **Transit Watch**

Transit Watch was developed by the Federal Transit Administration (FTA) in the aftermath of 9/11 and encourages transit employees, transit riders and community members to be aware of their surroundings and alert to activities, packages or situations that seem suspicious. If you see something that seems out of the ordinary and potentially hazardous, it should be immediately reported to dispatch, who will take the appropriate actions and/or notify the appropriate authorities.

### **Be On the Look Out (BOLO)**

As a transit driver/operator you are the eyes and ears of the community, a first line of defense against crime and terrorism. Be On the Look Out (BOLO) for suspicious people, activities, vehicles, packages and substances. Since you are familiar with your operating environment, you are in an ideal position to recognize what is normal and what seems out of place. Trust your instincts and report to dispatch anything suspicious or potentially hazardous.

## CRISIS MANAGEMENT

### **Accident Procedures**

In life, it's a given that accidents happen. What you do in response to accidents can save lives and property. Here are some steps for how to react calmly to an accident.

Check your location. DO NOT move your vehicle unless:

1. Instructed to do so by law enforcement, or leaving the vehicle where it is would expose the passengers to greater danger (e.g. in a busy traffic lane, on a blind curve, etc.)
2. Secure the vehicle by disengaging the transmission (place in PARK OR NEUTRAL), setting the brakes, turning off the engine and turning on your four-way hazards

# MARION TRANSIT

3. **Make a decision to evacuate or not to evacuate the vehicle.** Evacuate if remaining in place presents a greater hazard than leaving the vehicle. Detailed evacuation procedures are provided below
4. Assess the condition of your passengers and contact dispatch providing the following information:
  - ✓ Exact location
  - ✓ Type of emergency and exactly what has occurred
  - ✓ Number of passengers on the vehicle, number of passengers using a wheelchair, and nature and severity of any injuries
  - ✓ Type of help you will need from police, fire and emergency medical service (EMS)
  - ✓ Whether or not you are blocking traffic and if the vehicle can be safely moved
  - ✓ Respond to passenger needs and assist injured passengers
  - ✓ Inform all passengers of the situation, what actions you have taken and how they will be affected
  - ✓ Ask all passengers and witnesses to complete courtesy cards including their names, phone numbers and any other information they can provide; collect courtesy cards to turn in to management
  - ✓ Cooperate with law enforcement and system management
  - ✓ **DO NOT** assign blame or take responsibility for the accident
  - ✓ **DO NOT** talk to the media; refer the media to Marion Transit Management
  - ✓ Collect information from other drivers and first responders including:
    1. License number of other vehicle(s)
    2. Make, model and color of other vehicle(s)
    3. Name, phone number and driver license number of other driver(s)
    4. Insurance carrier and policy number of other driver(s)
    5. Names of ambulance company and hospital to which injured were transported
    6. Name, department and badge number of responding law enforcement officer(s)
    7. Name, station and badge number of responding fire protection officer(s)
    8. Any other pertinent observations, including condition or behavior of other driver(s)
    9. Seek medical attention for any physical or emotional damage you suffered in the accident
  - 10. Complete all required accident report documentation as soon as possible

## Evacuation Procedures

In some accidents or emergencies, you will be required to evacuate your vehicle. This can be an extremely delicate and stressful situation, so it's important that you have a clear process to follow:

- ✓ **DO NOT** EVACUATE the vehicle unless it is absolutely necessary
- ✓ EVACUATE the vehicle if any of the following conditions exist:
  - ✓ The vehicle is in a hazardous location and cannot be moved
  - ✓ You see fire or see or smell smoke
  - ✓ You see leaking fuel coming from or underneath the vehicle

# MARION TRANSIT

- ✓ You see a security threat, such as a suspicious package, suspicious substance, or an explosive device
- ✓ Any other conditions that would make it safer for the passengers to evacuate the vehicle

## Extinguishing Fires

Vehicle fires pose an extremely high risk to the life and/or safety of you and your passengers.

If smoke or fire is present:

- ✓ Shut off all electrical power
- ✓ EVACUATE the vehicle IMMEDIATELY
- ✓ Do not open up the hood or engine compartment if smoke or fire is present
- ✓ Attempt to extinguish a fire only if you are certain that what you are doing is safe
- ✓ Pull the pin on the extinguisher
- ✓ Position yourself upwind of the fire
- ✓ Remain as far away from the flames as possible, letting the wind carry the fire retardant toward the fire source
- ✓ Squeeze the trigger and aim at base of the fire, not at the flames
- ✓ Continue extinguishing until whatever was burning has been cooled; absence of smoke or flame does not mean that the fire is completely out
- ✓ If you are unsure about anything, do not attempt to put out the fire, but join the passengers in a safe area and wait for emergency responders

## Securing the Vehicle

If your vehicle has been disabled, you should secure it to prevent secondary accidents and roll-away.

## Handling Ill Passengers

Operating a vehicle, you'll come into contact with many people throughout the year. It's inevitable that some passengers may become ill due to motion sickness or health reasons.

- ✓ Secure the vehicle
- ✓ If possible, determine what type of help the passenger might need
- ✓ Contact dispatch, explain the situation, and request assistance (if needed)
- ✓ Inform the other passengers of the situation and keep them away from the ill passenger
- ✓ Keep the passenger warm and comfortable, and talk to him or her as a treatment for shock
- ✓ DO NOT give the passenger food, drink, or medication unless medical warning tags say to do so
- ✓ Ask other passengers to fill out courtesy cards and complete all required incident documentation

# MARION TRANSIT

## Handling Bodily Fluid Spills

Bodily fluids – vomit, urine, excrement, blood and saliva – can readily transmit a myriad of pathogens to the unprotected individual. As such, it is essential that you follow your system policy on handling biohazards. Following are guidelines employed by most transit systems:

- ✓ Contact dispatch and describe the situation
- ✓ If you are instructed to wait for assistance, secure the vehicle and wait

If you are instructed to respond to the bodily fluid spill:

- ✓ Ask any passengers near the biohazard to move away
- ✓ Avoid touching, stepping in or splattering the spill
- ✓ Locate the biohazard kit on your vehicle
- ✓ Put on the disposable gloves found in the biohazard kit
- ✓ Cover the spill area with the disinfectant found in the biohazard kit
- ✓ Using the appropriate instrument from the biohazard kit, place any contaminated materials in the biohazard bag found in the biohazard kit
- ✓ If the clean up includes broken glass or other sharp objects, pick the sharp objects up by mechanical means. Dispose of them in the leak proof, puncture proof container provided in the biohazard kit.
- ✓ Carefully discard all clean up materials, including gloves, in the biohazard bag
- ✓ Immediately double bag the biohazard bag if there is any possibility of rupture
- ✓ Ensure that all biohazard materials are placed in the appropriate transit system depository
- ✓ Thoroughly wash hands with soap and hot running water as soon as possible
- ✓ Apply disinfectant if available
- ✓ Collect passenger comment cards
- ✓ Complete all required paperwork

## PASSENGER RELATIONS: THE FIRST (AND LAST) WORD

### Serving Customers

Customer service attitudes of an organization are determined and maintained by its culture (staff), not by its rules (policies and procedures). When performing your duties it is important to remember that transit is a customer-centered industry. As a transit operator you may be the first and only person the passenger (the customer) interacts with. That makes you the ambassador for your entire agency. How you treat people makes a deep and lasting impression.

We are all experts at customer service, because ultimately we are all customers. We know how we like to be treated, what we expect, and what we need. In the Transit Cooperative Research Program (TCRP)'s *Transit Manager Tool Kit for Rural and Small Urban Transportation Systems* transit customers identified seven essential elements they need when using public transportation. They are:

# ***MARION TRANSIT***

1. **Reliability** - Customers want to be confident that a vehicle will arrive and transport them on time or as promised
2. **Convenience** - Customers want to be able to use transit to travel from residential areas to major destinations or activity centers on the dates and times they need to travel
3. **Safety and Security** - Customers want to feel safe and secure while using the system
4. **Clean and Comfortable** - Customers want to find the vehicles and facilities clean and comfortable when riding or waiting
5. **Understandable** - Customers want to easily understand how to use the services through effective, accessible information and materials
6. **Affordable** - Customers want to be able to afford the transit system and receive good value for their transit fare
7. **Empathetic/Friendly** - Customers want to feel that the transit system staff cares about their needs and that all personnel are friendly, and customer-service focused.

Your actions as a driver/operator directly affect most of these needs. Treating customers in a courteous, friendly, and helpful manner will go far in generating community-wide support for transit, and, in turn, job security. In addition, most drivers/operators agree that having a positive and friendly attitude makes their job substantially more enjoyable.

**-END-**



# ***MARION TRANSIT***

## **Management Cell Numbers**

Director: Clayton Murch-----352-843-0388 or  
443-510-9342

Joe Bartolomeo-----407-902-1670

Herman Schulz-----352-857-7487

Karen Williams-----352-812-7702

Office-----352-620-3519

Dispatch-----352-620-3127

Reservations-----352-620-3071

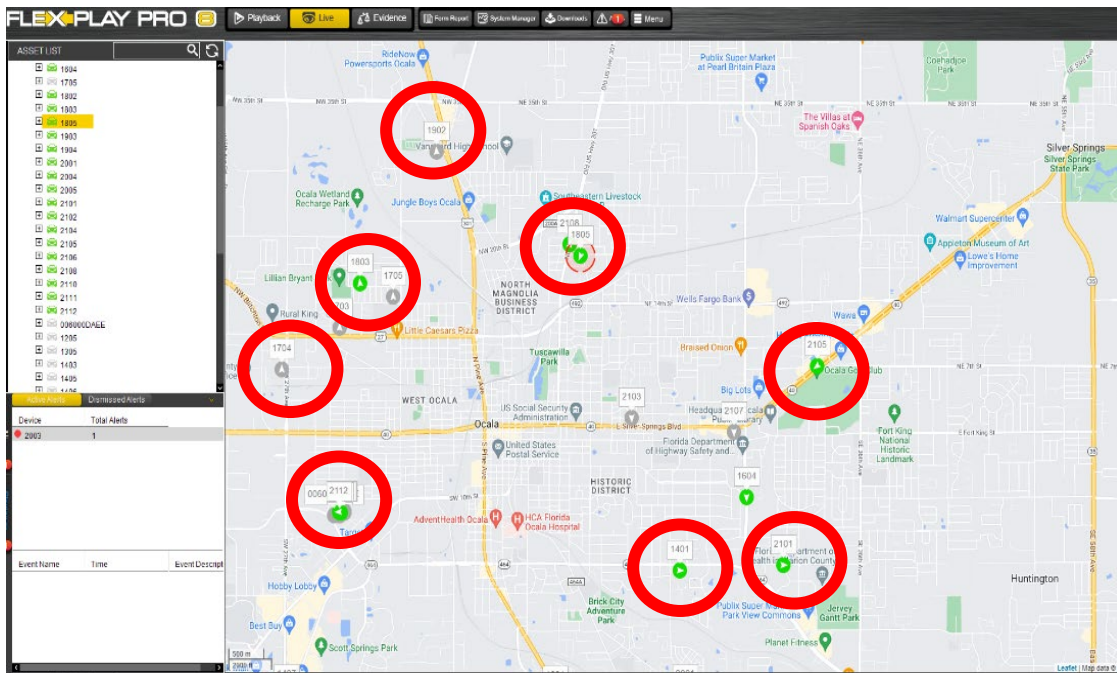
After Hours-----352-620-3071

# MARION TRANSIT

The Angel Trax camera system is utilized in all Marion Transit buses. Below is a screen shot of the camera portion of the software. There are 6 cameras on a typical bus. Management can monitor and record both driving habits and passenger behavior at any time during the trip. This capability has the potential to greatly assist drivers in improving their defensive driving habits. It also can provide additional information regarding root cause were an accident to occur.



Angel Trax (MotoTrax module) Pro 8 Central Management System can also be utilized for its GPS functionality. Below is a screen shot of the software. It utilizes Google Maps to provide directions. Bus numbers are circled in the image below to further demonstrate the GPS capabilities.



# MARION TRANSIT

## NEW DRIVER 80 HOUR TRAINING GUIDE

Revised

11/17/2022

NEW DRIVER NAME \_\_\_\_\_

(PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TRAINING START DATE: \_\_\_\_\_

TRAINING END DATE: \_\_\_\_\_

### DAY 1 (In office) 8:00AM - 4:30PM

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
<i>Welcome - Door Code, Clock, Badge, ppw, etc.</i>	<i>30 min</i>		
<b>TAPTCO PARATRANSIT DEVELOPMENT COURSES</b>			
Introduction to Professional Driving	20 min		
Safety Best Practices	60 min		
LLC Defensive Driving	60 min		
Hazard Identification & Mitigation	45 min		
Pre Trip Inspections	25 min		
<i>Lunch (12:00-12:30)</i>	<i>30 min</i>		
Mirror Adjustments & Reference Points	20 min		
Adverse Driving Conditions	20 min		
Preventing Rear End Collision	20 min		
Preventing Intersection Accidents	20 min		
Railroad Crossings	20 min		
Pedestrian & Bicycle Awareness	20 min		
<i>Break</i>	<i>10 min</i>		
Preventing Backing Accidents	25 min		
Merging Lane Changing & Passing	25 min		
Preventing Driver Fatigue	20 min		
<i>Day Wrap Up with Training Manager</i>	<i>30 min</i>		

### COMMENTS:


Trainee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Training Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# MARION TRANSIT

## DAY 2 (In office) 8:00AM-4:30PM

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
<i>TAPTCO PARATRANSIT DEVELOPMENT COURSES</i>			
Preventing Driver Distractions	25 min		
Drug & Alcohol Awareness	90 min		
Bloodborne Pathogens	25 min		
Hazardous Materials	20 min		
Employee Safety Reporting Program	25 min		
Professional & Customer Service	45 min		
Conflict and Aggression Management	40 min		
<i>Lunch (12:30-1:00)</i>	<i>30 min</i>		
Duty of Care	20 min		
ADA Compliance & Sensitivity	20 min		
Assisting Customers with Mobility Challenges	25 min		
Mobility Devices	25 min		
Emergency Evacuations	25 min		
<i>Break</i>	<i>10 min</i>		
What To Do in the Event of an Accident	25 min		
Classroom Final Exam	30 min		
<i>Day Wrap Up with Training Manager</i>	<i>30 min</i>		

### COMMENTS:


Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MARION TRANSIT

**DAY 3 (The new driver trainee will ride along, observe and listen to the FTO.)**

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
Pre-Trip Inspection Training (show where the fluids are in the shed)			
Bus Orientation Training			
Describe dashboard/console controls and their effects Training			
Seat and Mirror Adjustments & Reference Points Training			
Parking Brake Check Training			
Tablet Training			
Merging, Lane Changing & Passing (discuss & observe)			
Railroad Crossing (discuss & observe)			
Door-To-Door Service Training			
Bus Cleaning Training (including Wash Bot Training)			
Post-Trip Inspection Training			
<p>CIRCLE WHICH IS OBSERVED:</p> <ul style="list-style-type: none"> <li>- Dialysis</li> <li>- Shoppers</li> <li>- Medical Appointments</li> </ul>			

**COMMENTS:**


**Trainee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FTO Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Training Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# ***MARION TRANSIT***

## **DAY 4 (Driver Training in the seat.)**

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
Pre-Trip Inspection Training (ask about what's in the shed)			
Seat and Mirror Adjustments Training			
Parking Brake Check Training			
Deploy and stow passenger seats Training			
Tablet Training			
Merging, Lane Changing & Passing Training			
Railroad Crossings Training			
Door-To-Door Service Training			
Gas Card Training			
Bus Cleaning Training (including Wash Bot Training)			
Post-Trip Inspection Training			
<p>CIRCLE WHICH IS OBSERVED:</p> <ul style="list-style-type: none"> <li>- Dialysis</li> <li>- Shoppers</li> <li>- Medical Appointments</li> </ul>			

**COMMENTS:**


**Trainee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**FTO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Training Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MARION TRANSIT

## DAY 5 (In office with Training Manager) 8:00AM-4:30PM

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
Defensive Driving Training Program (in training room)	4 hours		
Lunch (12:00PM-12:30PM)	30 min		
Small Bus (1700s) Overview	45 min		
Evacuation Training with MT	45 Min		
Bus Disinfection Training	30 min		
Shadow Dispatch	45 min		
Shadow Reservations	45 min		
Day Wrap Up With Training Manager	30 min		

### COMMENTS:


Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MARION TRANSIT

## DAY 6 (Driver Training in the seat.)

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
Pre-Trip Inspection (Trainee demonstrates proficiency)	8		
Seat and Mirror Adjustments (Trainee demonstrates proficiency)			
Parking Brake Check (Trainee demonstrates proficiency)			
Deploy and stow passenger seats (Trainee demonstrates proficiency)			
Tablet Training			
Radio Communication Training			
Merging, Lane Changing & Passing Training			
Railroad Crossings (Trainee demonstrates proficiency)			
Wheelchair Training/restraints/posterior belt, etc.)			
Door-To-Door Service Training			
Gas Card Training			
Post-Trip Inspection Training			
CIRCLE WHICH IS OBSERVED: <div style="margin-left: 40px;">             - Dialysis              - Shoppers              - Medical Appointments           </div>			

**COMMENTS:**


Trainee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FTO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Training Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# MARION TRANSIT

## DAY 7 (Driver Training in the seat.)

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
Pre-Trip Inspection (Trainee demonstrates proficiency)			
<b>Console, W/C Lift, Seat Operations</b>			
Describe & Operate the lift Interlock System			
Deploy, Lower, Raise & Store Lift with engine on/side door & rear door			
Manually deploy- lower, raise & store lift with engine off-side/rear door			
Describe dashboard/console controls & their effects			
Deploy and stow passenger seats			
<b>Describe/Demonstrate W/C securement</b>			
Install/Remove W/C securements			
Secure W/C with front & rear Q-Straint securements			
Affix lap/shoulder belts/posture belt			
Check for proper W/C Securement			
Release W/C securements and belts			
Verbalize storage of securement devices			
<b>This Driver has executed the tasks required for certification as an MTS Driver on vans equipped with Q-Straint securement devices.</b>			
SKILL	BASIS OF EVALUATION		
Assess Assistive Device	Driver has demonstrated that he/she knows how to assess the assistive device for defects and/or operations deficiencies. For wheelchairs, these would include at a minimum, checking the handgrips, tire pressure/grid, brakes, footrest, tilt bar, frayed belts and the need for a restraining device.		
Tilting Wheelchair	Demonstrated that he/she can properly tilt wheelchair with occupant to the balance point position and lower the chair to a resting position. These movements were completed in a smooth and safe manner with little anxiety for passenger.		

# **MARION TRANSIT**

Up a curb or step with wheelchair	Demonstrated that he/she can properly maneuver the wheelchair to the curb/step; facing curb/step, tilt the chair in a smooth manner; move to the curb/step placing rear wheel against same; check position of front casters; lift/push wheelchair up step/curb. Accomplished while always maintaining control of the wheelchair and communicating with the passenger.		
Down curb or step	Demonstrated that he/she can properly maneuver the wheelchair down a curb/step.		
Sit/Stand Position	Demonstrated proper procedures for assisting passenger from a sitting to a standing position.		
Assisting frail or weak	Demonstrated knowledge of different techniques for assisting a frail or weak passenger using appropriate communication skills.		
Assisting with visual impairment	Demonstrated knowledge of different techniques for assisting visually impaired passengers on and off bus including good communication skills.		
Basics of body Mechanics	Driver was aware of and demonstrated an understanding of basic body mechanics – back straight, lifting with legs, etc.		
Wheelchair securement	Demonstrates proper position of the wheelchair in securement area on vehicle; demonstrate the proper use of the four-point securement device for each type in any vehicle; attachment of devices to floor of bus; attached to chair properly; 45 degree angle preferred; firmly secured.		
Passenger Restraint	Demonstrates proper restraint devices to appropriate anchor locations; applying lap and shoulder belts to passenger, check for proper fit. Include postural belt demo.		
Lift/Ramp Operation	Demonstrates knowledge of safety rules for appropriate lift or ramp; proper movement of wheelchair on and off ramp/lift; ability to operate lift manually. Proper communication with passenger.		
Use of “Escort Chair”	Understands that Transport Chairs/aka Escort Chairs with small wheels are prohibited on buses. Explain the difference between both chairs. (Escort & Transit chair)		
End of Day	POST-TRIP INSPECTION		
<p>CIRCLE WHICH IS OBSERVED:</p> <ul style="list-style-type: none"> <li>- Dialysis</li> <li>- Shoppers</li> <li>- Medical Appointments</li> </ul>			

# MARION TRANSIT

**COMMENTS:**


**Trainee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FTO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Training Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MARION TRANSIT

## DAY 8 (Driver Training in the seat.)

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
<b>DEMONSTRATED PROFICIENCY</b>			
Pre-Trip Inspection (Trainee demonstrates proficiency)			
Seat and Mirror Adjustments (Trainee demonstrates proficiency)			
Parking Brake Check (Trainee demonstrates proficiency)			
Deploy and stow passenger seats (Trainee demonstrates proficiency)			
Tablet (Trainee demonstrates proficiency)			
Radio Communication (Trainee demonstrates proficiency)			
Merging, Lane Changing & Passing (Trainee demonstrates proficiency)			
Railroad Crossings (Trainee demonstrates proficiency)			
Wheelchair Training			
Door-To-Door Service (Trainee demonstrates proficiency)			
Gas Card (Trainee demonstrates proficiency)			
<b>DRIVING</b>			
Left Turn			
Right Turn			
Backing Up			
Stop Sign			
Traffic Light			
Railroad Crossing			
School Zone			
U-Turn			
Speed Limit Not Exceeded			
Use of Mirrors			
Smooth Start			
Smooth Stops			
4-Way Flashers			
Use of directional signals			
Post-Trip Inspection (Trainee demonstrates proficiency)			
CIRCLE WHICH IS OBSERVED: <ul style="list-style-type: none"> <li>- Dialysis</li> <li>- Shoppers</li> <li>- Medical Appointments</li> </ul>			

# MARION TRANSIT

**COMMENTS:**


**Trainee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FTO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Training Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MARION TRANSIT

## DAY 9 (Driver Training in the seat.)

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
<b>DEMONSTRATED PROFICIENCY</b>			
Pre-Trip Inspection (Trainee demonstrates proficiency)			
Seat and Mirror Adjustments (Trainee demonstrates proficiency)			
Parking Brake Check (Trainee demonstrates proficiency)			
Deploy and stow passenger seats (Trainee demonstrates proficiency)			
Tablet (Trainee demonstrates proficiency)			
Radio Communication (Trainee demonstrates proficiency)			
Merging, Lane Changing & Passing (Trainee demonstrates proficiency)			
Railroad Crossings (Trainee demonstrates proficiency)			
Wheelchair Training			
Door-To-Door Service (Trainee demonstrates proficiency)			
Gas Card (Trainee demonstrates proficiency)			
<b>DRIVING</b>			
Left Turn			
Right Turn			
Backing Up			
Stop Sign			
Traffic Light			
Railroad Crossing			
School Zone			
U-Turn			
Speed Limit Not Exceeded			
Use of Mirrors			
Smooth Start			
Smooth Stops			
4-Way Flashers			
Use of directional signals			
Use of all safety belts			
Wheelchair Lift			
Door Interlock Safety System			
Manually deploy - lower, raise & store lift with engine off-side/rear door			
Dashboard Features			
A/C & Heat Controls			
Locate First Aid Kit			
Fire Extinguishers			
Biohazard Kit			
Oxygen Tank Stand			
Post-Trip Inspection (Trainee demonstrates proficiency)			

# MARION TRANSIT

CIRCLE WHICH IS OBSERVED:

- Dialysis
- Shoppers
- Medical Appointments

**COMMENTS:**


**Trainee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FTO Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Training Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# MARION TRANSIT

## DAY 10 Final Evaluation For Solo Status

TOPIC	8 HOURS	TRAINEE INITIALS	TRAINER INITIALS
<b>DEMONSTRATED PROFICIENCY</b>			
Bus transit system safety and operational policies and procedures			
Operational bus and equipment inspections			
Bus equipment familiarization			
Basic operations and maneuvering			
Boarding and alighting passengers			
Operation of wheelchair lifts and other special equipment			
Defensive driving			
Passenger assistance and securement			
Handling of emergencies and security threats			
Security and threat awareness			
Driving conditions			
Use-of-wireless communication devices			
Distracted Driving			

This will be filled out by the Training Manager/or designee during final check ride.

Name of Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

## FINAL REVIEW BY TRANSIT MANAGER

DEMONSTRATED	PROFICIENT	REMEDIAL	COMMENTS
PRE-TRIP INSPECTION			
MIRROR ADJUSTMENTS			
LEFT TURN			
RIGHT TURN			
BACKING UP			
STOP SIGN			
TRAFFIC LIGHT			
R/R CROSSING			
SCHOOL ZONE			
U-TURN			
SPEED LIMIT NOT EXCEEDED			
USE OF MIRRORS			
SMOOTH STARTS			
SMOOTH STOPS			
4-WAY FLASHERS			
USE OF DIRECTIONAL SIGNALS			
POST-TRIP			



# MARION TRANSIT

TOPIC	INITIAL	COMMENTS
Weekly Video Reviews		
Daily disinfectant on all buses in service, every Friday heavy disinfectant applied to bus interior.		
Disinfectant wipes & hand sanitizer issued to all drivers for use on buses during operations.		
Rubber gloves, Face Shield, and Thermometer provided.		
Reservations screening clients by asking COVID-19 Florida Health Department screening questions. If any YES answers trips are denied until medically cleared.		
Fare money bags and drop safe is being sanitized before handling.		
Driver's radios sprayed with disinfectant sanitizer when left for charging overnight.		
Warning posted on Marion Transit website <a href="http://www.mariontransit.org">www.mariontransit.org</a>		
Bulletins, notices & updates posted for Drivers and Transit workers.		
Monitoring other Transit agencies regarding operations and best practices.		
Transit Buses limited number of Passengers per bus.		
SSPP		
HSP		
TITLE VI		
VEHICLE MAINTENANCE		
ADA = INTOWN to INTOWN		
<b>(1 HOUR WINDOW)</b> ADA, American Disabilities Act – These are clients residing within the Ocala public transportation service area but are unable to ride the SunTran bus due to a disability. These clients pay \$2.00 per one-way trip for transportation and have a <b>1-hour window</b> for pickup/return trips.		
TD = INTOWN TO OUT		
<b>(2 HOUR WINDOW)</b> TD, Transportation Disadvantaged – These are clients within a few miles outside the SunTran bus route who qualify for transportation due to health/physical reasons and/or no personal means of transportation. These clients generally pay \$2.00 per one-way trip for transportation within Marion County and have a 2- hour window for pickup/return trips.		
5311 = OUT OF TOWN		
<b>(2HOUR WINDOW)</b> Section 18		
These are clients that live outside of the Sun Tran bus route and TD route areas, but still live within Marion County. These clients generally pay \$2.00 per one way trip for transportation within Marion County and have a 2-hour window for pickup / return trips.		
Client Injury Report		
Employee Injury Report		

# MARION TRANSIT

I acknowledge that I have received 80 hours of Field Operator Training in preparation for becoming a Marion Transit Driver, that I have been given the opportunity to ask questions throughout this training, that I agree to follow the rules, regulations and policies of Marion Senior Services, Inc. and Marion Transit.

Trainee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trainee Comments:

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**Final Sign Off by Transit Supervisors:**

This employee has demonstrated the knowledge, understanding and ability to operate in a solo status as a Marion Transit Driver.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

TRAINING MANAGER	COMMENTS
Signature:	
Date:	

DIRECTOR SIGNATURE	COMMENTS
Signature:	
Date:	

# ***MARION TRANSIT***

## **APPENDIX A**

### **Forms & Policies**

# MARION TRANSIT

## DIRECTIVE 19 – F, a

### DISTRACTED DRIVING -

Definition:

Distracted driving is typified by any mental or physical activity that takes the driver's focus off the task of driving. The Florida crash report allows officers to report driver distraction in the following categories: distracted by electronic communication devices (cell phone, etc), other electronic devices (navigation device, DVD player), other distraction inside the vehicle, external distraction (outside the vehicle), texting or general inattentiveness.

Florida State Statute 316.305 prohibits texting while driving in the State of Florida.

**Please read the Distracted Driving Policy, sign and return to your supervisor.**

To increase employee safety and eliminate unnecessary risks behind the wheel, Marion Senior Services has enacted a Distracted Driving Policy. Marion Senior Services is committed to ending the epidemic of distracted driving, and have created the following rules, which apply to any employee operating a company vehicle or personal vehicle while conducting company business.

- Company employees and volunteers may not use a hand-held cell phone while operating a company vehicle – whether the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails, instant messages, and text messages.
- Company employees and volunteers driving personal vehicles while on company business are encouraged not to use hand-held cell phones and *assume all liabilities associated with their use should an incident occur*. Use of hands free technology is encouraged.
- Company employees are prohibited from using cell phones for text messaging or using other devices such as Smartphones or programming GPS devices while driving. If you must use these devices, you must first pull off the road safely.
- Additionally, Transit Drivers operating company transit vehicles (i.e. buses/vans/vehicles are required to:
  - Turn personal cell phones off before starting the vehicle.
  - Consider modifying voice mail greetings to indicate that you are unavailable to answer calls or return messages while driving.
  - Inform clients, associates and business partners of this policy as an explanation of why calls may not be returned immediately.
  - Earpieces must be removed from the operator's ear while occupying the driver's seat
- Transit Drivers are not permitted to use any wireless communication device issued by the bus transit system while the transit vehicle is in motion except brief radio communications

# MARION TRANSIT

with the dispatcher. If the driver must use the radio for a long duration, he/she must stop the vehicle in a safe place off the road.

- Transit Drivers are permitted to use wireless communication devices issued by the bus transit system in the following situations -
  - A driver needing to communicate with the dispatcher and vise-versa.
  - A driver requesting medical or emergency assistance.
  - A driver reporting an illegal activity, a traffic accident, a road hazard, or a safety or security threat.
- The use of a wireless communication device is prohibited while loading or unloading a wheelchair patron or while conducting any other safety related duty that require the driver's undivided attention.

Note: If wireless communication is necessary, the driver will use a company issued wireless communication device before or upon completion of the safety related task.

Failure to follow company safety policies could result in the loss of driving privileges and other disciplinary actions up to and including termination of employment.

## Driver Responsibility Statement:

Please check:

1.  I have less than 7 points on my driving record over the past 3 years.
2.  I have had no serious violations in the past 5 years.
3.  I have a valid driver's license.
4.  I have less than 3 accidents in the past 7 years.
5.  I currently have auto insurance with minimum limits of 50/100 and can provide a copy if requested.
6.  I am willing to complete all driver safety training
7.  I will obey all traffic laws and wear my seat belt at all times while operating my vehicle.

I acknowledge that I have received a written copy of the Distracted Driving Policy, that I fully understand the terms of this policy, that I have been given the opportunity to ask questions about this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (printed)

END

# MARION TRANSIT

## ATTENDANCE AND ABSENCE POLICY

### Objective

The purpose of this policy is to set forth Marion Senior Services' policy and procedures for handling employee absences and tardiness to promote the efficient operation of the company and minimize unscheduled absences.

### General Expectations

Employees are expected to work their full, approved schedule as directed, report to work on time each day and be ready to work at the start of each shift. Appearing at work when scheduled and on-time is critical to completing the services our clients need in an efficient and effective manner.

Whenever possible, employees should attempt to schedule routine medical appointments at the beginning or end of the workday, or in the manner that causes the least disruption to company operations.

Lunch and approved breaks may not be accumulated for later use, combined and/or used to shorten the workday.

### Absence

"Absence" is defined as the failure of an employee to report for work when he or she is scheduled to work. The two types of absences are defined below:

- *Excused absence* occurs when all the following conditions are met:
  - The employee provides to his or her supervisor sufficient notice at least 48 hours in advance of the absence.
  - The absence request is approved in advance by the employee's supervisor, and
  - The employee has sufficient accrued paid time off (PTO) to cover the absence.
  
- *Unexcused absence* occurs when any of the above conditions are not met. If it is necessary for an employee to be absent or late for work because of an illness or an emergency, the employee must notify his or her supervisor no later than the employee's scheduled starting time on that same day. If the employee is unable to call, he or she must have someone make the call. It is imperative that employees communicate their need to be absent and failure to communicate in any fashion about an absence either in advance or within a reasonable time period will result in discipline.

# ***MARION TRANSIT***

An unexcused absence counts as one occurrence for the purposes of discipline under this policy.

## ***Tardiness and Early Departures***

Employees are expected to report to work and return from scheduled breaks on time. If employees cannot report to work as scheduled, they must notify their supervisor no later than their regular starting time. This notification does not excuse the tardiness but simply notifies the supervisor that a schedule change may be necessary.

Employees who must leave work before the end of their scheduled shift must notify a supervisor immediately.

Tardiness and early departures are each one-half an occurrence for the purpose of discipline under this policy.

## **Absence Notification Procedure**

Timely attendance is a critical aspect of every position. In order to plan for routine absences and arrange adequate cover for unscheduled absences, employees must ensure supervisors and managers are aware of their whereabouts.

This procedure details the expectations for requesting leave and notifying the company of an absence—"calling in"—both scheduled and unscheduled. This procedure should be read in conjunction with applicable company policies, procedures and memorandums of agreement and is not intended to supersede any directives contained in such policies and procedures.

## **Excused/Scheduled Leave Requests**

Requests by an employee to modify his/her schedule, to shorten or lengthen the lunch break, to work additional hours, or to take vacation or other leave—including leave without pay—should be requested and approved by a supervisor in advance.

Whenever possible, employees should submit requests for leave to their supervisor at least two weeks in advance. Leave may only be taken once approval is received from the employee's supervisor. If the supervisor has not responded, it is the employee's responsibility to follow up and ensure the request has been received.

Leave may be granted or refused at the supervisor's discretion, based upon operational needs.

# MARION TRANSIT

## Unexcused /Unscheduled Absences

Unscheduled absences, whether sickness, lateness, or other reason, must be reported according to the following call-in procedure:

- Employees must call in prior to their scheduled start time.
- Employees must speak to a live person. If the immediate supervisor is not available, the employee should leave a message, including a number where the employee can be reached, then continue to call the manager, alternate supervisor, and assigned lead worker until the employee is able to speak to someone directly.
- For unscheduled absences of more than one day, the employee must follow call-in procedures for each day of absence, unless medical documentation has been submitted informing the employee's supervisor of the duration of absence.
- Managers will notify Human Resources of any absences that may require the employee's absence to be deemed FMLA. These absences include but are not limited to:
  1. The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
  2. To care for a spouse, son, daughter, or parent who has a serious health condition;
  3. For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or
  4. For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active-duty status.

Human Resources will notify the Manager if the employee is approved for FMLA. Employees out on FMLA or extended Sick Leave are to communicate with Human Resources on a weekly basis regarding the status of their leave. Human Resources will notify their manager of the status weekly.

All Medical Documentation, including notes from the employee's physician are to be submitted to **Human Resources** for the employees medical personnel file, which is to be kept separate from their regular personnel file in accordance with applicable federal and state regulations.

Failure to follow the call-in procedure as set out by this policy may lead to the time being deemed as unexcused/unauthorized leave without pay, and subject the employee to discipline, up to and including dismissal from employment.



# MARION TRANSIT

## Leave Verification

The company reserves the right to request medical verification of an employee's request for sick leave, which demonstrates the employee's incapacity to report to work or necessity to be absent.

When an employee calls in sick after being denied vacation for the same day(s), medical verification is always required. Such absence will be counted as 2 occurrences.

Failure to submit medical verification as directed may result in the time being deemed as unauthorized/unexcused absence without pay, and subject to discipline, up to and including dismissal from employment.

## Disciplinary Action

The company makes every effort to accommodate leave and absence requests that are submitted according to company policy and procedure. However, employees are expected to take responsibility for the appropriate use of company leave benefits. Excessive absences, tardiness, abuse of leave, failure to report or call-in pursuant to company policy will not be tolerated and may result in disciplinary action, up to and including dismissal from employment.

Disciplinary action:

2 occurrences: First Written Warning  
4 occurrences: Second Written Warning  
6 occurrences: Third Written Warning  
8 occurrences: Grounds for termination.

The following examples are for illustrative purposes and demonstrate some, but not all, of the scenarios where discipline may result:

- Failure to follow call-in procedure
- Failure to report to work as scheduled
- Tardiness (defined as reporting to work late or returning from breaks and lunches late without permission)

Excessive absenteeism is defined as two or more occurrences of unexcused absence in a 30-day period and will result in disciplinary action.

Two occurrences of unexcused absence within the employee's 90 day probationary period is considered grounds for termination.

Eight occurrences of unexcused absence in a 12-month period are considered grounds for termination.







# MARION TRANSIT



## NOTICE OF ABSENCE

I, \_\_\_\_\_  
(Print Name) (Signature)

Request to be absent or  Was absent on the following dates:

Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

### Please use the following for my pay:

Vacation  Sick  Float  Bereavement  
Available Balance: Vac \_\_\_\_\_ Sick \_\_\_\_\_ Float \_\_\_\_\_

### Reason for Absence: (Check all that apply)

FMLA  Illness Immediate Family  
 Personal Illness  Other (Specify reason)  
 Death Immediate Family (Documentation Required)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Flex Time: (Hourly) to be made up when: \_\_\_\_\_

\*\*\*Flex time must be scheduled through the supervisor and made up within the **work week** that the absence occurs. Flex Time is granted on an individual basis & must be pre-approved.

### Supervisor/Manager Approval:


\_\_\_\_\_  
(Print Name) (Signature) Date: \_\_\_\_\_

Received By: Payroll/Initials \_\_\_\_\_ HR/Initials \_\_\_\_\_

\*Please forward signed form to PAYROLL. Payroll will forward to HR for employee's personnel file.

Updated 1/16/2019

# MARION TRANSIT

 <b>Marion Senior Services</b> <small>MEALS • TRANSIT • IN-HOME SUPPORT</small>		<h2>Vehicle Collision Report</h2>			
<p><b>* = DRIVER MUST FILL IN (Supervisor will complete the remainder)</b></p>					
Agency Name:		Marion Senior Services, Inc., d/b/a Marion Transit			
* Date of Collision:		* Time:			
* Location:		*Near/At:			
*Operator:		Supervisor:			
<b>Agency Vehicle Information</b>					
*Vehicle Number:		FDOT Control #:			
Grant Source (circle one):	5307	5310	5311	5339	Other: <input type="text"/>
Vehicle Year:		Make:		Model:	
*License Plate:		VIN:		*Mileage:	
Insurance Carrier:					
Policy Number:			Expiration Date:		
<b>* Other Vehicle Information #1 (From Police Report)</b>					
Driver Name:		Phone Number:			
Driver Address:					
Vehicle Year:		Make:		Model:	
License Plate:		Color:		Insurance Carrier:	
Policy Number:			Expiration Date:		
<b>* Other Vehicle Information #2 (From Police Report)</b>					
Driver Name:		Phone Number:			
Driver Address:					
Vehicle Year:		Make:		Model:	
License Plate:		Color:		Insurance Carrier:	
Policy Number:			Expiration Date:		
<b>* Property Damage Information (If applicable)</b>					
Owner Name:		Phone Number:			
Address:					
Property Damaged:					
Insurance Carrier:					
Policy Number:			Expiration Date:		

# MARION TRANSIT

* Collision Information						
<b>*Circle All That Apply:</b>	Passenger Injury	Operator Injury		Worker Comp Injury		
	Operator Vehicle Damage	Other Vehicle Damage		Property Damage		
<b>*Vehicle(s) Towed:</b>	Agency Vehicle: <input style="width: 50px;" type="text"/>	# of Other Vehicle(s): <input style="width: 50px;" type="text"/>				
<b>*Medical Transport:</b>	# Transported: <input style="width: 100px;" type="text"/>					
<b>*Transported to:</b>	<input style="width: 100px;" type="text"/>			Transported by: <input style="width: 100px;" type="text"/>		
<b>*Circle All That Apply:</b>	Employee		Bus Passenger		Pedestrian	
	Other: <input style="width: 100px;" type="text"/>					
<b>* Weather Conditions</b>	Was Weather a Factor?		Yes <input style="width: 50px;" type="text"/>	No <input style="width: 50px;" type="text"/>		
<b>*Circle All That Apply:</b>	Snow	Rain	Clear	Fog	Dark	Daylight
	Dusk		Dawn		Other: <input style="width: 100px;" type="text"/>	
Post Accident Testing						
<b>Post Accident Test Required?</b>		<b>Determined by:</b>				
<b>IF YES to Test Required:</b>	Alcohol Testing Completed within 2 Hours?					<input style="width: 50px;" type="text"/>
	Alcohol Testing Completed within 8 Hours?					<input style="width: 50px;" type="text"/>
	Alcohol Testing Completed within 32 Hours?					<input style="width: 50px;" type="text"/>
<b>IF No, document why not:</b>						
* Collision Description						
Please provide <b>as much detail as possible</b> to explain how the vehicle collision occurred:						

# MARION TRANSIT

## \* Collision Scene Field Sketch

Note: Drawing Not to Scale

## Accident Findings

Estimated Cost of Damage:

Was the Collision Preventable?

If Yes, Explain:

## \* Operator Information

\* DL#

\*Expiration Date:

\*Birth Date

\*Years with Agency:

\*Shift Start Time:

\*Hours on Duty

Hours on Duty Last 7 Days:

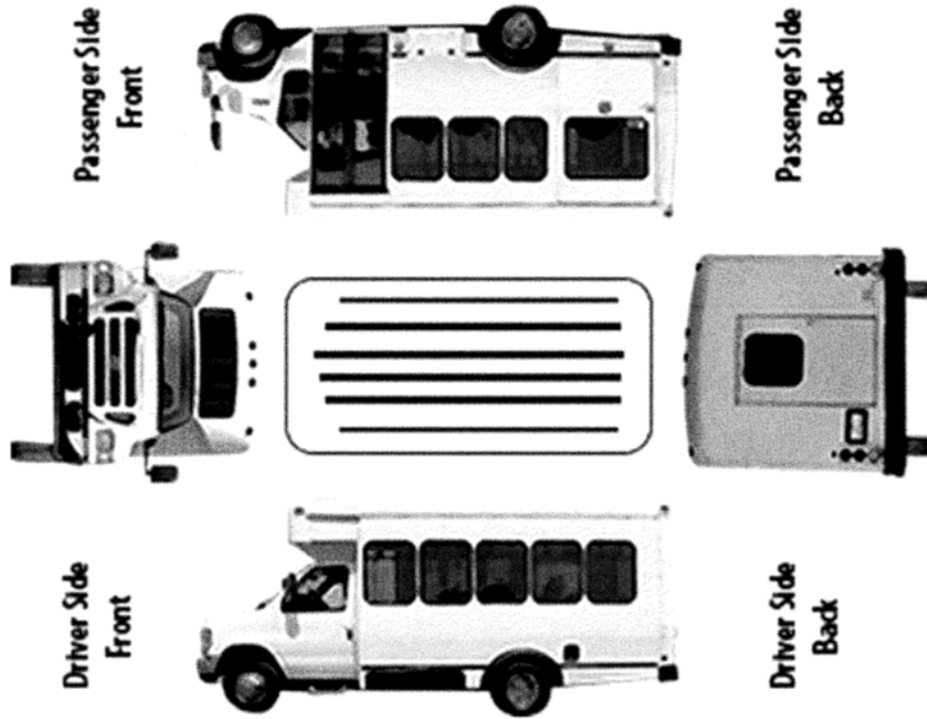
# MARION TRANSIT

Collision Follow-Up									
Supervisor Comments:									
Corrective Action:									
Training Required?					# of Hours:				
Type of Training:									
Supplemental Information									
List all passengers on board at time of collision:									
Additional Notes:									
Operator Signature:						Date:			
Supervisor Signature:						Date:			



# MARION TRANSIT

Circle Areas of Damage



FDOT District 3 Collision Report - Revised 10/2016

# MARION TRANSIT



## MARION TRANSIT

A Division of Marion Senior Services, Inc.

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1101 S.W. 20<sup>th</sup> Court, Ocala, FL 34471  
Telephone (352) 620-3071 Fax (352) 620-3400

To All Marion Transit Employees:

This attached “Incident and Injury Report” is for employees who have suffered an on-the-job injury and must be filled out by the employee and submitted to his/her respective supervisor as soon as possible.

**Notification of an on-the-job injury must be reported to your respective Supervisor IMMEDIATELY.** The attached document must be completed and turned in **PRIOR TO THE END OF YOUR SHIFT.**

Complete the report with as much detail as possible – include information for any witness to the incident.

Thank you,

*Management*

# MARION TRANSIT

## Incident and Injury Report

To be completed by the injured employee

Claim number \_\_\_\_\_

Name	Hire date	Age	Sex
Street	City	State	Phone
Describe your injury			
Describe, in detail, what you were doing and what happened when the incident occurred. (Attach additional sheets if needed.)			
Employee signature			Date

To be completed by supervisor, manager, safety professional, etc.

Time and date of incident	Date reported	Injured employee's job title	Years of job experience	
Injury source <input type="checkbox"/> Animal bite/scratch <input type="checkbox"/> Burn <input type="checkbox"/> Caught in/between <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Cut or laceration <input type="checkbox"/> Manual material handling <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Struck by or against <input type="checkbox"/> Workplace violence <input type="checkbox"/> Other:	Body part(s) affected <input type="checkbox"/> Head <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s) <input type="checkbox"/> Back/neck <input type="checkbox"/> Arm/shoulder <input type="checkbox"/> Hand/finger <input type="checkbox"/> Chest/torso <input type="checkbox"/> Leg/knee/ankle/foot <input type="checkbox"/> Lung(s)	Relevant training received		
		Subject		Date
Location of incident	Nature of injury	PPE required	Used	
			Yes No	
Type of incident <input type="checkbox"/> First Aid <input type="checkbox"/> Medical treatment <input type="checkbox"/> Lost work day(s) <input type="checkbox"/> Fatality <input type="checkbox"/> Near-miss	Witnesses		<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	

Please keep on file for your records.



www.summitholdings.com

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**SUMMIT LOSS PREVENTION SERVICES**

CORPORATE OFFICE *Florida*  
 PO Box 988 • Lakeland, FL 33802-0988 • 863-665-6060 • 1-800-282-7648 • Fax 863-665-3546  
 SOUTHEAST REGION *Georgia, Kentucky, North Carolina, South Carolina, Tennessee*  
 PO Box 600 • Gainesville, GA 30503-0600 • 678-450-5825 • 1-800-971-2667 • Fax 770-531-1349  
 SOUTHWEST REGION *Alabama, Arkansas, Louisiana, Mississippi, Texas*  
 PO Box 80439 • Baton Rouge, LA 70898-0439 • 225-926-3264 • 1-800-421-2944 • Fax 225-926-4026

# MARION TRANSIT

## Accident Analysis

To be completed by supervisor, manager, safety professional, etc.

Describe the incident, in detail, as determined by investigation. (Attach additional sheets, if needed.)

### Root cause analysis

1. Identify all contributing factors.
2. For each, ask "Would the incident have happened if this particular factor was not present?"  
If the answer is "No," then it is a root cause (RC).
3. For nearly every incident, there are multiple root causes/contributing factors

Yes = CF  
No = RC

Manpower	CF		RC		Material	CF		RC		Management systems	CF		RC	
Failure to follow procedure/rule					Defective tool/equipment					Not properly trained				
Failure to use proper PPE					Improperly guarded equipment					Poor housekeeping				
Improper use of tool/equipment					Not properly trained					No/poor procedure				
Horseplay					Poor lighting					Ineffective communication				
Distracted/breakdown of awareness					Poor ventilation					No/poor job planning				
Fatigue/stress/frustration					Environmental (weather, temp, animal)					Heavy workload/tight schedule (real or perceived)				
					Poor design/layout					Long/unusual work hours				

### Corrective actions

Action	Due date	Person/department responsible

Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Manager \_\_\_\_\_ Date \_\_\_\_\_ Safety professional \_\_\_\_\_ Date \_\_\_\_\_

Please keep on file for your records.



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# MARION TRANSIT

## Incident Witness Statement

Name of injured employee	Date of Incident
Name of witness	Date of statement

Were you in the area when the incident occurred?  Yes  No

Did you see the incident happen?  Yes  No

If "Yes" to either of the above, describe what you observed in detail.

How can a similar incident be prevented in the future?

Was an injury reported as a result of the incident?  Yes  No

Have you ever heard the injured employee ever complain of a similar injury or illness?  Yes  No

Are you aware of any previous injuries/incidents, on or off the job, that the employee has had?  Yes  No

If so, describe.

I affirm that the above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Witness signature Date

**Please keep on file for your records.**

SLCS0700 REV 3/15 (1-283)  
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# MARION TRANSIT

## MARION TRANSIT

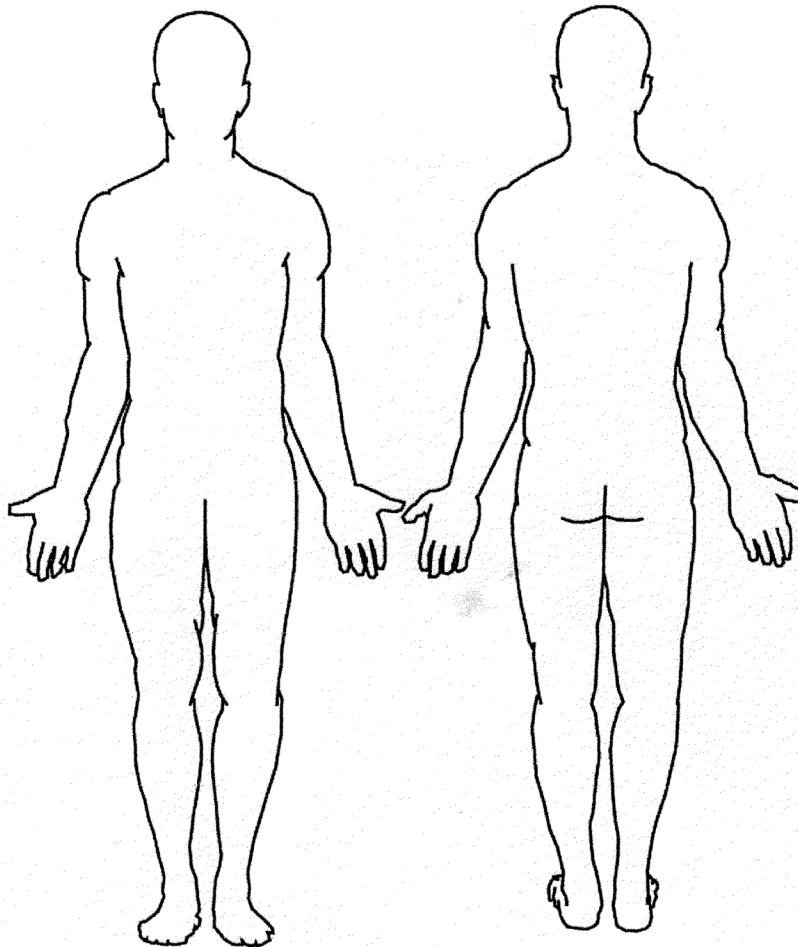
*A Division of Marion Senior Services*

Subject Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe any injuries, where and how they occurred: \_\_\_\_\_

---

---



Completed by: \_\_\_\_\_

Rev. 5/2018

# MARION TRANSIT

## CLIENT INCIDENT REPORT

Incidents are defined something that occurs where a client is potentially injured. They are to be reported to a supervisor immediately via radio or phone call. The Incident Report should be completed and submitted by the end of shift by the employee.

Date/Time: \_\_\_\_\_ Occurrence Address: \_\_\_\_\_

Incident location: \_\_\_\_\_

Subject Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Synopsis of incident: \_\_\_\_\_

\_\_\_\_\_

(Use additional sheets if more information is needed to explain incident)  
What was done with ill or injured client: \_\_\_\_\_

Was 911 called to respond? Yes or No (reason): \_\_\_\_\_  
(circle)

Hospital if transported: \_\_\_\_\_

Notifications (if any): Name / Phone #: \_\_\_\_\_

Relationship: Family - Friend - Other: \_\_\_\_\_  
(circle one)

Name, address, phone # of witnesses/passenger's present: \_\_\_\_\_

\_\_\_\_\_

Subject Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject refused treatment (initial): \_\_\_\_\_  
(Have subject initial only if they refused treatment)

\*\*\*\*\*

Employee Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

*Mission – "Is to provide public transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience".*  
Rev 5/2018

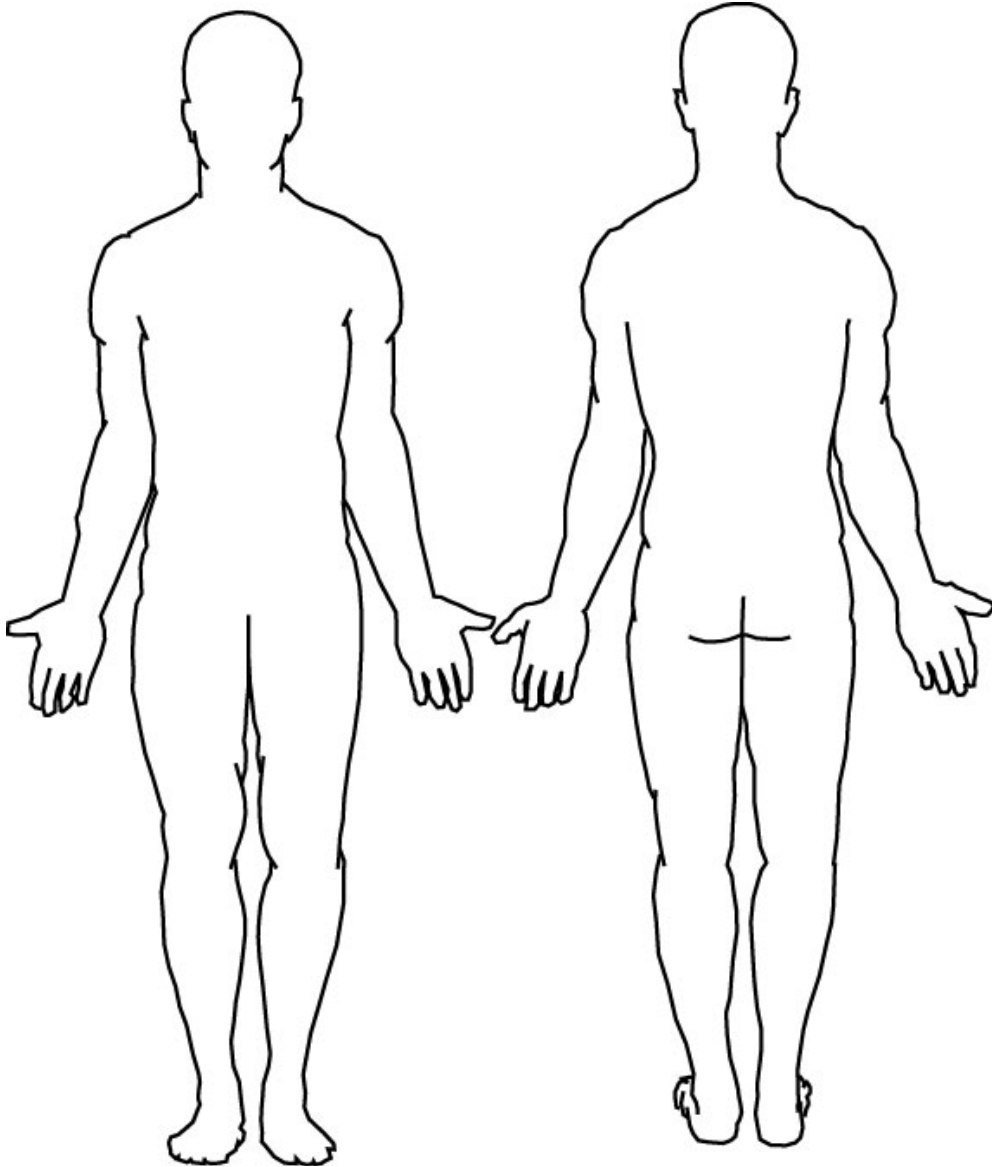
# MARION TRANSIT

## CLIENT INCIDENT REPORT

Subject Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe any injuries, where and how they occurred: \_\_\_\_\_

---



*Mission – “Is to provide public transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”.*  
Rev 5/2018





# MARION TRANSIT

## MARION TRANSIT



A division of



Dear Rider: \_\_\_\_\_

We arrived to pick you up for your  
scheduled appointment at:

\_\_\_\_\_ A.M./P.M. on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

In the future, please call Marion Transit  
Reservations at 620-3071 to cancel your  
trip at least 24 hours in advance of your  
pickup time.

***Don't be a "NO SHOW" -  
Others are depending on us.***



# MARION TRANSIT



## VEHICLE INSPECTION CHECKLIST

DATE: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_  
 BUS #: \_\_\_\_\_ DRIVER: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

\*Note any "FAIL" in comments & attach supporting documents showing corrections.

<u>INSPECTION</u>	<u>PASS</u>	<u>FAIL</u>	<u>N/A</u>
FIRE EXTINGUISHER(S) (Check the Indicator)			
SAFETY EQUIPMENT – (Reflectors (red box), first aid kit, Emergency Exit(s) function)			
LIGHTS – (Interior & exterior)			
CLEANING SUPPLIES – Broom, Sprays, biohazard, etc.			
WIPERS – Fluid			
SEATBELTS			
HORN			
WHEELCHAIR LIFT – (Cycle)			
SEATBELT CUTTER(S)			
DOCUMENTS – FDOT Form, Registration, Insurance, Misc. Paperwork			
CLEANLINESS (Interior)			
CLEANLINESS (Exterior)			
VISIBLE DAMAGE			
OTHER:			

**Comments:**

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# MARION TRANSIT

1101 S.W. 20<sup>th</sup> Court, Ocala, FL 34471  
Telephone (352) 620-3071 Fax (352) 620-3400

## ROAD CALL / WRECKER

(CIRCLE ALL THAT APPLY)

Date	Time	Bus#	Driver Name (Print)
Location of Vehicle			City
Reason <input type="checkbox"/> Accident <input type="checkbox"/> Mechanical <input type="checkbox"/> Pull Out <input type="checkbox"/> Other:		Explain Mechanical Issue	
If towed (Address)			
Service Provider		Phone	

Other Details
---------------

This form is used whenever a bus/driver has an issue that requires a service provider respond to their location in the field. The form is filled out by the driver and turned in with the end of shift paperwork. This form will be filed in the permanent bus folder.

Reviewer/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Mission – *“Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience.”*

REV 5/2018

## BUS VIDEO REVIEW

Date of service: \_\_\_\_\_ Time of service: \_\_\_\_\_ Bus#: \_\_\_\_\_

Driver: \_\_\_\_\_ Reason: \_\_\_\_\_ Random or Complaint

CIRCLE ONE

CUSTOMER SERVICE	N/A	YES	NO	TIME	COMMENTS
Professional/Personable?					
Clients used seatbelts?					
Loose items stored?					
Walkway clear?					
Door to Door Service?					

WHEELCHAIR	N/A	YES	NO	TIME	COMMENTS
Proper lift usage?					
Proper wheelchair tie down?					
Proper wheelchair seat belt?					

DRIVING	N/A	YES	NO	TIME	COMMENTS
Seat belt usage?					
Railroad Crossing stops?					
Obedied speed limits?					
Turn signals used?					
Safe lane changes?					
Made complete stops?					
Smooth stops?					
Smooth accelerations?					
Smooth turns?					
Avoids distractions?					
Cell phone usage within policy?					

**ADDITIONAL COMMENTS:** (Include any corrective action taken if any)

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Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 6/2017



# MARION TRANSIT



**Marion Senior Services**  
MEALS • TRANSIT • IN-HOME SUPPORT

**INTER-AGENCY REFERRAL FORM**

Revised: 02/20 gr

Date: \_\_\_\_\_

---

Referral Department: \_\_\_\_\_ Name: \_\_\_\_\_

Extension #: \_\_\_\_\_ Does this consumer know about this referral?  YES  NO

**Client Information**

Name: \_\_\_\_\_

Gender:  Female  Male      DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ FL, Zip \_\_\_\_\_

Residence:  Private Residence  Other (Specify) \_\_\_\_\_

Client Lives With:  Alone  Spouse  Children  Relatives  Friend  Other (Specify)

Client homebound? Yes  No

Caregiver? Yes  No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Reason for Referral (Include any known or present problems/health conditions): PLEASE WRITE LEGIBLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Suggested Service Needs:**

H. D. Meals       Preferred Care       Other (Specify) \_\_\_\_\_

Homemaker       Friendly Visitor

Ill E Respite       Telephone Reassurance

Referral Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intake Review By: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MARION TRANSIT

## APPLICATION FOR FARE WAIVER

Client Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. No. \_\_\_\_-\_\_\_\_-\_\_\_\_ Verified: \_\_\_ Yes \_\_\_ No

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cnty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

**TOTAL NUMBER OF INDIVIDUALS IN HOUSEHOLD EARNING INCOME** \_\_\_\_\_

**TOTAL NUMBER OF INDIVIDUALS LIVING IN HOUSEHOLD** \_\_\_\_\_

**TOTAL HOUSEHOLD MONTHLY INCOME SOURCES**

(CHECK)

Amount \$

- |  |       |       |
|--|-------|-------|
| 1. Earning from employment (wages, salaries or income from you business) | _____ | _____ |
| 2. Social Security (include Social Security Disability but not SSI)      | _____ | _____ |
| 3. VA benefits such as GI Bill & disability payments                     | _____ | _____ |
| 4. Disability payments not covered by Social Security, SSI or VA         | _____ | _____ |
| 5. Retirement pension from job   | _____ | _____ |
| 6. Money from children on a regular basis                                | _____ | _____ |
| 7. Interest or dividend income   | _____ | _____ |
| 8. SSI payments (yellow government checks)                               | _____ | _____ |
| 9. Welfare payments/AFDC/Food Stamps (Circle those received)             | _____ | _____ |
| 10. Other (Specify) _____  | _____ | _____ |

**TOTAL HOUSEHOLD MONTHLY INCOME** \$ \_\_\_\_\_

I certify that the contents of this document are true, accurate, complete statements and are subject to verification. I acknowledge that intentional misrepresentation or falsification of any information in this document will result in the termination of the waiver if approved.

**SIGNATURE:** \_\_\_\_\_

To be considered for the Fare Waiver, you must provide proof of income for all persons living in the home. (Examples: Current statements pertaining to Food Stamp benefits, SSI payments, W2, Social Security benefits, Medicaid (include a photocopy of Medicaid Card with provider name and Effective Date), Housing Authority, etc....) Please provide this via email, fax, mail, or provide copies in a sealed envelope with "ATTN: Cyndi" and give it to the driver. The email address is [csantiago@marionseniorservices.org](mailto:csantiago@marionseniorservices.org) the fax number is 352-620-3504, the address is 1101 SW 20<sup>th</sup> CT, Ocala, FL. 34471

Please provide as soon as possible so we can update your Fare Waiver or Eligibility status.

### TO BE COMPLETED BY MARION TRANSIT SERVICES

Client Name \_\_\_\_\_

Income is at or below the income limit: Yes \_\_\_\_\_ No \_\_\_\_\_

Waiver approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Person reviewing/approving application \_\_\_\_\_



# MARION TRANSIT

## PARKING



Please do not park in “VISITOR” designated spaces.



# ***MARION TRANSIT***

## **APPENDIX B**

### **Tablet Training**

NAME	DL Exp.	last DOT	DOT EXP.	ADA Training	Def. Driving
Bartolomeo, Joseph	6/11/2026	10/24/2024	10/24/2025	11/2/2023	10/30/2023
Bianco, Jeffrey	7/9/2026	2/27/2024	2/27/2025	2/28/2023	2/27/2023
Cameron, Lisa	3/16/2027	6/5/2024	6/5/2026	6/25/2024	6/24/2024
Cardona, Jonah	8/13/2026	8/27/2024	8/27/2026	9/6/2024	9/5/2024
Cobb, Brian	2/12/2029	11/20/2024	11/20/2025	9/1/2023	8/31/2023
Collins, Steven	8/25/2028	10/3/2024	10/3/2025	12/21/2023	12/21/2023
De Gannes, Selwyn	10/9/2027	2/27/2024	2/27/2026	3/12/2024	10/1/2024
Desmarais, Cindi	1/24/1932	12/5/2024	12/5/2026	12/31/2024	12/30/2024
Desmarais, Mike	3/21/2031	8/1/2024	8/1/2026	2/2/2024	2/2/2024
Duffy, Michael	12/31/2030	5/17/2024	5/17/2025	8/15/2023	10/17/2024
Ecker, Robert	10/2/2028	10/2/2024	10/2/2025	10/15/2024	10/14/2024
Formella, Rosemary	4/29/2028	1/11/2023	1/11/2025	1/18/2024	5/15/2023
Frankin, Danny	7/16/2031	8/24/2023	8/24/2025	9/6/2023	9/5/2023
Fuchs, Louis	3/1/2030	12/10/2024	12/10/2026	5/16/2023	2/22/2024
Gray, Syrina	9/16/2032	8/27/2024	8/27/2026	2/14/2023	4/12/2024
Hamilton, Alvin	5/20/2026	1/18/2024	1/18/2026	2/1/2024	4/20/2023
Hickle, Jeffrey	12/21/2029	9/12/2025	9/12/2025	5/8/2023	11/30/2022
Hicks, Dale	9/6/1964	3/21/2024	3/21/2025	4/3/2024	4/2/2024
Hunt, Glenn	8/29/1931	5/22/2024	5/22/2025	8/18/2023	8/17/2023
Joseph, Albert	8/9/2029	11/28/2023	11/28/2025	1/25/2024	12/28/2023
LaSalle, Ferdinand	8/31/2026	2/6/2024	2/2/2026	1/25/2024	2/6/2024
Lawton, Thomas	12/21/2031	3/21/2024	3/21/2025	6/13/2023	4/5/2023
Lopez, Ramos Anthony	5/15/2027	2/2/2024	2/2/2026	3/14/2024	3/13/2024
Melero, Mario	6/20/2026	11/26/2024	11/26/2025	1/3/2025	1/2/2025
Menger, Joseph	7/19/1930	8/1/2024	8/1/2026	8/2/2022	8/1/2022
Milliard, Jeffery	7/11/2030	7/15/2024	7/15/2025	7/20/2023	7/19/2023
Myers, George	6/8/2026	12/24/2024	3/17/2025	1/7/2025	1/6/2025
Osborne, Dave	1/18/2028	10/1/2024	10/1/2025	2/1/2024	1/9/2024
Pizarro, Luis	3/19/2025	12/10/2024	12/10/2026	1/22/2024	12/7/2023
Ponticelli, June	12/22/2026	7/5/2023	7/5/2025	3/6/2024	2/28/2024
Porter, Jeffrey	4/3/1930	4/19/2024	4/19/2025	1/11/2024	12/20/2023
Raines, Yvonne	6/6/2025	2/23/2024	2/23/2026	2/1/2024	4/19/2023
Ramos, Luis Alberto	7/12/2030	3/7/2024	3/7/2025	2/2/2024	2/2/2024
Regis, Earland	2/20/2027	3/19/2024	3/19/2025	3/14/2024	3/31/2023
Rivers, Edrige	4/18/2027	4/11/2024	4/11/2026	2/1/2024	3/19/2024
Roberts, Demetrice	11/7/2025	1/24/2025	1/24/2026	11/22/2022	3/14/2024
Schulz, Herman	3/27/2026	n/a	n/a	2/1/2024	2/1/2024
Scott, Victoria	1/13/2029	3/8/2024	3/8/2025	2/1/2024	4/25/2023
Snellbaker, Angela	5/15/1932	7/25/2024	7/25/2026	2/2/2024	8/8/2024
Spencer, Trevor	5/25/2027	2/5/2024	2/2/2025	2/1/2024	12/21/2023
Spitzley, Gerald	2/7/1932	4/11/2024	4/11/2025	7/2/2024	7/1/2024
Taylor, Leonard	10/5/2025	8/2/2024	8/2/2025	8/11/2022	8/9/2022
Thomas, Darlene	4/20/2026	1/11/2024	1/11/2026	1/26/2024	1/11/2024
Waldren, Larry	9/13/1930	11/19/2024	11/19/2025	2/5/2024	8/6/2024
Warfield, Patrick	2/26/1930	6/11/2024	6/11/2025	6/22/2023	6/21/2023
Young, Earl	3/8/2028	11/14/2024	11/14/2025	1/22/2025	1/21/2025

County	FDOT CONTROL NUMBER	AGENCY'S CONTROL NUMBER	Title Holder	VIN #	YEAR/MAKE	Model	VEHICLE LENGTH (FEET)	AMBULATORY (seats)	WHEELCHAIR (seats)	MAX WHEELCHAIR(seats)	ADA Accessory (Lift, ramp, etc.)	Current Use	Current Condition	Location of Property	Year of Grant Award and Program Number	Acquisition Date	Cost of Property	% of Federal participation in the cost of the property	Expected Retirement Date	Current Mileage	Average Annual Mileage
Marion	TD	1205 (50)	TD	2C4RDGBG4CR281275	2012/Dodge	Caravan	12	6	1	1	Ramp	Spare	Good	in-house	N/A	6/28/2012	\$45,752	0	2021	64,362	4,951
Marion	94514	1305 (31)	FDOT	1GB6G5BG4D1121678	2013/Chevy	Glaval	23	10	3	6	Lift		Good	in-house	2013; Sec. 5310	5/17/2013	\$76,491	90	2022	216,325	18,027
Marion	94556	1401 (08)	FDOT	1GB6G5BG6E1171119	2014/Chevy	Glaval	23	10	3	6	Lift		Excellent	in-house	2014; Sec. 5310	6/30/2014	\$76,760	86	2022	220,546	20,050
Marion	94557	1403 (17)	FDOT	1GB6G5BG6E1187506	2014/Chevy	Glaval	23	10	3	4	Lift		Excellent	in-house	2014; Sec. 5310	8/20/2014	\$76,760	86	2022	204,583	18,598
Marion	TD	1404 (18)	TD	1GB6G5BG8E1171940	2014/Chevy	Glaval	23	10	3	6	Lift	Spare	Excellent	in-house	N/A	6/30/2014	\$76,760	0	2022	228,684	20,789
Marion	94549	1407 (37)	FDOT	1GB6G5BG3E1171067	2014/Chevy	Glaval	23	10	3	6	Lift	Spare	Excellent	in-house	2014; Sec. 5310	6/30/2014	\$76,760	86	2022	236,927	21,539
Marion	TD	1501 (15)	TD	1FDDE4FS3DA30490	2015/Ford E-450	Glaval	23	10	3	6	Lift		Excellent	in-house	N/A	6/29/2015	\$77,150	0	2022	214,056	21,406
Marion	TD	1502 (40)	TD	1FDDE4FS5FDA30491	2015/Ford E-450	Glaval	23	10	3	6	Lift		Excellent	in-house	N/A	6/29/2015	\$77,150	0	2022	203,139	20,314
Marion	94583	1601 (05)	FDOT	1FDDE4FS4GDC03211	2016/Ford E-450	Glaval	23	10	3	6	Lift	Daily Use	Excellent	in-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022	190,660	21,184
Marion	94585	1602 (09)	FDOT	1FDDE4FS8GDC03213	2016/Ford E-450	Glaval	23	10	3	6	Lift	Spare	Excellent	in-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022	230,587	25,621
Marion	94591	1603 (11)	FDOT	1FDDE4FS1GDC03215	2016/Ford E-450	Glaval	23	10	3	6	Lift	Spare	Excellent	in-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022	193,253	21,473
Marion	94586	1604 (20)	FDOT	1FDDE4FSXGDC03214	2016/Ford E-450	Glaval	23	10	3	6	Lift	Daily Use	Excellent	in-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022	188,820	20,980
Marion	94584	1605 (21)	FDOT	1FDDE4FS6GDC03212	2016/Ford E-450	Glaval	23	10	3	6	Lift	Daily Use	Excellent	in-house	2015; Sec. 5310	9/30/2015	\$77,150	90	2022	194,530	21,614
Marion	95526	1701	FDOT	1FDVU4XG7HKA67565	2017/Ford/Tran	Nations	22	9	3	2	Lift	Daily Use	Excellent	in-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024	93,055	11,632
Marion	95527	1702	FDOT	1FDVU4XG9HKA67566	2017/Ford/Tran	Nations	22	9	3	2	Lift	Daily Use	Excellent	in-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024	102,937	12,867
Marion	95528	1703	FDOT	1FDVU4XG0HKA67567	2017/Ford/Tran	Nations	22	9	3	2	Lift	Daily Use	Excellent	in-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024	139,282	17,410
Marion	95525	1704	FDOT	1FDVU4XG2HKA67568	2017/Ford/Tran	Nations	22	9	3	2	Lift	Daily Use	Excellent	in-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024	129,005	16,126
Marion	95529	1705	FDOT	1FDVU4XG4HKA67569	2017/Ford/Tran	Nations	22	9	3	2	Lift	Daily Use	Excellent	in-house	2016; Sec. 5310	9/30/2017	\$70,424	90	2024	156,146	19,518
Marion	95556	1801	FDOT	1HA6GUBG2JN002324	2018/Chev	Nations	24	11	3	4	Lift	Daily Use	Excellent	in-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026	111,376	15,911
Marion	50016	1802	FDOT	1HA6GUBG5JN002298	2018/Chev	Nations	24	11	3	4	Lift	Daily Use	Excellent	in-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026	123,109	17,587
Marion	50014	1803	FDOT	1HA6GUBG1JN002394	2018/Chev	Nations	24	11	3	4	Lift	Daily Use	Excellent	in-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026	153,909	21,987
Marion	50013	1804	FDOT	1HA6GUBG9JN002336	2018/Chev	Nations	24	11	3	4	Lift	Daily Use	Excellent	in-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026	143,807	20,544
Marion	50015	1805	FDOT	1HA6GUBG9JN002403	2018/Chev	Nations	24	11	3	4	Lift	Daily Use	Excellent	in-house	2017; Sec. 5310	9/30/2018	\$85,343	90	2026	114,072	16,296
Marion	50038	1900	FDOT	1FDDE4FS1KDC14093	2019/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027	159,992	26,665
Marion	50041	1901	FDOT	1FDDE4FS5KDC27574	2019/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027	154,853	25,809
Marion	50039	1902	FDOT	1FDDE4FS2KDC29671	2019/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027	119,120	19,853
Marion	50040	1903	FDOT	1FDDE4FS4KDC29672	2019/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027	154,935	25,823
Marion	50042	1904	FDOT	1FDDE4FS0KDC18264	2019/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2019; Sec. 5310	4/17/2019	\$80,883	90	2027	149,863	24,977
Marion	50093	2001	FDOT	1FDDE4FS3KDC66499	2020/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028	100,029	20,006
Marion	50086	2002	FDOT	1FDDE4FS6KDC66500	2020/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028	84,480	16,896
Marion	50091	2003	FDOT	1FDDE4FS8KDC66501	2020/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028	110,990	22,198
Marion	50090	2004	FDOT	1FDDE4FSXKDC66502	2020/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028	101,885	20,377
Marion	50094	2005	FDOT	1FDDE4FS1KDC66503	2020/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2020; Sec. 5310	3/31/2020	\$80,145	90	2028	102,399	20,480
Marion	50122	2101	FDOT	1FDDE4FN0MDC14258	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	12/1/2020	\$83,010	90	2028	100,056	25,014
Marion	50123	2102	FDOT	1FDDE4FN2MDC14259	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	12/1/2020	\$83,010	90	2028	119,919	29,980
Marion	50131	2103	FDOT	1FDDE4FN9MDC14260	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	3/1/2021	\$83,010	90	2028	107,351	26,838
Marion	50132	2104	FDOT	1FDDE4FN0MDC14261	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	3/1/2021	\$83,010	90	2028	93,230	23,308
Marion	50124	2105	FDOT	1FDDE4FN2MDC14262	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	12/1/2020	\$83,010	90	2028	106,051	26,513
Marion	50147	2106	FDOT	1FDDE4FN8MDC21801	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5311	5/7/2021	\$83,010	90	2028	73,664	18,416
Marion	50149	2107	FDOT	1FDDE4FN9MDC20401	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5311	4/8/2021	\$83,010	90	2028	73,441	18,360
Marion	50148	2108	FDOT	1FDDE4FN3MDC02752	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5311	5/7/2021	\$83,010	90	2028	68,885	17,221
Marion	50153	2109	FDOT	1FDDE4FN1MDC02748	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5311	5/28/2021	\$83,010	90	2028	87,301	21,825
Marion	50146	2110	FDOT	1FDDE4FN0MDC20402	2021/Ford E-450	Goshen	23	12	3	4	Lift	Daily Use	Excellent	in-house	2021; Sec. 5311	5/7/2021	\$83,010	90	2028	68,453	17,113
Marion	50139	2111	FDOT	1FDDE4FN4MDC20452	2021/Ford E-450	Goshen	25	14	2	2	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	3/25/2021	\$90,799	90	2028	74,721	18,680
Marion	50142	2112	FDOT	1FDDE4FN6MDC20453	2021/Ford E-450	Goshen	25	14	2	2	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	4/8/2021	\$90,799	90	2028	117,902	29,476
Marion	50211	2501	FDOT	1FDDE4FNXSD02263	2025/Ford E-450	Turtle Top	23	12	3	3	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	11/4/2024	\$148,506	90	2034	410	410
Marion	50207	2502	FDOT	1FDDE4FN5SD02445	2025/Ford E-450	Turtle Top	23	12	3	3	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	11/25/2024	\$148,506	90	2034	857	857
Marion	50206	2503	FDOT	1FDDE4FN9SD02383	2025/Ford E-450	Turtle Top	23	12	3	3	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	10/29/2024	\$148,506	90	2034	1,992	1,992
Marion	50210	2504	FDOT	1FDDE4FN3SD03190	2025/Ford E-450	Turtle Top	23	12	3	3	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	11/4/2024	\$148,506	90	2034	2,162	2,162
Marion	50212	2505	FDOT	1FDDE4FN3SD03173	2025/Ford E-450	Turtle Top	23	12	3	3	Lift	Daily Use	Excellent	in-house	2021; Sec. 5310	11/4/2024	\$148,506	90	2034	2,614	2,614



**PREVENTIVE MAINTENANCE MANUAL**

for

***MARION TRANSIT***

**Revised – January, 2025**

**Complies with and incorporates  
FDOT Preventative Maintenance Guide  
September 2021 Version**

**Maintenance Plan Outsource**





It is the goal of Marion Transit to maintain an effective preventative maintenance program by utilizing proper management of parts, equipment and fleet. Marion Transit strives to operate a proactive maintenance program as opposed to reactive. Some ways they hope to accomplish this are by ensuring efficient cost-effective repairs and improving quality assurance measures. Scheduling work allows time, materials, tools, equipment, and labor to be managed easier than having unpredictable maintenance costs, workloads, and vehicle downtime. A maintenance plan has been adopted to make these goals attainable.

The maintenance plan is a “living document” including schedules and reports which will be updated periodically to reflect changes in maintenance policies, equipment, and program improvements.

### Vehicle Maintenance

The following is a summary of the vehicle fleet inventory maintained by Marion Transit as of **1/2/2025**.

Unit ID	VIN	Year	Make/Model	W/C Lift	Total Vehicle Mileage	Annual Vehicle Mileage	
TD	1205 (50)	2C4RDGBG4CR281275	2012	Dodge/Caravan	Ramp	64,362	5,364
TD	1404 (18)	1GB6G5BG8E1171940	2014	Chevy/4500	Ricon	228,684	20,789
94549	1407 (37)	1GB6G5BG3E1171067	2014	Chevy/4500	Ricon	236,927	21,539
94583	1601 (05)	1FDFE4FS4GDC03211	2016	Ford/E-450	Ricon	190,660	21,184
94585	1602 (09)	1FDFE4FS8GDC03213	2016	Ford/E-450	Ricon	230,587	25,621
94591	1603 (11)	1FDFE4FS1GDC03215	2016	Ford/E-450	Ricon	193,253	21,473
94586	1604 (20)	1FDFE4FSXGDC03214	2016	Ford/E-450	Ricon	188,820	20,980
94584	1605 (21)	1FDFE4FS6GDC03212	2016	Ford/E-450	Ricon	194,530	21,614
95526	1701	1FDVU4XG7HKA67565	2017	Ford/Transit	Braun	93,055	11,632
95527	1702	1FDVU4XG9HKA67566	2017	Ford/Transit	Braun	102,937	12,867
95528	1703	1FDVU4XG0HKA67567	2017	Ford/Transit	Braun	139,282	17,410
95525	1704	1FDVU4XG2HKA67568	2017	Ford/Transit	Braun	129,005	16,126
95529	1705	1FDVU4XG4HKA67569	2017	Ford/Transit	Braun	156,146	19,518
95556	1801	1HA6GUBG2JN002324	2018	Chevy/4500	Braun	111,376	15,911
50016	1802	1HA6GUBG5JN002298	2018	Chevy/4500	Braun	123,109	17,587
50014	1803	1HA6GUBG1JN002394	2018	Chevy/4500	Braun	153,909	21,987
50013	1804	1HA6GUBG9JN002336	2018	Chevy/4500	Braun	143,807	20,544
50015	1805	1HA6GUBG9JN002403	2018	Chevy/4500	Braun	114,072	16,296
50038	1900	1FDFE4FS1KDC14093	2019	Ford/E-450	Braun	159,992	26,665
50041	1901	1FDFE4FS5KDC27574	2019	Ford/E-450	Braun	154,853	25,809
50039	1902	1FDFE4FS2KDC29671	2019	Ford/E-450	Braun	119,120	19,853
50040	1903	1FDFE4FS4KDC29672	2019	Ford/E-450	Braun	154,935	25,823
50042	1904	1FDFE4FS0KDC18264	2019	Ford/E-450	Braun	149,863	24,977
50093	2001	1FDFE4FS3KDC66499	2020	Ford/E-450	Braun	100,029	20,006



50086	2002	1FDFE4FS6KDC66500	2020	Ford/E-450	Braun	84,480	16,896
50091	2003	1FDFE4FS8KDC66501	2020	Ford/E-450	Braun	110,990	22,198
50090	2004	1FDFE4FSXKDC66502	2020	Ford/E-450	Braun	101,885	20,377
50094	2005	1FDFE4FS1KDC66503	2020	Ford/E-450	Braun	102,399	20,480
50122	2101	1FDFE4FN0MDC14258	2021	Ford/E-450	Braun	100,056	25,014
50123	2102	1FDFE4FN2MDC14259	2021	Ford/E-450	Braun	119,919	29,980
50131	2103	1FDFE4FN9MDC14260	2021	Ford/E-450	Braun	107,351	26,838
50132	2104	1FDFE4FN0MDC14261	2021	Ford/E-450	Braun	93,230	23,308
50124	2105	1FDFE4FN2MDC14262	2021	Ford/E-450	Braun	106,051	26,513
50147	2106	1FDFE4FN8MDC21801	2021	Ford/E-450	Braun	73,664	18,416
50149	2107	1FDFE4FN9MDC20401	2021	Ford/E-450	Braun	73,441	18,360
50148	2108	1FDFE4FN3MDC02752	2021	Ford/E-450	Braun	68,885	17,221
50153	2109	1FDFE4FN1MDC02748	2021	Ford/E-450	Braun	87,301	21,825
50146	2110	1FDFE4FN0MDC20402	2021	Ford/E-450	Braun	68,453	17,113
50139	2111	1FDFE4FN4MDC20452	2021	Ford/E-450	Braun	74,721	18,680
50142	2112	1FDFE4FN6MDC20453	2021	Ford/E-450	Braun	117,902	29,476
50211	2501	1FDFE4FNXSDD02263	2025	Ford/E-450	Braun	410	410
50207	2502	1FDFE4FN5SDD02445	2025	Ford/E-450	Braun	857	857
50206	2503	1FDFE4FN9SDD02383	2025	Ford/E-450	Braun	1,992	1,992
50210	2504	1FDFE4FN3SDD03190	2025	Ford/E-450	Braun	2,162	2,162
50212	2505	1FDFE4FN3SDD03173	2025	Ford/E-450	Braun	2,614	2,614

Marion Transit maintains the vehicles by performing the following regularly scheduled preventative maintenance inspections:

**Pre-Trip Inspections**

Vehicles receive a daily or pre-operational inspection that includes the following items:

- Lighting Devices
- Windshield wipers
- Interior Gauges and Warning System
- Climate Control
- Mirrors
- All Lights, Mirrors, Wipers and Warning Devices
- Parking Brakes
- Service Brakes
- Steering
- Horn
- Fire extinguisher
- Emergency Exit Windows and Door
- Passenger Doors
- Tires and Wheels
- Exhaust System
- Interlock System, if equipped
- Wheelchair Lifts and Ramp.



- Belts and Securement Devices.
- First Aid Kit & Bloodborne Spill Kit.
- Reflective Triangles.
- Fire Suppression System, if equipped.

These inspections are performed by driver's by completing a pre-trip inspection form. See attached. Forms are documented with the operator's signature and a check in each box to ensure whether items are "OK" or a defect is found. Details of the defect are noted in the comments section. Completed pre-trip inspection forms are submitted to the dispatcher and reviewed before the vehicle begins service. If a safety defect is found during the pre-trip inspection, the vehicle is repaired before returning to service. Once a defect is repaired it will be acknowledged in one of the following ways:

- The repair is noted on the pre-trip inspection form, along with a signature and date of repair; or
- A completed work order form describing the repair is attached to the pre-trip inspection form.

Pre-trip inspection forms are filed in the Transit Manager's Office and kept on file for a minimum of 14 days.

During scheduled trips and at the conclusion of transportation service the operator will note any defects on a post-trip inspection checklist to be turned in to dispatch at the end of the day. Defects that are consistent with the safety sensitive items listed on the pre-trip inspection are repaired before the vehicle returns to service. Defects that are not safety related are scheduled for repair at a later date.

### **Preventative Maintenance Inspections**

Vehicles receive scheduled preventative maintenance inspections every 6000 miles. Vehicle mileages are tracked using both manual & electronic methods to schedule upcoming preventative maintenance inspections. When a vehicle is due for inspection, it is taken out of service until the inspection and all necessary repairs are completed. A preventative maintenance inspection checklist is used to inspect components in a progressive method. See attached. The inspections are performed in an A,B,A,C sequence every 6000 miles to ensure vehicle safety.

Marion Transit uses the following outsource maintenance facilities to conduct the preventative maintenance inspections and repairs:

- Advanced Tire Service – 2418 East Silver Springs Blvd, Ocala – 352-236-8825
- Affordable Tire & Auto Care – 640 NW 27<sup>th</sup> Ave Bldg 100, Ocala – 352-421-5575
- AVM Advanced Vehicle Modifications – 2400 NW 6<sup>th</sup> St Ste 103, Ocala – 352-622-4467
- AAMCO – 661 SW 17<sup>th</sup> Loop, Ocala – 352-369-9928
- Thermo King of Ocala – 6015 NW 44 Ave., Ocala – 352-867-7700

Marion Transit has provided the maintenance facilities performing the preventative maintenance inspections with the Preventative Maintenance Standards Manual to use as guidelines for performing these inspections. See attached. In addition, Marion Transit has maintained a signed Preventative Maintenance Agreement with the outsourced facility outlining the roles and responsibilities of each party regarding preventative maintenance vehicle inspections.





Upon completion of the preventative maintenance inspection, the maintenance facility provides Marion Transit with a completed preventative maintenance inspection checklist form and a receipt for purchased services. This information is filed in the vehicle history files located in room 132.

All repairs that are considered to be safety related are made before the vehicle returns to service. Cosmetic repairs and repairs that are not safety related are scheduled for repair at a later date.

## **Maintenance Policies and Procedures**

### **Vehicle History Files**

Vehicle history files are maintained for each vehicle for the life of that vehicle. Each file includes the following:

- Identification of the vehicle, including make, model, license number or other means of positive identification and ownership;
- Date, mileage and description of each inspection, maintenance, repair or lubrication performed;
- If not owned by the transit Marion Transit, the name of the person or company furnishing service with this vehicle;
- The name and address of any business firm performing an inspection, maintenance, repair or lubrication.

### **Lift Maintenance**

As part of the preventative maintenance on wheelchair lifts, a complete cycle of the lift is performed during the operators' pre-trip inspection. The operators report, by the most immediate means available, any lift failures.

The lifts are serviced on preventative maintenance inspections according to the manufacturer's specifications. Instructions for normal and emergency operation of the lift or ramp are carried or displayed in every accessible vehicle.

### **Accidents**

All accidents are tracked by the frequency, type, and which party was at fault through incident reports that are completed within 12 hours of the time of the incident. See attached (incident report form)

Accident Investigation Reports are completed with the following information:

- Events are investigated and documented in a final report
- Description of investigation activities
- Identified causal factors
- Corrective actions
- Schedule of implementation of corrective actions

In the event of an accident the primary responsibility of all staff is to ensure the safety of the passengers. Marion Transit accident procedure is attached.

### **Road Calls**



Road calls are defined as any in-service interruptions caused by failure of some functionally necessary element of the vehicle. When failures occur, drivers notify Marion Transit. The Transportation Coordinator makes towing arrangements to bring the vehicle to an outsourced maintenance facility if necessary. Road call repairs are completed in the most expeditious manner to reduce the vehicle's down time. All related repair and towing expenses are filed in the vehicle's history file. Road calls are documented and monitored by the Transportation Coordinator and are analyzed to identify maintenance trends.

### **Cleaning**

It is the duty of the assigned driver to perform a daily walkthrough on the vehicle and ensure there is no debris on the flooring or step wells that could result any falls or slips. Unsafe conditions are corrected before any scheduled trips. Drivers are also responsible for daily cleaning of their assigned bus.

### **Information Management**

Maintenance activities are regularly monitored and analyzed by the Transit Manager and Transit Assistant. This is done by utilizing a spreadsheet of all outsourced repairs completed. The spreadsheet helps to identify potential inadequacies and abnormal frequencies of repairs. Prior to repairs, the spreadsheet information is reviewed by the bus number and type of repair to determine if any prior repairs were ineffective. The Transit Manager uses that information to adjust the preventative maintenance program as needed and/or obtain credit(s) from the vendor.

### **Warranty**

A warranty recovery system, or warranty records of claims submitted and received, are maintained by Marion Transit. All warranty paperwork is filed in the bus folders.

Warranty repairs are identified by maintaining a list of items from the manufacturer that are under warranty and when the warranty expires. When a component fails it is checked against the list for time and/or mileage to determine if it is still under warranty. Documentation of warranty repairs, claims, and a recovery program are kept on file to guarantee the cost of the defects under warranty is paid by the equipment manufacturer and not Marion Transit. All warranty claims are pursued until the claim is settled.

## **PRE-TRIP/POST-TRIP INSPECTION COMPONENTS**

Before utilizing vehicles for transportation service, FDOT requires drivers to conduct pre-trip inspections. The pre-trip inspection is invaluable in the detection of vehicle deficiencies that can impact passenger safety.

All agencies, whether their maintenance is performed in-house or outsourced, must complete a pre-trip inspection form. The pre-trip inspection form ensures that vital vehicle components are inspected before a vehicle departs for service. Table 1 identifies the minimum pre-trip inspection components and approved procedures. These components are also identified under Chapter 14-90 of the Florida Administrative Code and the FDOT State Management Plan.



**Table 1: Pre-trip/Post-trip Inspection Guidelines**

Component	Pre-trip Procedure	Post-trip Procedure
<b>Service Brakes</b>	<ul style="list-style-type: none"> <li>From the driver's seat, and with the vehicle running, pump the brakes three to four times and then hold constant downward pressure on the pedal. The brake pedal should be firm and should not depress.</li> <li>Hold the brake pedal while shifting the vehicle into drive. The vehicle should not move.</li> <li>Check that the warning buzzer or brake light is off.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the service brakes such as hard braking, pulling or noise from the brakes during the operation of the vehicle.</li> </ul>
<b>Parking Brake</b>	<ul style="list-style-type: none"> <li>With the vehicle running, parking brake applied, and transmission in drive, gently press the accelerator to slightly above idle to test that the parking brake is holding.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the parking brake during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Tires, Wheels and Lug Nuts</b>	<ul style="list-style-type: none"> <li>Visually inspect all tire treads and sidewalls for excessive wear, uneven wear, cuts or damage.</li> <li>Visually inspect to ensure adequate tread depth for every major groove of the tire. (Minimum requirement for tread depth is 4/32 inch for the front tires and 2/32 inch for the rear tires.)</li> <li>Check tire inflation by thumping or knocking the tire to check for low pressure and flats.</li> <li>Visually inspect rims for bends, damage or welds.</li> <li>Check valve stems for damage or missing caps.</li> <li>Check that all lug nuts are present and that none are loose.</li> <li>Check that the wheels and hubs are free of oil or grease. Oil or grease could indicate a leaking hub or axle seal.</li> </ul>	<ul style="list-style-type: none"> <li>Visually inspect all tire treads and sidewalls for excessive wear, uneven wear, cuts or damage</li> <li>Visually inspect rims for bends, damage or welds.</li> <li>Check that all lug nuts are present and that none are loose.</li> <li>Check that the wheels and hubs are free of oil or grease. Oil or grease could indicate a leaking hub or axle seal.</li> </ul>
<b>Steering</b>	<ul style="list-style-type: none"> <li>With the engine running check power steering assist function. With key on/engine off turn the steering wheel back and forth until the front wheels barely move. Steering play should not exceed 2 inches.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the steering such as shaking, pulling, vibration, or loose steering during the operation of the vehicle.</li> </ul>
<b>Horn</b>	<ul style="list-style-type: none"> <li>Check that the horn works properly. The horn is considered defective if the sound is weak, inaudible, if the button is difficult to depress or the button sticks</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the horn during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
Component	Pre-trip Procedure	Post-trip Procedure
<b>Lighting Devices</b>	<ul style="list-style-type: none"> <li>The operator should perform a complete walk around of the vehicle or request assistance to ensure proper operation of all exterior lighting, including:               <ol style="list-style-type: none"> <li>Headlights</li> <li>4-way flashers</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>The operator should perform a complete walk around of the vehicle and check operations of all lights.</li> </ul>



	<ul style="list-style-type: none"> <li>3. Left and right turn signals</li> <li>4. High beams</li> <li>5. Brake lights</li> <li>6. Back-up lights</li> <li>7. Emergency Exit lights</li> <li>8. Marker lights/Clearance lights</li> </ul> <ul style="list-style-type: none"> <li>• Interior and stepwell lighting should also be checked to ensure proper operation.</li> <li>• All lights should be checked for damage, light covers and lens clarity.</li> </ul>	
<b>Windshield Wipers</b>	<ul style="list-style-type: none"> <li>• Check exterior condition of wiper blades for damage and that wiper blades and arms are secure.</li> <li>• From the interior of the vehicle, check for proper operation of windshield washer and blades.</li> <li>• Windshield should be clean with no obstructions or damage to glass in driver's view.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether problems were experienced with the windshield wipers during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Mirrors</b>	<ul style="list-style-type: none"> <li>• Check for proper operation, securement and condition of rearview mirror, side mirrors and passenger view mirror. Mirrors should be clean, secure and adjustable.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether problems were experienced with the mirrors, such as looseness or inoperability, during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Climate Control</b>	<ul style="list-style-type: none"> <li>• Operate and check heater and air conditioning controls and function through all selector ranges and check varying fan speed for proper function.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether problems were experienced with the climate control during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Emergency Exit Windows and Doors</b>	<ul style="list-style-type: none"> <li>• Check the following emergency exits for damage and proper opening and closing function:               <ol style="list-style-type: none"> <li>1. Emergency exit windows</li> <li>2. Roof hatches</li> <li>3. Emergency exit door</li> </ol> </li> <li>• Check for proper operation for all interlocks, warning lights and alarms on emergency exits</li> <li>• Check to ensure all emergency exits are properly identified.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether problems were experienced with the emergency exit windows and doors during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Passenger Doors</b>	<ul style="list-style-type: none"> <li>• Check passenger doors for proper opening and closing function.</li> <li>• With the vehicle running, check for audible alarm when rear passenger door is left open.</li> <li>• Check door entry area and steps for debris or loose flooring.</li> <li>• Check for proper operation of any interlock.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate if doors operated properly during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Component</b>	<b>Pre-trip Procedure Post</b>	<b>Post-trip Procedure</b>
<b>Interior Gauges and Warning</b>	<ul style="list-style-type: none"> <li>• Start engine and check all gauges and warning indicator lights.</li> <li>• Check that back-up alarm is audible and properly functioning.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether any warning lights illuminated or gauges were out of tolerance during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>



	<ul style="list-style-type: none"> <li>If equipped with an Air brake system, the bus should not be operated if the air pressure gauge is less than 90 psi.</li> </ul>	
<b>Exhaust System</b>	<ul style="list-style-type: none"> <li>Visually inspect the exterior exhaust system.</li> <li>With vehicle running, listen for exhaust leaks and check for exhaust fumes in the vehicle interior.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the exhaust system during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Wheelchair Lift and/or Ramp</b>	<ul style="list-style-type: none"> <li>Conduct one complete cycle of the wheelchair lift or ramp as outlined below to ensure proper operation:</li> <li>Check all warning lights and audible signals designed to operate with kneeling of a bus or operation of the wheelchair lift or ramp</li> <li>Cycle lift from stow position to floor level and inspect condition of the lift or ramp while deployed. Check outboard roll stop barrier for proper latching.</li> <li>Cycle lift to ground level and check for any leaking, damaged, missing parts, and for smooth operation. Raise lift from ground level. With platform slightly off ground, make sure outboard roll stop barrier raises and it is latched securely. This must be performed by visually inspecting and latching mechanism to ensure it is in the correct locked position and by physically attempting to pull/push barrier down with an adequate amount of force to make certain the barrier is securely latched.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the wheelchair lift and/or ramp during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Belts and Securement Devices</b>	<ul style="list-style-type: none"> <li>Check for proper number and operation, condition of wheelchair lap/shoulder belts, tie downs, and other wheelchair securement/floor attachment devices.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the belts and securement devices during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>Interlock Systems</b>	<ul style="list-style-type: none"> <li>With the engine running, check that transmission will not shift out of park under the each of the following conditions: <ol style="list-style-type: none"> <li>Parking brake applied</li> <li>Entry door open</li> <li>Wheelchair lift/ramp door open</li> <li>Emergency door open</li> </ol> </li> <li>Emergency door locked.</li> </ul>	<ul style="list-style-type: none"> <li>Indicate whether problems were experienced with the interlock during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>



Component	Pre-trip Procedure Post	Post-trip Procedure
<b>Windows and Seats &amp; Handrails</b>	<ul style="list-style-type: none"> <li>• Check condition of all windows for damage and cracks.</li> <li>• Check seats for securement and condition.</li> <li>• Check foldaway seats for proper operation.</li> <li>• Check passenger securement devices for condition and operation.</li> <li>• Check for tightness of handrails and stanchions</li> </ul>	Perform an interior walkaround of the vehicle to check the following conditions: <ul style="list-style-type: none"> <li>• Check condition of all windows for damage and cracks.</li> <li>• Check seats for securement and condition.</li> <li>• Check foldaway seats for proper operation.</li> <li>• Check passenger securement devices for condition and operation.</li> <li>• Check for tightness of handrails and stanchions</li> <li>• Check for items left behind by passengers</li> </ul>
<b>Safety, Security, &amp; Emergency Equipment</b>	<ul style="list-style-type: none"> <li>• Check for the following safety devices:               <ol style="list-style-type: none"> <li>1. Fire extinguisher, proper charge, rating, and current inspection tag. Fire extinguisher should be secure</li> <li>2. Safety triangles</li> <li>3. First aid kits</li> <li>4. Bio-hazard kits</li> <li>5. Seat belt cutter</li> </ol> </li> <li>• Reflective safety vest</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether safety, security and emergency equipment were used or became loose or damaged during the operation of the vehicle since the pre-trip inspection was performed</li> </ul>
<b>Fire Suppression</b>	<ul style="list-style-type: none"> <li>• Check the fire suppression dash monitor for proper function.</li> <li>• Check fire suppression gauges to ensure the system is properly charged. The arrow should be pointing in the green area of the gauge.</li> <li>• Current inspection tag.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether the fire suppression system discharged during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>
<b>2-Way Radio</b>	<ul style="list-style-type: none"> <li>• Perform 2-way radio check.</li> </ul>	<ul style="list-style-type: none"> <li>• Indicate whether problems were experienced with the 2-way radio during the operation of the vehicle since the pre-trip inspection was performed.</li> </ul>



## ABC Progressive Inspections

Preventative maintenance inspections for Marion Transit are scheduled in a progressive method by using a predetermined target mileage (6000 miles). Intervals, however, should not exceed 6,000 miles (+/- 10% or 6,600 miles).

Note: Older, “spare” vehicles that do not meet the target mileage within a year will be scheduled for a “C” Annual Inspection/Maintenance annually.

The ABC progressive inspection method is comprised of three progressive levels: “A” level inspections, “B” level inspections and “C” level inspections. Inspections should be performed in the following sequence: A, B, A, C. For example, Marion Transit inspections using a 6,000 mile interval, the inspections would follow this sequence:

### 6000 MILE Preventive Maintenance Schedule

A	6000 MILES	A	54,000 MILES	A	102,000 MILES	A	150,000 MILES
B	12,000 MILES	B	60,000 MILES	B	108,000 MILES	B	156,000 MILES
A	18,000 MILES	A	66,000 MILES	A	114,000 MILES	A	162,000 MILES
C	24,000 MILES	C	72,000 MILES	C	120,000 MILES	C	168,000 MILES
A	30,000 MILES	A	78,000 MILES	A	126,000 MILES	A	174,000 MILES
B	36,000 MILES	B	84,000 MILES	B	132,000 MILES	B	180,000 MILES
A	42,000 MILES	A	90,000 MILES	A	138,000 MILES	A	186,000 MILES
C	48,000 MILES	C	96,000 MILES	C	144,000 MILES	C	192,000 MILES

Note: Maintenance shall not exceed 10% of scheduled maintenance mileage (600 miles over target = 6,600 mile maximum interval between service).

## Conducting Preventative Maintenance Inspections

The following tables provide a step-by-step guide for conducting preventative maintenance inspections using the ABC progressive inspection method. Table 3 identifies the minimum components/items that must be inspected during an “A” level inspection. Table 4 identifies the components/items that must be inspected during a “B” level inspection, and Table 5 identifies “C” level inspection items.

***ABAC inspections are cumulative. This means that “B” level inspections must also include “A” level inspections, and “C” level inspections must include both “A” and “B” level inspections.***



**FDOT has determined that the following vehicle components require a vehicle lift to be properly inspected. The "Item #" in parentheses corresponds to numbers on the FDOT-approved "Preventative Maintenance Inspection Report" Checklist. This form is included in the Preventative Maintenance Standards Manual:**

- **Torque rods (Item #60)**
- **Ball joints (Item #61)**
- **Steering Gear/Linkage & Arms (Item #62)**
- **Lube Chassis (Item #64)**
- **Drive shaft & U-joints (Item #65)**
- **Differential Oil Level/Clean Breather/Axle seals (Item #66)**
- **Drain and refill differential fluid (Item #67)**
- **Replace transmission fluid and filter (Item #68)**
- **Front Wheel Bearings (Item #69)**
- **Air Tank Mounting/Lines & Valves (Item #71)**
- **Exhaust System for Mounting/Leaks/Restrictions (Item #72)**
- **Underbody/Mounts & Frames (Item #73)**
- **Fuel Tank Mounting & Fuel Leaks (Item #74)**
- **Brake Foundation/Lines/Rotors/Drums (Item #82)**
- **L/Front Brakes % Worn (Item #83)**
- **R/Front Brakes % Worn (Item #84)**
- **L/Rear Brakes % Worn (Item #85)**
- **R/Rear Brakes % Worn (Item #86)**

**Additionally, it is beneficial for the following vehicle components to be suspended on a lift to ensure accuracy:**

- **Engine Oil & Filter (Item #53)**
- **Shocks/Springs/MOR/ryde (Item #59)**





**Table 4: Components for Type II and Other Public Transit Vehicles**

The "Item # in these tables corresponds to numbers on the FDOT-approved "Preventative Maintenance Inspection Report" Checklist. This form is included in the Preventative Maintenance Standards Manual.

Item #	A-Level Inspection Components
<b>Interior Components</b>	
1	<p><b><u>Passenger Door/ Check Operation of All Interlocks and/or Starter Interrupt</u></b>            Check to ensure interlock system is working properly when parking brake is applied. If equipped, check passenger door sensitive edge operation.</p>
2	<p><b><u>Standee Line &amp; Warning</u></b>            On vehicles designed to allow standees check the condition of the standee line and sign. Check for sign prohibiting anyone from occupying a space forward of the line.</p>
3	<p><b><u>Flooring/ Steps/ All Interior Panels</u></b>            Inspect floor covering for tears, rips, or gouges.            Inspect headliner for damage, sag, or dirt.            Inspect the condition of side panels.            Check steps for yellow edge or nosing to pronounce presence of steps.</p>
4	<p><b><u>Wheelchair Belts/ Floor Anchors</u></b>            Check wheelchair seat belt lap extensions and wheelchair shoulder harnesses for proper function. Inspect wheelchair securement devices for damaged webbing and proper operation of locking mechanism.            Inspect floor tie down anchors.            Ensure the vehicle is equipped with the proper amount of securement devices for the number of wheelchair positions.</p>
5	<p><b><u>Passenger Seat Condition/ Foldaway Seat Operation</u></b>            Inspect seat covering for the driver and passenger seats for rips, tears, gouges, exposed springs, and security of floor mounting.            Arm rest(s) should be inspected for proper attachment to seat(s).            Check folding seats for proper operation of adjustment controls.            Check the driver's seat for proper fore and aft movement and tracks should be lubricated as necessary.</p>
6	<p><b><u>Passenger Seat Belts</u></b>            Seat belts should be inspected for proper retraction mechanisms and damaged webbing.</p>
7	<p><b><u>Stanchions &amp; Hand Rails</u></b>            Inspect condition of the grab rails and stanchions for the standee passengers.</p>
8	<p><b><u>Roof Hatches/ Operation</u></b>            Check roof hatches to ensure proper function and that they shut and open properly.</p>
9	<p><b><u>Emergency Door and Window Operation</u></b>            Check emergency door operation to ensure proper function.            Check window exits to ensure all exits function properly.            Ensure that all emergency exit signage is clear and legible.</p>



Item #	A-Level Inspection Components
10	<p><b><u>Fire Extinguisher/ First Aid Kit/ Emergency Triangles/ Spill Kit</u></b>            Inspect the above-mentioned safety equipment to ensure it is in proper working order, securely mounted, and easily accessible.            Fire extinguisher must be fully charged with a dry chemical or carbon dioxide, having at least a 1A:BC rating and bearing the label Underwriters Laboratory Inc.            Check maintenance tag for expiration date and condition of all components for damage or conditions that may prevent operation.            Nozzle outlets must be unobstructed</p>
11	<p><b><u>Fire Suppression System</u></b>            If equipped with fire suppression system check “System OK” LED is illuminated.            Check that system is properly charged and that all instruction labels are intact, clean, and legible. Ensure inspection tag for expiration date.            Check the condition of all components for damage or conditions that may prevent operation. Nozzle outlets must be unobstructed, properly aimed, and must have their protective covers.            Tank system area should be free of thrash or debris. Trash or refuse container cannot be located in area of fire suppression system.            Check fire suppression systems that extend into the battery compartment.            Follow the fire suppression system manufacturer’s guidelines for servicing the system.</p>
12	<p><b><u>Interior Lights</u></b>            Inspect all interior lights.            Check all emergency exit lights at emergency windows and rear exit door.</p>
13	<p><b><u>Vehicle Registration/ Plates</u></b>            Check condition and currency of license plate and registration and appropriate manuals and documentation.</p>
<b>Drivers Compartment</b>	
14	<p><b><u>Brake &amp; Accelerator Pedals</u></b>            Check pedals for sticking, binding, or failure to return to normal position.            Check pedals for excessive pad wear.</p>
15	<p><b><u>Driver’s Seat &amp; Belt</u></b>            Check the driver’s seat for proper fore and aft movement, and tracks should be lubricated as necessary.            Check the driver’s seat belt for proper retraction mechanisms and damaged webbing.</p>
16	<p><b><u>Horn Operation</u></b>            Check horn. The horn must be capable of emitting a sound audible under normal conditions from a distance of not less than 200 feet.</p>
17	<p><b><u>Service Brake Operation</u></b>            Perform a brake test to ensure brakes are operating properly.</p>



Item #	A-Level Inspection Components
19	<p><b><u>Check All Gauges/ Switches</u></b>            Activate ignition switch and check all warning indicator lights (oil, battery, engine, etc.) for proper operation. If the vehicle is equipped with gauges, check proper readings after the engine has been started.            Check all switches, levers, and knobs for proper function.</p>
20	<p><b><u>Check Fast Idle</u></b>            Check fast idle system for proper operation.</p>
21	<p><b><u>Check Air System Pressures</u></b>            Perform leak down test</p>
22	<p><b><u>Shift Lever Operation</u></b>            Move the shift lever into each gear and ensure the detents are operating correctly.</p>
23	<p><b><u>Parking Brake Operation</u></b>            Test parking brake on an incline or by pulling against the brake with the engine.</p>
24	<p><b><u>Back-Up Alarm</u></b>            While depressing the brakes shift the vehicle into reverse and check the audible back-up alarm.</p>
25	<p><b><u>Driver's &amp; Panel Lamps</u></b>            Inspect the interior lights.            Check all emergency exit lights at emergency windows and rear exit door.            Check all dash and gauge lights for proper operation.</p>
26	<p><b><u>Interior Mirrors/ Sun Visor</u></b>            Check inside rear view mirror(s) for proper mounting, adjustment, and condition of the glass. Also check the right and left exterior mirrors for adequate field of vision. Check sun visor.</p>
27	<p><b><u>Windshield Wipers &amp; Washers</u></b>            Inspect windshield for cracks, scratches, and any visible damage.            Operate windshield wipers and washer through all ranges on wet glass to ensure proper operation.            Check washer fluid level.</p>
28	<p><b><u>Climate Control System/ Fans</u></b>            Operate and check heater and air conditioning controls through all selector ranges and check varying fan speed for proper function. Check rear unit output as applicable.</p>
30	<p><b><u>Cleanliness</u></b>            Check the general cleanliness of the vehicle interior.</p>
<b>Exterior Inspection</b>	
31	<p><b><u>Check for Damage/ Corrosion/ Bumpers &amp; Mounts/ Decals</u></b>            Inspect exterior of vehicle for signs of body damage, missing trim, decals, paint condition, and any signs of developing rust.            Check front and rear bumpers.            Inspect for loose, damaged or missing hardware.</p>



Item #	A-Level Inspection Components
32	<p><b><u>Condition of All Glass</u></b> Inspect all windows for cracks, blemishes, or other damage.</p>
33	<p><b><u>Wiper Blades &amp; Arms</u></b> Inspect condition of windshield wiper blades and arms. Replace if needed.</p>
34	<p><b><u>Exterior Mirrors</u></b> Inspect mirror brackets for secure mounting or rusting. Check mirrors for broken/fading glass.</p>
35	<p><b><u>Check Light Lenses &amp; Reflectors</u></b> Check the condition of the exterior light lenses and reflectors.</p>
37	<p><b><u>Condenser Fan Operation</u></b> Visually inspect fan blades for cracks, bends and proper clearance from shroud or screen. Turn on the air conditioning system and check fan operation, listen for any unusual noises, and check for debris.</p>
38	<p><b><u>All Access Doors/ Engine Cover &amp; Latch Operation</u></b> Inspect exterior access doors and lubricate hinges or spring latches as necessary. Check and lubricate hood latch and check hood retainer bar. If applicable, check battery compartment door latches for proper operation and that compartment door will securely latch.</p>
39	<p><b><u>Tire Damage &amp; Wear</u></b> Inspect all tires (including spare) for damage or excessive wear, signs of uneven wear due to imbalance or improper front end alignment and check sidewalls for scrubbing or damage. Determine tread depth using tread depth gauge. Tread group pattern depth shall not be any less than 4/32 (1/8) inch, measured at any point on a major tread groove for tires on the steering axle and no less than 2/32 (1/16) inch measured at any point on a major tread groove for all other tires. Check air pressure in all tires including spare using tire air gauge. Check hubcaps for secure mounting.</p>
40	<p><b><u>Check Wheels/ Lug Nuts/ Valve Stems</u></b> Check wheel lugs for proper torque. Check all wheels, including spare, for any damage, welds, or improper bead seating of tire, or missing balance weights. Inspect valve core, all tires must have FDOT approved valve stem caps. Inflate-through valve caps are preferred.</p>
41	<p><b><u>Fuel Cap and Door</u></b> Check fuel cap for proper fit and any signs of damage to fuel servicing piping/ hoses.</p>
42	<p><b><u>Leveling</u></b> Check vehicle for proper leveling and ensure it is not severely leaning from side-to-side or from front-to-rear or rear-to-front.</p>



Item #	A-Level Inspection Components
<b>Engine Compartment</b>	
43	<p><b><u>Clean Batteries and Terminal Ends/ Check Electrolyte Level</u></b>            Check battery mounting tray condition for corrosion and wear.            Check battery case for cracking or damage.            Check post and fasteners for corrosion – clean and cover with protectant. If applicable check and service water levels.            If equipped with a maintenance free battery, check “green” indicator.</p>
44	<p><b><u>Check Battery Hold Downs/ Cables/ Ground Straps</u></b>            Check battery hold downs. Check cables for fraying or signs of deterioration. Check battery slide out tray for proper function.</p>
45	<p><b><u>Record Voltage Output</u></b>            Check and record charging system voltage output at batteries.            Load test and record voltage batteries individually.</p>
46	<p><b><u>Check Belts/ Tensioners &amp; Hoses/ Air Compressor Mounting</u></b>            Inspect all belts for signs of wear, fraying, cracks, glazing, and proper tension.            Inspect heater hoses and connections.            Check air compressor mounting for alignment, missing / loose bolts and bracket fractures and/or breaks.</p>
47	<p><b><u>Check All Fluids</u></b>            Check transmission fluid level, and check the color for any signs of overheating.            Check the fluid levels for engine oil, engine coolant, power steering fluid, brake fluid and windshield washer fluid.</p>
48	<p><b><u>Inspect for Leaks</u></b>            Inspect all lines, hoses, and reservoirs for signs of leakage.            Check engine, transmission, differential and all engine accessories for signs of leaks around gaskets, seals, drain plugs, etc.</p>
50	<p><b><u>Check Radiator Core/ Mounts</u></b>            Inspect radiator core and mounts for proper operation.            Check the radiator cap for signs of leaks or pressure loss.            Remove and inspect the radiator cap. At this time, the radiator cores and the interior of the radiator housing may be visually inspected for corrosion or clogging.            Inspect remote coolant reservoir, should be clear enough to visually check coolant level.            Pressure test coolant system and cap with proper testing equipment.</p>
51	<p><b><u>Check Wiring for Routing/ Chafing &amp; Loose Connections</u></b>            Inspect wiring and all connections for signs of chafing, corrosion, loss of insulation and crimping. Ensure wiring does not contact moving parts or heated surfaces.</p>
52	<p><b><u>Check Engine Mounts</u></b>            Check for any signs of loose hardware or deterioration/oil-soaked contamination. Inspect transmission mounts.</p>



Item #	A-Level Inspection Components
53	<p><b><u>Replace Engine Oil &amp; Filter</u></b> Change oil according to manufacturer’s specifications.</p>
54	<p><b><u>Check Air Filter</u></b> Remove air filter and inspect air intake hoses and clamps. Visually inspect all vacuum hoses and connections. Replace air filter according to manufacturer’s guidelines.</p>
55	<p><b><u>Check Fuel Filter</u></b> Check and/or replace fuel filter. Inspect fuel lines for leaks or damage.</p>
56	<p><b><u>Check/ Clean A/C Filters &amp; Cores/ Lines for Routing/ Chafing</u></b> Remove filters and clean or replace, if equipped. Inspect lines for any signs of leaks or chafing. Clean condenser and evaporator fins of any debris.</p>
57	<p><b><u>A/C Compressor Mounting/ Clutch</u></b> Inspect compressor for any loose or missing hardware. Check pulley alignment and correct if needed. Ensure all wiring is securely routed.</p>
<b>Chassis/Drive Line</b>	
62	<p><b><u>Steering Gear/ Linkage &amp; Arms</u></b> Check steering column for any absence or looseness of U-bolts or positioning parts; worn, faulty, or any welded universal joints. Check steering wheel for broken spokes or cracks and for securement. Check steering box for any mounting bolts loose or missing, any cracks in gear box or mounting brackets. Check for any looseness of the pitman arm on the steering gear output shaft. Check for leaks.</p>
63	<p><b><u>Steering Shaft &amp; Free Play</u></b> Check for any motion, other than rotational, between any linkage member and its attachment point. Check for loose clamps or clamp bolt on tie rod or drag link. Check for linkage components that are not secured with proper pins or devices. Check for any looseness in any threaded joint.</p>
64	<p><b><u>Lube Chassis</u></b> Lubricate all steering and suspension zerk fittings.</p>
66	<p><b><u>Check Differential Oil Level/ Clean Breather/ Check Axle Seals</u></b> Check for proper fluid level. Ensure breather is clean. Check seals for any signs of leakage. Ensure all hardware is secure.</p>
72	<p><b><u>Check Exhaust System for Mounting/ Leaks/ Restriction</u></b> Check the exhaust system for mounting, routing, leaks and restrictions.</p>



Item #	A-Level Inspection Components
<b>Wheelchair Lift Inspection</b>	
<b>75</b>	<p><b><u>Lift Manufacturer Tag/ Month &amp; Year Manufactured/ State of FL Certificate</u></b> Check that each wheelchair lift or ramp are legibly and permanently marked by the manufacturer or installer with the following information:</p> <ul style="list-style-type: none"> <li>▪ The manufacturer’s name and address</li> <li>▪ The month and year of manufacture</li> </ul> <p>A certificate that the wheelchair lift or ramp securement devices, and their installation, conform to State of Florida requirements applicable to accessible buses.</p>
<b>76</b>	<p><b><u>Check Lift Wiring for Routing/ Chafing &amp; Loose Connections</u></b> Inspect all lift wiring for proper routing. Inspect pendant cord for any damage.</p>
<b>77</b>	<p><b><u>Check Lift for Damage/ Inspect Lift Anchor Bolts</u></b> Inspect lift towers for proper alignment. Ensure lift mounting hardware is secure.</p>
<b>78</b>	<p><b><u>Cycle Lift – Check all Safety Systems Including Barriers</u></b> Lower lift to ground level and check for damaged, missing parts, and for smooth operation. With platform slightly off ground make certain the outboard roll stop barrier raises and it is latched securely. Continue to raise lift to floor level and check for any unusual noises or abnormal operation. Lift should not fold in with weight (50 pounds) on it. Due to varying lift configurations refer to your lifts Owner’s Manual for a list of warning lights, audible alarms, and safety mechanisms to ensure all of these safety devices are working properly.</p>
<b>79</b>	<p><b><u>Record Lift Cycle Count</u></b> Document the lift cycle count on your preventative maintenance inspection form.</p>
<b>80</b>	<p><b><u>Check for Hydraulic Leaks/ Level</u></b> Inspect cylinders, hoses, pump and reservoir for any signs of leaks. Check for proper fluid level. If hydraulic fluid is to be added, only use lift manufacture’s or approved equivalent type of fluid.</p>
<b>81</b>	<p><b><u>Clean, Lubricate &amp; Adjust Lift As Needed</u></b> Check lift padding and labels. Check lift manual operation and instruction label. Lubricate appropriate lube points. All lubricates used must meet manufacture’s specifications, lubricates must be odorless and not leave a residue. Refer to original owner’s manual for lift adjustments if necessary.</p>
<b>Tire Tread Depth/Inflation</b>	
<b>87</b>	<p><b><u>L/ Front</u></b> Record the tread depth and air pressure for the left front tire.</p>
<b>88</b>	<p><b><u>R/ Front</u></b> Record the tread depth and air pressure for the right front tire.</p>
<b>89</b>	<p><b><u>R/R Inside</u></b> Record the tread depth and air pressure for the right rear inside tire, if applicable.</p>



Item #	A-Level Inspection Components
90	<u>R/R Outside</u> Record the tread depth and air pressure for the right rear outside tire.
91	<u>L/R Inside</u> Record the tread depth and air pressure for the left rear inside tire, if applicable.
92	<u>L/R Outside</u> Record the tread depth and air pressure for the left rear outside tire.

Note for all tires: Use manufacture's tire pressure recommendation, located on inside driver's door GVWR label.

Item #	B- Level Inspection Components – in addition to all A-Level inspection components
<b>Chassis/Drive Line</b>	
59	<u>Shocks/ Springs/ MorRyde</u> Inspect shock absorber cylinders for signs of leakage. Check bushings for signs of wear and the mounting brackets for secure mounting. Inspect coil and/or leaf springs for signs of damage or wear. Check MorRyde shear springs and related components, if equipped. Check the air springs for leaks, cracks and dry rotting.
60	<u>Torque Rods</u> Inspect for any damaged or missing bushings. Ensure all hardware is intact and secure.
65	<u>Check Drive Shaft &amp; U- Joints</u> Check the driveshaft. Check slip joint for play. On vehicles with two-piece drive shafts, check center support bearing for excessive compression of the rubber insulator. Inspect the center support bearing by rotating the inner race while holding the outer race. Replace if there is evidence of roughness or wear. Lubricate driveline u-joints and slip yoke.
70	<u>Check Brakes</u> This task must be performed on a vehicle lift. Remove wheels and inspect all brake pads/linings for wear. When reinstalling wheels, all lug nuts must be properly torqued to manufacture's specifications by means of hand torque wrench, impact gun only to be used in combination with correctly rated torque-stick wrench.
71	<u>Air Tank Mounting/ Lines and Valves</u> Check air tank(s), lines and valves for secure mounting, look for any loose or missing hardware. Check for leaks.
73	<u>Underbody/ Mounts &amp; Frames</u> Inspect underbody mounts and frame for proper securement. Look for any loose or missing hardware, bushing deterioration, cracks, etc.
74	<u>Fuel Tank Mounting &amp; Fuel Leaks</u> Check fuel tank for secure attachment to vehicle by inspecting for loose, broken or missing mounting bolts or brackets (some fuel tanks use springs or rubber bushings to permit movement). Check fuel system for any visible leak at any point.





Item #	B- Level Inspection Components – in addition to all A-Level inspection components
<b>Brake Inspection</b>	
82	<p><b><u>Brake Foundation/ Lines/ Rotors/ Drums</u></b> Check rotors/drums for wear, scoring, and warping. Check calipers/cylinders and brake lines for signs of wear, chafing or leaks. Check for any dirt or grease accumulation on the brake system.</p>
83	<p><b><u>L/ Front Measurement</u></b> Record the remaining lining on the left front brake.</p>
84	<p><b><u>R/ Front Measurement</u></b> Record the remaining lining on the right front brake.</p>
85	<p><b><u>L/ Rear Measurement</u></b> Record the remaining lining on the left rear brake.</p>
86	<p><b><u>R/ Rear Measurement</u></b> Record the remaining lining on the right rear brake.</p>
<b>Test Drive</b>	
99	<p><b><u>Check Engine Performance</u></b> Start engine and check for any unusual noises. Check exhaust stream for any unusual color, odor or sound. Check for any active or inactive fault codes and if the engine has any outstanding Technical Service Bulletins from manufacturer. During operational test drive, check for smoothness of acceleration.</p>
100	<p><b><u>Check Shift Points</u></b> During operational test drive, check operation and position of shift lever and indicator. Check operation in each gear. Check shift points through all gear ranges in drive position.</p>
101	<p><b><u>Steering</u></b> During operational test drive, check the centering of the steering wheel and the smoothness of turns. Also check for looseness in steering wheel.</p>
102	<p><b><u>Suspension</u></b> During operational test drive, check for proper tracking of the vehicle, balance of tires, and front-end alignment.</p>
103	<p><b><u>Brakes</u></b> Check for smooth pedal operation during braking. Check for any pulling, vibrating or shaking while braking. Check for any unusual noises such as grinding or squealing coming from wheels.</p>
104	<p><b><u>Speedometer</u></b> During operational test drive, check operation of speedometer.</p>



## “C” Level Inspection –

**Annual Inspections** will be noted during “C” Level Inspections by circling the “Annual” Inspection type on the Preventive Maintenance Inspection Report. These annual inspections are required annually for each bus.

Item #	<b>C-Level Inspection Components –</b> in addition to all A-Level and B-Level inspection components
<b>Engine Compartment</b>	
49	<p><b><u>Test Anti-Freeze Protection</u></b> Test antifreeze for proper protection level using the correct testing equipment. Caution, many modern engine coolants cannot be mixed. Be sure when adding coolant to only use manufacture’s recommended coolant.</p>
58	<p><b><u>A/C Pressure Check</u></b> Conduct thorough operational check and inspection of air conditioning system to ensure proper operation and ensure there are no leaks. <i>Note: All air conditioning work involving opening the system for repair and recharging must be performed by an EPA 608 certified technician.</i></p>
<b>Chassis/Drive Line</b>	
69	<p><b><u>Check Front Wheel Bearings/Hubs</u></b> This task must be performed on a vehicle lift. Inspect wheel bearings, clean and lubricate or replace if necessary. Vehicles with hub bearings, check bearings for play, roughness and noises. Check sealed wheel hubs for end play, roughness and noises.</p>
Item #	<b>Long Term Maintenance</b> in addition to all A-Level, B-Level and C-level inspection components
<b>OEM Recommended Services and Intervals</b>	
67	<p><b><u>Drain &amp; Refill Differential</u></b> Drain and refill differential fluid according to the OEM recommended intervals at a minimum.</p>
68	<p><b><u>Transmission Fluid/ Filter</u></b> Remove transmission pan and drain fluid according to the vehicle’s OEM recommended interval. If the transmission torque converter is equipped with a drain plug, drain fluid from it as well. Inspect debris in the bottom of pan for signs of internal transmission damage. Check the color of fluid for signs of overheating. Remove and replace filter screen.</p>
	<p><b><u>Engine Tune-Up</u></b> The engine must receive a tune-up service according to OEM recommended intervals.</p>
	<p><b><u>Coolant System Fluid Flush &amp; Fill</u></b> The coolant must be replaced, and system flushed according to OEM recommended intervals.</p>
	<p><b><u>Brake Fluid Flush &amp; Fill</u></b> Brake fluid must be replaced, and system flushed according to OEM recommended intervals.</p>



<b>Item #</b>	<b>Long Term Maintenance</b> in addition to all A-Level, B-Level and C-level inspection components
	<b>Power Steering Fluid Flush &amp; Fill</b> Power steering fluid must be replaced and system flushed according to OEM recommended intervals.
105	<b>Video System</b> Ensure system is in working order. This inspection is performed by the Transit Manager or Transit Assistant and noted as part of the Annual Inspection.

## OEM Recommendations

All vehicles contain an OEM (Original Equipment Manufacturer) manual where specific vehicle components are recommended for inspection or maintenance service. These OEM recommendations must be performed within the designated mileage intervals provided in the OEM manual in order for the vehicle to remain under active warranty status.

The *Preventative Maintenance Inspection Report* form identifies these vehicle component items that are typically inspected or serviced using OEM recommended intervals. Agencies must list in their maintenance plan each OEM recommended vehicle component and target mileage interval that will be used.

The inspection or service of these items must be clearly documented on a work order or invoice and filed in the vehicle's maintenance history file. The work order or invoice must state the date and vehicle mileage (odometer reading) at the time of the inspection or service to ensure it was conducted within the recommended mileage interval stated in the OEM manual.

The remaining vehicle components listed in the *FDOT Preventative Maintenance Standards Manual* that do not have OEM manufacturer recommended target mileage intervals must continue to be inspected using the intervals and methods described in the *FDOT Preventative Maintenance Standards Manual*.



## Oil Changes

Agencies should choose a target mileage for conducting oil changes that meets or exceeds OEM manufacturer recommendations. Agencies are encouraged to perform oil changes during the vehicle's preventative maintenance inspection as this is the most efficient way of reducing vehicle downtime.

Many people are taught that vehicles must receive oil changes every 3,000 miles or 3 months, as this has become a normal practice for maintaining personal vehicles. However, in most cases where the vehicles do not have high mileages and are not operating under severe conditions, the target oil change interval can easily exceed 3,000 miles. However, the target oil change interval cannot exceed 6,000 miles unless it meets an OEM recommended mileage interval or unless the agency has supporting documentation from an oil analysis program. In these cases, the target mileage interval must be provided in the agency's maintenance plan along with any related documentation, such as oil analysis program data or a copy of the OEM manual recommendation.

If an agency intends to exceed the 6,000 mile oil change interval, the agency must use a systematic approach. At a minimum, the agency must use an oil analysis program to examine wear metals, silica, coolant contamination, and fuel contamination. Wear metals consist of zinc, copper, chromium, tin, and aluminum. Prior to extending the oil change intervals, the agency must pull a minimum of six oil samples for each vehicle using the preventative maintenance inspection interval described in the agency's maintenance plan to establish a baseline on wear metals and silica.

The baseline serves as an average on wear metals and silica – as long as neither are showing unusually high. During the oil sample analysis, at least 75% of the fleet must fall into the same parameters of not showing contamination. Fuel or coolant contamination indicates a problem

that must be addressed immediately. After establishing a baseline on wear metals and silica and provided that oil samples do not show contamination, the agency should extend oil change intervals in 500 mile increments until the agency sees a rise in either silica or wear metals in the oil sample analysis.

If the agency detects a rise in either silica or wear metals, the agency should use the previous interval as the established extended oil change interval. There must be documentation of this process kept on file. The agency must also continue to monitor the oil samples through a regular fluid analysis program since conditions could change that might affect oil contamination, potentially changing the extended oil change intervals. Agencies should seek approval from FDOT before implementing extended oil change intervals.



## Documenting Preventative Maintenance Inspections

The *FDOT Preventative Maintenance Standards Manual* provides a recommended preventative maintenance inspection form titled *Preventive Maintenance Inspection Report* that uses the ABC progressive inspection method and complies with FDOT's minimum maintenance requirements. A sample of this form is provided as Figure 3 on the following page. Agencies may alternately choose to create their own preventative maintenance inspection forms to use. However, the form must include, at a minimum, all items listed on the FDOT-approved form.

Preventative maintenance inspection forms must be thoroughly completed and include basic information about the inspection such as the date and mileage at the time of the inspection. It must also properly identify whether each vehicle component item inspected was found to be ok or deficient. If a safety sensitive item is found to be defective, the vehicle cannot be utilized for service again until the appropriate repairs have been made.

Any repair work conducted as a result of defects identified during the preventative maintenance inspection should be attached to the inspection form. Completed preventative maintenance inspection forms and corresponding work orders should then be filed in the vehicle's history file for the life of the vehicle.

necessary repair should be filed in the vehicle history file along with the corresponding preventative maintenance inspection form that showed the defect.



## Repairing Defects

When defects are found during preventative maintenance inspections, they must be documented on the preventative maintenance inspection form as being defective. All safety defects found during the preventative maintenance inspections must be repaired before the vehicle resumes transportation service. Again, FDOT has determined that the following vehicle components are considered to be safety sensitive items:

- Steering System
- Service and Parking Brakes
- Suspension and Undercarriage
- Tires, Wheels and Wheel End Components
- Fuel and Exhaust Systems
- All Lights, Mirrors, Wipers and Warning Devices
- Interlock Systems
- Interior Controls, Gauges, and Safety Equipment
- Wheelchair Lifts
- Air System
- Emergency Exits (doors, windows, etc.)
- Fire Suppression Systems

All non-safety related defects can be repaired at a later date in cases where agencies need to wait for parts to be ordered or vehicles are needed for transportation service. In these cases, the preventative maintenance inspection that showed the defect should be noted that a repair has been scheduled for repair at a later date. A work order or invoice documenting the necessary repair should be filed in the vehicle history file along with the corresponding preventative maintenance inspection form that showed the defect.





## **“Outsourced” Maintenance Plan Requirements**

For agencies who outsource all of their maintenance activities, all maintenance program procedures and practices related to the following elements must be included in your maintenance plan:

1. Vehicle history file policies
2. Vehicle fleet roster information
3. Preventative maintenance inspection practices
4. Identification of outsource maintenance providers used and their respective specialties
5. Wheelchair lift maintenance activities
6. Scheduled maintenance activities
7. Pre-trip/post-trip inspection practices
8. Accident reporting and resulting maintenance practices
9. Road call procedures and practices
10. Warranty procedures
11. Vehicle cleaning practices
12. Information management procedures and practices

**END**

# INSURANCE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 1050 Crown Pointe Parkway, Suite 600 Atlanta GA 30338	<b>CONTACT NAME:</b> Andrea Thompson <b>PHONE (A/C, No, Ext):</b> 678-393-5209 <b>E-MAIL ADDRESS:</b> andrea_thompson@ajg.com		<b>FAX (A/C, No):</b> 678-393-5220
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Marion Senior Services, Inc. 1101 S.W. 20th Court Ocala FL 34471	MARISEN-02	<b>INSURER A :</b> Philadelphia Indemnity Insurance Company <b>INSURER B :</b> United States Liability Insurance Company <b>INSURER C :</b> Houston Casualty Company <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	<b>NAIC #</b> 18058 25895 42374

**COVERAGES**

CERTIFICATE NUMBER: 363854812

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2662276	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2662276	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB902966	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A C	Directors & Officers Liability Li Professional Liability Cyber Liability			NDO1592351A PHPK2662276 H24NGP235836-00	3/1/2024 3/1/2024 3/1/2024	3/1/2025 3/1/2025 3/1/2025	Each Claim Limit \$1,000,000 Each Prof. Inc. Limit \$1,000,000 Aggregate Limit \$2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Cyber Liability - Houston Casualty Company- Policy #H24NGP235836-00- Policy Period: 03/01/24 - 03/01/25- Limit of Liability \$1,000,000 per claim/\$1,000,000 aggregate - \$2,500 Retention  
 Certificate holder is listed as loss payee and additional insured as respects the units on the schedules shown. Comprehensive Deductible \$5,000 and Collision Deductible \$5,000

**CERTIFICATE HOLDER****CANCELLATION**

Florida Department of Transportation District Five Attn: Jo Santiago, Transit Intermodal Supervisor 420 W Landstreet Rd Orlando FL 32824	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Office of America 2201 SE 30th Avenue Suite 101 Ocala, FL 34471	<b>CONTACT NAME:</b> Wendy Tyree <b>PHONE (A/C, No, Ext):</b> (352) 867-2867 <b>FAX (A/C, No):</b> (352) 368-2309 <b>E-MAIL ADDRESS:</b> Wendy.Tyree@ioausa.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Florida Center for the Blind, Inc. 1411 NE 22nd Avenue Ocala, FL 34470	<b>INSURER A :</b> Philadelphia Indemnity Insurance Company <b>18058</b>	
	<b>INSURER B :</b> Employers Assurance Company <b>25402</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

### COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab.  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2666289	3/13/2024	3/13/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2666289	3/13/2024	3/13/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB904237	3/13/2024	3/13/2025	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
							\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			EIG468921903	1/24/2024	1/24/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Directors & Officers			PHSD1862946	3/28/2024	3/13/2025	Each Policy Period	\$ 1,000,000
A	Professional Liab.			PHPK2666289	3/13/2024	3/13/2025	Each Incident	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
A) Student Accident Policy #PHPA153171 - Effective 03/13/2024 - 03/13/2025 / Accident Medical Expense Benefit Limit - \$25,000 / Accidental Death Limit - \$25,000 / Accidental Dismemberment - up to \$50,000 / AD&D Aggregate Limit of Liability - \$500,000

### CERTIFICATE HOLDER      CANCELLATION

~For Informational Purposes Only c/o Florida Center for the Blind, Inc. 1411 NE 22nd Avenue Ocala, FL 34470	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



Named insured

BRIDGE TO HOPE INC  
PO BOX 770732  
OCALA, FL 34477

**Policy number: 06569130**

Underwritten by:  
Progressive Express Ins Company  
July 15, 2024  
Policy Period: Mar 3, 2024 - Mar 3, 2025  
Page 1 of 5

**progressivecommercial.com**  
**Online Service**

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

**1-800-895-2886**

For customer service and claims service,  
24 hours a day, 7 days a week.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page Your coverage has changed

Your coverage began on March 3, 2024 at 12:01 a.m. This policy expires on March 3, 2025 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/23), 4757FL (02/19), Z311 (02/19), 4852FL (02/19), 4881FL (02/19), Z228 (01/11) and Z313 (04/21).

The named insured organization type is a corporation.

### Policy changes effective July 13, 2024

Changes processed on:	July 13, 2024 7:22 a.m.
Premium change:	-\$178.00
Changes:	MARRIO T TUGGLE has been removed from the policy.

The changes shown above will not be effective prior to the time the changes were requested.

### Outline of coverage

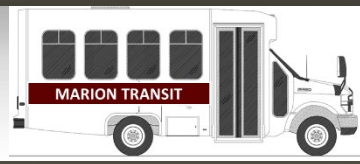
Description	Limits	Deductible	Premium
Liability To Others			\$26,261
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		5,012
Basic Personal Injury Protection			1,609
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		616
Comprehensive			1,730
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			4,658
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			480
See Auto Coverage Schedule			
Roadside Assistance			169
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$40,535</b>



**SYSTEM SAFETY  
PROGRAM PLAN  
(SSPP)**

# \* MARION TRANSIT \*

- A DIVISION OF -



## BUS TRANSIT SYSTEM SAFETY PROGRAM PLAN (SSPP)



Adopted: July 2016

Latest Review / Update: December 20, 2024

**SSPP Document Activity Log**

<b>Date</b>	<b>Activity (Review/Update/Addendum/ Adoption/Distribution)</b>	<b>Concerned Person (Signature)</b>	<b>Remarks</b>
7/29/2016	Review/Update	Tom Wilder	Updated document
5/25/2017	Update & Annual Review	Tom Wilder	Updated document
10/12/2017	Review/Update	Tom Wilder	Added background check level. Added refresher course topic syllabus.
12/1/2017	Review/Update	Tom Wilder	Added to Accident/Incident reporting to FDOT within 24 hours.
5/30/2018	Routine REVIEW/ UPDATE	Tom Wilder	Added MT Policies to Appendix K
10/01/2019	Routine Review	Tom Wilder	No Changes
7/08/2020	Review/Update	Tom Wilder	New flow chart, duties updated, removed quarterly meeting (due to COVID 19) requirement. Changed MSS to Marion Transit.
3/10/2021	Review/Update	Tom Wilder	Updated accident procedures (Appendix K-1.0-5.0)
5/1/2022	Review/Update	Clayton Murch	New flow chart, duties updated, positions updated, updated director information, restored quarterly safety meetings (was suspended due to COVID 19)

**SSPP Document Activity Log  
(Continued)**

<b>Date</b>	<b>Activity (Review/Update/Addendum/ Adoption/Distribution)</b>	<b>Concerned Person (Signature)</b>	<b>Remarks</b>
7/21/2022	Review/Update	Clayton Murch	Updated MRO information in the Substance Abuse Policy. Updated agency's contact information.
9/21/2022	Review/Update	Clayton Murch	Updated FDOT address. Updated Client intake process and forms to include 3-yr eligibility review
9/18/2023	Routine Review	Clayton Murch	No Changes
11/1/2023	Review/Update	Clayton Murch	Updated Marion Transit profile. Added TAPTCO information to training documentation; updated drug testing program contacts; updated insurance carrier; updated Bus Video Review Policy to include PHLYTRAC; updated DBE policy
4/10/2024	Review/Update	Clayton Murch	Updated Substance Abuse Policy
5/30/2024	Review/Update	Clayton Murch	Updated Evacuation Policy
11/12/2024	Routine Review	Clayton Murch	No Changes
12/30/2024	Review/Update	Clayton Murch	Updated Appendix K-z to include new Adverse Incident Reporting requirements from CTD





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## **1.0 Management Safety Commitment and Policy Statement**

Marion Transit is committed to providing safe, secure, clean, reliable, and efficient transportation services to the patrons. This policy statement serves to express management’s commitment to and involvement in providing and maintaining a safe and secure transit system.

The mission of Marion Transit *“Is to provide Public Transportation that offers riders a high-quality safe, reliable, and efficient paratransit experience”*.

Section 341.041, Florida Statutes (F.S.); Section 334.044(2), F.S.; and Section 341.061(2)(a), F.S., requires the establishment of minimum equipment and operational safety standards for all governmentally owned bus transit systems; privately owned or operated bus transit systems operating in this state which are financed wholly or partly by state funds; all bus transit systems created pursuant to Chapter 427, F.S.; and all privately owned or operated bus transit systems under contract with any of the aforementioned systems. Safety standards for bus transit systems are provided by Rule Chapter 14-90, Florida Administrative Code (F.A.C.), hereinafter referred to as Florida Administrative Code Rule 14-90. Bus transit systems are required to develop, adopt, and comply with a System Safety Program Plan (SSPP), which meets or exceeds, the established safety standards set forth in Florida Administrative Code Rule 14-90.

In the interest of safety and security, and in order to comply with the statutory requirements, Marion Transit has developed and adopted this System Safety Program Plan (SSPP) that complies with established safety standards set forth in Florida Administrative Code Rule 14-90. The SSPP is intended to document all policies, functions, responsibilities, etc. of the agency necessary to achieve a high degree of system safety and applies to all areas of the transportation system, including procurement, administration, operations, maintenance, etc.

Marion Transit management is responsible for maintaining a coordinated safety system in order to identify and prevent unsafe acts and conditions that present a potential danger or threat to public safety. Management has responsibility for maintaining and implementing the SSPP and complying with the policies, procedures, and standards included in this document. All departments, personnel, and contract service operators are charged with the responsibility of adhering to this SSPP. Any violation of safety and security practices is subject to appropriate administrative action. Management is ultimately responsible for enforcing the SSPP and maintaining a safe and secure system.

This plan was reviewed by the Marion Senior Services, Inc. Executive Board on 11/13/2024.

(signature on file)

\_\_\_\_\_  
Jennifer Martinez, Executive Director  
Marion Senior Services, Inc.

Date: 11/13/2024

Attest: \_\_\_\_\_ (signature on file)

Clayton Murch, Transportation Director  
Marion Transit

# 2.0 System Safety Goals and SSPP

Marion Transit has established the following goals for the system safety program:

- Achieve a high standard of system safety in all areas of the transportation system
- Develop and implement a comprehensive, systematic, and coordinated program to identify, assess, and control all safety hazards
- Develop and maintain a high level of safety awareness among all employees through pre-employment screening and systematic training and testing programs
- Establish safety standards for contract service operators and ensure compliance
- Ensure that system safety is integrated with daily operations through operational standards and procedures, vehicle maintenance, inspections, record keeping, audits, quality assurance and quality control
- Ensure that all vehicles and equipment operated by the agency meet established safety standards
- Maintain a formal process for event investigation, emergency preparedness and response, and handling security threats
- Ensure a drug free workplace
- Comply with all regulatory requirements.

In addition:

- High Passenger Satisfaction
- On-time performance
- Minimized Passenger Dwell (wait) time
- Passenger Safety
- Deliver Excellent Customer Service
- Safe driving

The purpose of this SSPP document is to:

- Establish and document system safety policies and procedures in compliance with Florida Administrative Code Rule 14-90
- Establish a coordinated and documented process to implement the SSPP during the operations of the system in order to achieve system safety goals
- Identify and delegate safety functions and responsibilities to units and personnel within the organization and contract service operators
- Facilitate internal and external safety audits to identify, track, and resolve safety program deficiencies.

## **System Safety Program Plan (SSPP)**

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In accordance with Florida Administrative Code Rule 14-90 (included in Appendix A), the SSPP addresses the following safety elements and requirements:

- Safety policies and responsibilities
- Vehicle and equipment standards and procurement criteria
- Operational standards and procedures
- Bus driver and employee selection
- Driving requirements
- Bus driver and employee training
- Vehicle maintenance
- Investigations of events
- Hazard identification and resolution
- Equipment for transporting wheelchairs
- Safety data acquisition and analysis
- Wireless communication plan and procedure
- Safety standards for private contract bus transit system(s) that provide(s) continuous or recurring transportation services for compensation as a result of a contractual agreement with Marion Transit.

### **2.1 SSPP Control and Update Procedures**

Marion Transit management will review the SSPP annually, update the document as necessary, and implement the changes within a timeframe that will allow the agency to timely submit the annual self-certification of compliance to the Florida Department of Transportation (FDOT). The annual review of the SSPP will be conducted as part of an internal audit beginning October 1st of each calendar year and ending prior to the end of the same calendar year. Necessary updates outside the annual update window will be handled as SSPP addendums which will be incorporated in the body of the SSPP during subsequent annual update.

All proposed changes will be documented by the management as proposed SSPP addendums and distributed to all affected parties including employees and contract service operators. All parties must comment within two weeks of the issuance of the proposed changes unless otherwise specified. Following the approval of any modifications to the SSPP by the Executive Director, management staff will distribute the SSPP addendum to all affected parties, with a cover memo highlighting the changes. All parties receiving the updates are required to sign for its receipt and acknowledge their responsibility in implementing the changes. Management will document and retain the proof of SSPP receipt by all employees during initial hire and subsequent updates. Agency's governing board will adopt the SSPP annually following the internal audit and a copy of the adopted SSPP will be distributed to all employees and contract service providers. A copy of the adopted SSPP will also be forwarded to the FDOT District Office. Document reviews of the SSPP by the local agency, any subsequent updates, addendums, adoption, and distribution activities will be documented in the SSPP Document Activity Log included in this document.

### 3.0 Hazard and Security Plan (HSP)

In accordance with Florida Administrative Code Rule 14-90, Marion Transit has adopted, and implemented a Hazard and Security Plan (HSP), often referred to as the Security Program Plan (SPP), which covers the hazard and security portion of the system safety program. The HSP contains information about prevention, mitigation, preparedness, response, recovery, and associated organizational responsibilities. The purpose of the HSP/SPP is to specify:

- Actions required of employees on a daily, weekly, monthly, and annual basis to prevent or reduce the likelihood of security and emergency events from occurring, and to mitigate the effects of those events that do occur
- Measures needed to prepare for incidents occurring within the transportation system and in the surrounding community
- Agency procedures that should be established to respond to security hazards and emergencies that affect the system and its customers
- Formal processes to recover from routine security events or major emergencies
- Roles, responsibilities, and interagency coordination required to respond to a disaster or security event.

The HSP/SPP addresses the following hazard and security elements and requirements:

- Security policies, goals, and objectives
- Organization, roles, and responsibilities
- Emergency management processes and procedures for mitigation, preparedness, response, and recovery
- Procedures for investigation of events described under subsection 14-90.004(5), F.A.C.
- Procedures for the establishment of interfaces with emergency response organizations
- Procedures for interagency coordination with local law enforcement jurisdictions
- Employee security and threat awareness training programs
- Security data acquisition and analysis
- Emergency preparedness drills and exercises
- Requirements for private contract transit providers that engage in continuous or recurring transportation services for compensation as a result of a contractual agreement with the bus transit system.
- Procedures for SPP maintenance and distribution.

## **System Safety Program Plan (SSPP)**

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The HSP/SPP has been adopted separately from the SSPP. Bus transit systems are prohibited by Section 119.071(3)(2), Florida Statutes, from publicly disclosing the SPP, as applicable under any circumstance. The document is maintained in a secure location by the management and access to the document is restricted to select agency personnel and appropriate FDOT personnel exercising oversight in this area. On-site access to the HSP/SPP is granted to regulatory authorities (FDOT, FTA, etc.) on as-needed basis. Select portions of the HSP/SPP may be shared with employees depending on their job responsibilities.

*Any additional text for Chapter 3.0 must be inserted above this point for formatting/page numbering purposes.*

## **4.0 System Description**

### **History:**

Service on Wheels, later to become Marion County Senior Services, came into being in August 1973, with an idea and a \$100.00 check from Blessed trinity Church. The idea was to provide hot noontime meals for some of Ocala's most needy.

The First Presbyterian Church had established a volunteer program called VISION-"Volunteers in Service in our Neighborhood". Since VISION recruited volunteers, and Service on Wheels needed volunteers to deliver meals, the two worked well together. Karen May, Director of Vision, supervised both programs and served as the first Service on wheels Board President. Diane Morthland was the part-time M.O.W. Director from 1973-1976. Karen May, Linda Foy and other volunteers wrote letters to local organizations for financial help, recruited some volunteers, found someone to prepare the meals (Julian's Marion Lunch), and they were off running. They delivered 13 meals the first day.

In the early days, church groups, clubs, organizations and fees from the participants kept the program going. The program grew to a point where additional funding was necessary to continue; therefore, Service on Wheels applied for and became a United Way Agency.

In mid1975, the S.O.W. Board decided to apply for a federal grant for a Nutrition Program for the Elderly, through Older Americans Act funds of 1964 which provided daily meals at congregate dining sites.

Nancy Picard, a volunteer who served as the director of the Nutrition Program for the first 6 months, wrote the first grant. Diane Morthland was hired to take her place in July 1976. The budget totaled \$90,145 and we served 100 meals daily (five days a week).

In October 1976, a new program funded through Older Americans Act funds was added to provide transportation and homemaker service. The first Director for this program was Eleanor Preston, wife of the Ft. King Presbyterian Church minister, Dr. Frank Preston. The office was located on the grounds of that church and started off with one leased van and 3 homemakers.

In January 1977, the Nutrition Program and the Homemaker/Transportation Program combined and moved to an office next door to our present office, with Diane Morthland as Executive Director for the combined programs.

In the beginning S.O.W. (Meals on Wheels) and the Marion County Nutrition Program operated separately but shared the same Board of Directors. The name was changed from Service on Wheels to Marion County Senior services, Inc. in April 1979 and in October of 1979 the two services combined to share staff and office space.



## **System Safety Program Plan (SSPP)**

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We still maintain independent Meals on Wheels Program, which is funded as it was in the beginning, with local donations, United Way funding, and fees based on a sliding scale. Maintaining this separate program allows us to serve needy clients of any age. The federal programs are restricted to those 60 years of age and older. Local match funds (cash or in-kind) are required to secure grant funds.

In 1980, MCSS began participation in the state-funded Community Care for the Elderly Program. CCE is a continuum of care for functionally impaired, frail, elderly to live independently in their homes for as long as possible. Case managers plan both in-home support services as well as other community resources (such as food stamps, SSI, Medicaid, legal services, doctor appointments, etc.) while working with the clients until their problems are solved.

In 1982, the Metropolitan Planning Organization designated Marion County Senior Services as the Community Transportation Coordination Provider for the transportation disadvantaged in Marion County including coordinating all transportation trips using public funds such as Medicaid. Operating, administrative and capital funds were provided by the Florida Department of Transportation. Since 1991, the Transportation Disadvantaged Commission has also provided funds to pay for clients not sponsored by any agency or organization. Sponsored trips include Medicaid and elder programs. We currently operate 37 daily routes to transport elderly, disabled and transportation-disadvantaged persons throughout Marion County. In 1994 our transportation service was renamed Marion Transit Services to more accurately reflect the diverse ridership.

In 1989, three new state-funded programs were added: Community Care for Disabled Adults, Alzheimer's disease Initiative and Community Care for the Elderly Diversions Program.

These programs allowed us to provide services to severely disabled adults 18-59, to provide more frequent and intensive in-home services to clients at risk of nursing home placement and to provide much needed support, particularly respite, to Alzheimer's victims.

Additional programs/services added in 1993: Medicaid Waiver services for low-income clients who would otherwise be placed in nursing homes at a greater cost to the state (replacing the elderly Diversions Program) and Preventative/Health Promotion Services (Title III-F) funded through Older Americans Act.

Beginning January 1, 1996, we began administering the Home Care for the Elderly Programs, which offers case management and subsidy payments to caregivers as an alternative to institutionalization. II-F funds were discontinued. In May Diane Morthland retired after 23 years with our agency. Gail Cross became the new Executive Director.

In order to expand needed services; in 1977 we implemented an intensive volunteer recruitment program for in-home services with a special grant from the

## System Safety Program Plan (SSPP)

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Department of Elder Affairs. State funded programs began requiring a co-pay based on income from all clients.

From small volunteer-based program in the 70's and then a recipient of program grants, Marion County Senior Services has evolved into two primary contractor roles for our community. We serve as the "lead agency" and service provider for state and federally funded contracts to provide services to elderly and disabled through specific "contracts" for service with our regional Area Agency on Aging. And we are the designated Community Transportation Coordinator providing public Paratransit service to elderly, disabled, and underprivileged people throughout Marion County the Commission for Transportation Disadvantaged, Florida Department of Transportation, and SunTran (for Complementary ADA trips).

In January 2011, Marion County Senior Services' name changed to Marion Senior Services, Inc. The primary purpose for changing the name was to remove the connotation that the Agency was part of Marion County government.

Marion Transit is a division of Marion Senior Services, Inc.

### Marion Transit System Profile (As of 11/1/2023):

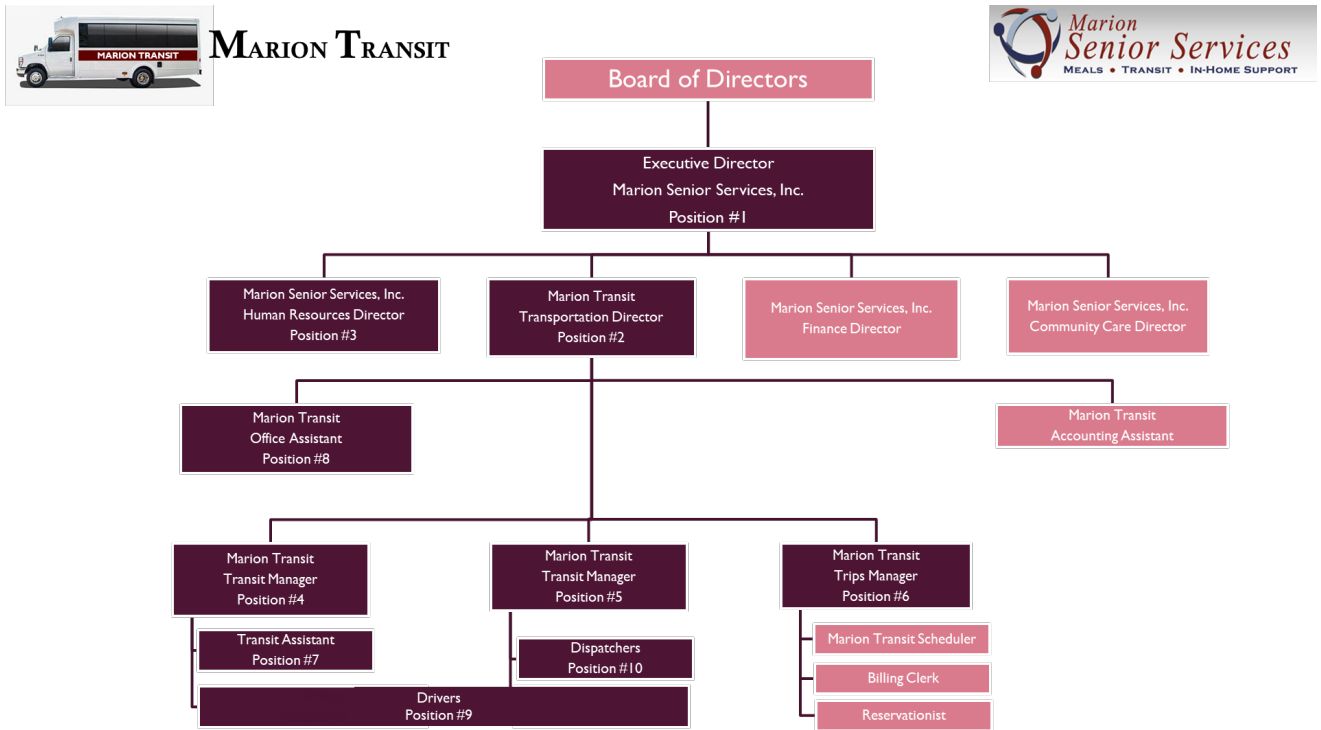
- Total Number of drivers: 40
- Full-time: 32 Part-time: 8 Volunteers: 0 in transportation
- Number of operational buses: 46
- Buses W/C accessible: 46
- Number of Type I buses (>22' length) 40 Type II buses (<22' length)
- Dispatch Location(s): 1101 SW 20<sup>th</sup> Court, Ocala, FL – Marion Transit
- Maintenance Locations:
  - Advance Tire & Service, 2199 NW 10<sup>th</sup> Street, Ocala, FL 34475
  - Fishers Auto Care – 2021 SW 27<sup>th</sup> Avenue, Ocala, FL 34471
  - Don's Garage – 218 SW 10<sup>th</sup> Street, Ocala, FL 34471
  - Advanced Vehicle Modifications (Lift) 2520 NW 6<sup>th</sup> Street, Ocala, FL
- Community Transportation Coordinator (CTC): Yes
- CTC Operator: Yes
- CTC Name: Marion Senior Services, Inc. D/B/A Marion Transit
- Contracted passenger service operations: None at this time.
- Contract operator has own adopted SSPP and SPP approved by transit system or CTC: N/A
- Contract operator adopts and implements the Transit System's CTC's SSPP: N/A

*Any additional text for Chapter 4.0 must be inserted above this point for formatting/page numbering purposes.*

## 5.0 Organization Structure and System Safety Responsibilities

Management has the overall responsibility of safe and secure operations of Marion Transit and any contract service operators (N/A at this time). Each employee is required to carry out specific system safety responsibilities, depending on his/her position, in compliance with the SSPP. The organization information provided below describes each position and the reporting structure; the table in the following page shows system safety responsibilities of each position.

### 5.1 Marion Transit Organizational Chart



# System Safety Program Plan (SSPP)

## 5.2 Marion Transit Transit System Safety Responsibilities by Position

System Safety Task	Frequency	Management Responsibilities by Position						Staff Responsibilities by Position			
		Position 1	Position 2	Position 3	Position 4	Position 5	Position 6	Position 7	Position 8	Position 9	Position 10
Oversee and assure SSPP and HSP/SPP compliance	Daily	X	X		X	X					
Random inspections of Departments for safety compliance (pre-trip inspections, driver files, maintenance records, etc.)	Quarterly/ As needed		X		X	X		X			
SSPP and HSP/SPP review and distribution	Annual/ As needed	X	X		X	X			X		
Intra-agency coordination and safety briefings	Monthly		X		X	X			X		
Inter-agency coordination (FDOT, law enforcement, emergency response organizations, etc.)	As needed	X	X		X	X	X				
Facility inspection / generator	Monthly		X		X	X		X			
Employee safety training and testing and record keeping	Initial hire/ quarterly & ongoing		X	X	X	X			X		
Drug free workplace (policy maintenance, employee training and testing, etc.)	Initial hire/ Quarterly + Randoms		X	X	X	X					
Driver license validity check and record maintenance	Initial hire/ Monthly		X	X	X	X			X		
Administrative/Human Resource safety actions	As needed			X							
Safety and security data acquisition and analysis	On an ongoing basis		X		X	X					
Medical examination of drivers and record keeping	Initial hire/ biennium			X							
Vehicle and equipment procurement	As needed		X		X	X					
Pre-trip inspections and record keeping	Daily				X	X		X		X	

## System Safety Program Plan (SSPP)

System Safety Task	Frequency	P-1	P-2	P-3	P-4	P-5	P-6	P-7	P-8	P-9	P-10
Vehicle maintenance and record keeping	Daily				X	X		X			
Annual safety inspections and record keeping	Annual		X		X	X	X	X	X		
Event investigation and record keeping	As needed		X		X	X			X		
Investigate safety complaints	As needed		X	X	X	X	X	X			
Pre-employment screening	Initial hire			X							
Employee time recording and maintenance	Daily		X		X	X	X				
Internal safety audits	Annual/As needed		X		X	X					
Records maintenance, retention, and distribution	Daily/As needed		X	X	X	X	X		X		
Vendor safety and security compliance oversight	Daily/As needed		X		X	X		X			
Hazard identification and resolution	Daily		X	X	X	X	X	X	X	X	X
Compliance with SSPP	Daily	X	X	X	X	X	X	X	X	X	X
Self-certification of safety compliance	Annual		X		X	X	X				

## **System Safety Program Plan (SSPP)**

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### **5.3 System Safety Responsibilities of Contract Service Operator(s)**

Marion Transit requires all contract service operators to fully comply with the established safety standards set forth in Florida Administrative Code Florida Administrative Code Rule 14-90. Contract operators have the option to either adopt and implement the SSPP and HSP/SPP of Marion Transit, or develop, adopt, and implement their own program plans, but must ensure compliance with Florida Administrative Code Florida Administrative Code Rule 14-90. If the contract service operator opts to develop their own SSPP and HSP/SPP, the program plans must be reviewed and approved by Marion Transit management prior to initiation of service. In addition, each contractor/subcontractor shall submit a safety and security certification to Marion Transit no later than January 15th, annually for the prior calendar year period.

The certification shall attest to the following:

- The adoption of an SSPP and an HSP/SPP in accordance with established standards set forth in Florida Administrative Code Florida Administrative Code Rule 14-90.
- Compliance with its adopted SSPP and HSP/SPP.
- Performance of safety inspections on all buses operated by the system in accordance with Florida Administrative Code Rule 14-90.
- Reviews of the SSPP and HSP/SPP have been conducted to ensure they are up to date.

The certification shall include:

- The name and address of the contractor/subcontractor, and the name and address of the entity(ies) who performed bus safety inspections and security assessments during the prior calendar year, if different from that of the contractor/subcontractor.
- A statement signed by an officer or person directly responsible for management of the contractor/subcontractor attesting to compliance with Florida Administrative Code Florida Administrative Code Rule 14-90.

Contractors/subcontractors are subject to audits and inspections on an announced or unannounced basis at the discretion of Marion Transit management. Marion Transit, or its contractor, will conduct safety and security reviews of contract operators, at least once every three years, to ascertain compliance with the provisions of Florida Administrative Code Florida Administrative Code Rule 14-90. Marion Transit will prepare and submit a report of the audit to the affected contract operator within 30 business days of completion of the review containing the following:

- Identification of the findings, including a detailed description of any deficiency.
- Required corrective action and a schedule for implementation of the corrective action to be taken for each deficiency.
- Any required suspension of bus transit system service should Marion Transit determine of the continued operation of the service, or a portion thereof, poses an immediate danger to public safety.

If the contract operator fails to correct specific deficiency(ies) in accordance with Florida Administrative Code Florida Administrative Code Rule 14-90 and the established implementation

## **System Safety Program Plan (SSPP)**

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schedule, Marion Transit will notify the FDOT District Office and initiate actions to dismiss the contract.

*Any additional text for Chapter 5.0 must be inserted above this point for formatting/page numbering purposes.*

### 6.0 Qualification and Selection of Drivers

Marion Transit management is responsible for ensuring that the following minimum standards are met when hiring new drivers.

- Must possess a valid Florida driving license of appropriate class.
- Level 2 background screening pursuant to FSS chapter 435.
- Criminal background check (with local law enforcement and the Florida Department of Law Enforcement) and driving records check including, but not limited to, the following items:
  - Driving records
  - Instant Social Security Number validations
  - Instant identification of applicant's county of residence for the past seven years
  - County felony criminal history checks for up to three counties per applicant and other criminal records checks
  - Education verification
  - Employment reference checks
  - Personal reference check
  - Workers' Compensation claims
- Complete employment application.
- Successful completion of pre-employment physical including an eye examination and drug screening test.
- Signed acknowledgement of receipt and agreement to comply with drug-free workplace policy.
- Signed acknowledgment of receipt and agreement to comply with SSPP.
- Successful completion of required orientation, training and testing to demonstrate and ensure adequate skills and capabilities to safely operate each type of bus or bus combination before driving on a street or highway unsupervised.
- Signed acknowledgment of receipt and compliance with the following written operational and safety procedures before driving on a street or highway unsupervised.
  - Communication and handling of unsafe conditions, security threats, and emergencies.
  - Familiarization and operation of safety and emergency equipment, wheelchair lift equipment, and restraining devices.
  - Application and compliance with all applicable federal and state laws, rules and regulations.
- Drivers are required to write and submit a daily bus inspection report pursuant to Florida Administrative Code Florida Administrative Code Rule 14-90.006, F.A.C.
- Personnel licensed and authorized by the bus transit system to drive, move, or road test a bus in order to perform repairs or maintenance services when it has been determined that such temporary operation does not create unsafe operating conditions or create a hazard to public safety are not bound to the following two provisions:
  - Training and testing to demonstrate and ensure adequate skills and capabilities to safely operate each type of bus or bus combination before driving on a street or highway unsupervised.



## **System Safety Program Plan (SSPP)**

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- Bus transit systems shall provide written operational and safety procedures to all bus drivers before driving on streets or highways unsupervised.

Noncompliance with any regulatory or agency specific requirement may result in an employee administrative action up to and including suspension or termination of employment. It is the policy of Marion Transit to screen applicants to eliminate those that pose a safety or security threat to the agency or who would not be capable of carrying out agency safety and security policies.

### **Essential Requirements**

- High School diploma or equivalent.
- Must be able to pass the DOT Physical Requirements.
- 2 years' verifiable experience in transporting passengers or other commercial driving experience.
- Ability to use a portable radio and/or phone
- Clean driving record that meets company's insurance standards
- Understand and to carry out detailed but uninvolved written or oral instructions.
- Basic math skills including addition, subtraction, division and multiplication of numbers and currency.
- Excellent Customer Service skills and experience interacting with the public
- Good people skills to include good communication, and the ability to deal with and manage large groups and communicate clear instructions.
- Be familiar with the Marion County Address System and able to locate addresses using maps and/or GPS.

*Any additional text for Chapter 6.0 must be inserted above this point for formatting/page numbering purposes.*

# 7.0 Driver Safety Training and Testing

All employees and drivers of Marion Transit and all contract service providers are required to complete all training and testing requirements to demonstrate and ensure adequate skills and capabilities to safely operate each type of bus or bus combination before driving on a street or highway unsupervised. The Transit Manager is responsible for conducting and documenting all training and testing activities utilizing a certification process. Noncompliance with any regulatory or agency specific guideline or requirement may result in suspension or termination of employment. This section of the SSPP discusses the training and testing programs to be administered by the Transit Manager.

## 7.1 Initial Driver Training and Testing

Upon hire and prior to being placed into road service, all drivers are required to complete a total of 80 hours of training and testing in the following areas:

1. Bus transit system safety and operational policies and procedures.
2. Operational bus and equipment inspections.
3. Bus equipment familiarization.
4. Basic operations and maneuvering.
5. Boarding and alighting passengers.
6. Operation of wheelchair lift and other special equipment.
7. Defensive driving.
8. Distracted driving.
9. Passenger assistance and securement.
10. Handling of emergencies and security threats.
11. Security and threat awareness.
12. Driving conditions.
13. 60 minutes of drug awareness and 60 minutes of the effects of alcohol abuse.
14. TAPTCO – Each driver will be required to complete 30 online courses assigned utilizing TAPTCO software (see 7.5).

As part of the driver training program, specific procedures have been incorporated to instruct the driver on how to safely approach and depart from a transit bus stop to avoid contact with pedestrians and other hazards.

In addition, new drivers are required to successfully undergo a road test with an experienced driver. A new-hire check-off list must be completed to ensure the employee has received all required 14-90 training and information before being authorized for over-the-road service.

After successful completion of each training and testing module, the agency is required to document and record the satisfactory completion of the employee's training and submit to the

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Transportation Director. Certificates of completion will be maintained in the driver files for a minimum of 5 years.

All newly hired employees are also provided instructional training by the HR Director and Transit Manager per agency's HSP/SPP. Drivers are given instruction in Marion Transit rules and standard operating procedures in the following areas :

- General rules: General rules of the agency including employee conduct codes.
- Personal appearance and conduct: Cover uniforms, grooming, and employee conduct.
- Customer service: Covers expectations of employees when dealing with the public; includes instruction on how and to whom to report security incidents, and types of individuals or situations to be aware of and report.
- Traffic laws: Covers applicable traffic-related laws and regulations, drug and alcohol testing, and drug and alcohol use restrictions.
- Fare handling: Covers fare collection procedures and provides instruction in dealing with fare disputes, conflict resolution, and notification of security personnel.
- Americans with Disabilities Act requirements: Provides instruction in complying with ADA requirements and providing service to disabled patrons.
- Radio procedures: Provides instruction on radio procedure for both routine and emergency radio traffic. Includes instruction on reporting crimes, suspicious acts, and potentially hazardous situations.
- Report writing: Provides instruction on report writing, and reporting requirements.
- Substance abuse policy: Provides information on the drug and alcohol testing program.
- Occupational Safety and Health Administration (OSHA) standards: Covers blood borne pathogens and other occupational exposure to health hazards.

The HR Director and Transportation Director will develop and maintain a Training Manual for new hire training and testing of employees as part of the Safety Training Program. The manual will contain training course content, curriculum, lesson plans, testing requirements, etc. All training and testing activities will also be adequately documented by the Transit Manager.

### **7.2 On-Going/Refresher Training and Testing**

The HR Director and Transportation Director will develop and maintain a Training Manual for on-going and refresher training and testing of employees. The manual will contain training course content, curriculum, lesson plans, testing requirements, etc. On-going/refresher training and testing sessions will be conducted as necessary to remain compliant with Florida Administrative Code Florida Administrative Code Rule 14-90. The drivers are required to attend training and testing in all areas specified by Florida Administrative Code Florida Administrative Code Rule 14-90 at least once every three years.

Ongoing and refresher training will be conducted but is not limited to the following topics:

- Bus transit system safety and operational policies and procedures.
- Operational bus and equipment inspections.

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- Bus equipment re-familiarization.
- Operation of wheelchair lift and other special equipment.
- Defensive driving.
- Distracted driving.
- Passenger assistance and securement.
- Handling of emergencies and security threats.
- Security and threat awareness.
- Drug awareness and the effects of alcohol abuse.
- Additional TAPTCO courses as assigned (will depend on circumstances – i.e. incident retraining).

Marion Senior Services also requires quarterly mandatory safety meetings. Any training during these meetings will be documented.

All training and testing activities are to be recorded and retained in files for a minimum of five years.

### **7.3 Remedial Training and Testing**

Marion Transit will employ remedial training for drivers who have been involved in a serious collision or have developed unsafe driving behaviour or other driving problems. Other causes for remedial training may include persistent customer complaints, supervisor recommendations, or a result of ongoing evaluations. Depending on the circumstances, the Transportation Director will determine the appropriate remedial training and testing, the results of which will also be documented and retained in files. TAPTCO courses will be assigned based on relevance to the retraining need.

### **7.4 NIMS Training**

The National Incident Management System (NIMS) provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents (<http://www.fema.gov/emergency/nims/>). The NIMS system requires that transit agencies comply with a number of specific activities to ensure personnel who will be conducting activities in response to emergencies use the standard Incident Command System (ICS).

Marion Transit HSP/SPP requires that management staff take available NIMS training to understand this requirement and to coordinate regularly with outside organizations to prepare for coordinated responses to incidents. In addition, all employees will be provided security training and drills every six months to ensure they are familiar with emergency policies. All training and testing activities will also be recorded and retained in files.

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### 7.5 TAPTCO

TAPTCO (T\_ransit A\_nd P\_a\_ratransit C\_o\_mpany) is a paratransit driver training software package. It is comprised of courses that are specific to paratransit operations. As such, it provides an invaluable source of information and education for agencies that conduct paratransit operations. Marion Transit has incorporated this software into its training curriculum. The course catalog is listed below:

1. Introduction to Professional Driving
2. Safety Best Practices
3. LLLC Defensive Driving
4. Hazard Identification & Mitigation
5. Pre & Post Trip Inspections
6. Mirror Adjustment & Reference Points
7. Preventing Rear End Collisions
8. Preventing Intersection Accidents
9. Railroad Crossings
10. Pedestrian & Bicycle Awareness
11. Preventing Backing Accidents
12. Merging, Lane Changing & Passing
13. Adverse Driving Conditions
14. Preventing Driver Fatigue
15. Preventing Driver Distractions
16. Drug & Alcohol Awareness
17. Bloodborne Pathogens
18. Wayfinding
19. Hazardous Materials
20. Employee Safety Reporting Program
21. Professionalism & Customer Service
22. Conflict & Aggression Management
23. Duty of Care
24. ADA Compliance & Sensitivity
25. Assisting Customers with Mobility Challenges
26. Mobility Devices
27. Types of Service
28. Emergency Evacuations
29. What To Do In The Event Of An Accident
30. Final Exam

There are additional courses available for Driver Trainers.

*Any additional text for Chapter 7.0 must be inserted above this point for formatting/page numbering purposes.*

# 8.0 Records Management

The Transportation Director is responsible for implementing a record management program that includes maintenance, retention, distribution, and safe disposal of all safety and security records of the agency in compliance with state and federal regulations.

All safety and security documents of the agency (SSPP, HSP/SPP, etc.) will be periodically revised, as needed, to ensure that they are up to date. Revisions and updates will be communicated with employees, contractors, and regulatory agencies as they occur or as deemed necessary by the management, depending on the nature of the revision or update. The HSP/SPP is considered a confidential document and will be retained in a secure location by management.

Marion Transit will maintain and retain the following records for at least five years:

- Records of bus driver background checks and qualifications
- Detailed descriptions of training administered and completed by each bus driver
- A record of each bus driver's duty status which will include total days worked, on-duty hours, driving hours, and time of reporting on and off duty each day
- Event investigation reports, corrective action plans, and related supporting documentation
- Records of preventive maintenance, regular maintenance, inspections, lubrication, and repairs performed for each bus
- Records of annual safety inspections and documentation of any required corrective actions
- Completed and signed medical examination reports for each bus driver

In addition, Marion Transit will retain records of daily bus inspections and any corrective action documentation for a minimum of two weeks.

An organized paper and electronic filing system will be maintained by the agency, adequately backed up to prevent potential loss of information. All sensitive personnel records will be protected from public access. When ready for disposal, both paper and electronic data will be disposed of in a secure manner ensuring that critical information is protected.

*Any additional text for Chapter 8.0 must be inserted above this point for formatting/page numbering purposes.*

## **9.0 Drug and Alcohol Program**

Marion Transit has established a Zero Tolerance Substance Abuse Policy Statement in accordance with 49 C.F.R. Part 32 and a substance abuse management and testing program in accordance with 49 C.F.R. Parts 40 and 655, October 1, 2009, a copy of which is included in Appendix B. The Substance Abuse Program Manager is responsible for ensuring the implementation of a drug and alcohol testing program for all safety-sensitive employees as identified and described within the subject policy.

The intent of the policy is to:

- Assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner;
- Create a workplace environment free from the adverse effects of drug and alcohol abuse or misuse;
- Prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances; and
- Encourage employees to seek professional assistance when substance abuse adversely affects their ability to perform their assigned duties.

Violation of this substance abuse policy is subject to disciplinary actions.

*Any additional text for Chapter 9.0 must be inserted above this point for formatting/page numbering purposes.*

# 10.0 Vehicle Maintenance Program

The function of the maintenance plan is to provide a consistent systematic program to properly maintain and service vehicles to meet or exceed the manufacturer's recommended maintenance schedule. Marion Transit vehicle maintenance program will ensure that all buses operated, and all parts and accessories on such buses, including those specified in Florida Administrative Code Florida Administrative Code Rule 14-90.007, F.A.C., and any additional parts and accessories which may affect safety of operation, including frame and frame assemblies, suspension systems, axles and attaching parts, wheels and rims, and steering systems, are regularly and systematically inspected, maintained, and lubricated to standards that meet or exceed the bus manufacturer's recommendations and requirements. The Transportation Director is responsible for ensuring that a Maintenance Plan consistent with 14-90 has been developed and implemented by the agency and that all vehicles operated are regularly and systematically inspected, maintained, and lubricated according to the agency's Maintenance Plan and Preventative Maintenance Guidelines (included in Appendix C and Appendix D, respectively).

## 10.1 Daily Vehicle Inspections (DVI)

Drivers are required to perform daily vehicle inspections prior to operating the assigned vehicle, during routes, and after all route schedules are completed. The pre-trip inspection includes an inspection of the following parts and devices to ascertain that they are in safe condition and in good working order:

- Service brakes
- Parking brakes
- Tires and wheels
- Steering
- Horn
- Lighting devices
- Windshield wipers
- Rear vision mirrors
- Passenger doors
- Exhaust system
- Equipment for transporting wheelchairs
- Safety, security, and emergency equipment

During the scheduled trips and at the end of the day, the operator will note any additional findings and submit the daily vehicle inspection forms. The process and form/s to be utilized for daily vehicle inspections is included in agency's preventative maintenance guidelines. The daily vehicle inspection forms must be complete with the operator's signature and a check in each box to document that the items are "OK" or a defect is noted in the comments section. If the driver finds any mechanical or other problems that could compromise the safety of the vehicle at any point, the drivers will immediately inform the Transit Manager and the vehicle will not be scheduled for service until repaired. Failure to report deficiencies by drivers may result in an administrative action taken against the employee.

The Transit Manager & Transit Assistant will review the daily inspections and document the corrective actions taken as a result of any deficiencies identified by the operator. Daily inspection records will be retained for a minimum of two weeks. ***The Transit Manager and Transit***



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***Assistant will periodically conduct vehicle inspections behind the drivers who have completed the vehicle inspections to ensure that the daily vehicle inspections are adequately performed.*** Once defects are noted they will be prioritized and sorted into categories for repairs. Once a defect is noted on the inspection form and repaired, the documentation will be attached to the work/repair order and filed in the maintenance files.

### **10.2 Preventive Maintenance**

A preventative maintenance schedule is implemented to inspect for safety hazards and to maintain vehicles in a manner conforming to safety regulations. Marion Transit will perform scheduled preventive maintenance and safety inspections on all vehicles at every 6,000-mile interval according to the agency's maintenance plan (comply with FDOT PM Edition 4.1). As preventative maintenance inspections are scheduled by projected mileage, the agency will allow 10%-mile deviations in mileage interval, so long as the actual mileage interval meets the manufacturer's recommended maintenance schedule. When a vehicle is due for an inspection, it will be taken out of service until the inspection is completed. This allows a series of repairs to be carried out while minimizing costs and optimizing the number of operational vehicles. If a vehicle is "down" for an extended period of time due to unavoidable circumstances, preventative maintenance will be temporarily suspended until the vehicle can be returned to service. However, the annual inspection will be conducted on all vehicles regardless of "up/down" status and/or mileage accrued.

The Transit Manager and Transportation Director will regularly perform Quality Control (QC)/Quality Assurance (QA) checks to ensure that the inspections and repairs, both in-house and contracted, are completed and documented properly. Each vehicle will have a written record documenting preventive maintenance, regular maintenance, inspections, lubrication and repairs performed. Such records will be maintained for at least five years and include, at a minimum, the following information:

- Identification of the bus, the make, model, and license number or other means of positive identification and ownership
- Date, mileage, description, and each type of inspection, maintenance, lubrication, or repair performed
- If not owned by Marion Transit, the name of any person furnishing a bus
- The name and address of any entity or contractor performing an inspection, maintenance, lubrication, or repair

For tracking purposes, a maintenance log will be kept containing vehicle ID, make and type of vehicle, year, model, special equipment, inspections, maintenance and lubrication intervals, and date or mileage when services are due.

### **10.3 Bus Safety Inspections**

Safety inspections are part of the maintenance inspections and are performed every 6,000 miles on all buses operated by Marion Transit. The Transit Manager is responsible for ensuring that each individual performing a bus safety inspection is qualified as follows:

- Understands the requirements set forth in Florida Administrative Code Florida Administrative Code Rule 14-90 and can identify defective components.

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- Is knowledgeable of and has mastered the methods, procedures, tools, and equipment used when performing an inspection.
- Is ASE certified with at least one year of training and/or experience as a mechanic or inspector in a vehicle maintenance program and has sufficient general knowledge of buses owned and operated by the bus transit system to recognize deficiencies or mechanical defects.

Each bus receiving a safety inspection shall be checked for compliance with the requirements for safety devices and equipment as referenced or specified by Florida Administrative Code Florida Administrative Code Rule 14-90. Specific operable equipment and devices as required by Florida Administrative Code Florida Administrative Code Rule 14-90 include the following as applicable to Type I and II buses:

- Horn
- Windshield wipers
- Mirrors
- Wiring and batteries
- Service and parking brakes
- Warning devices
- Directional signals
- Hazard warning signals
- Lighting systems and signaling devices
- Handrails and stanchions
- Standee line and warning
- Doors and brake interlock devices
- Step wells and flooring
- Emergency exits
- Tires and wheels
- Suspension system
- Steering system
- Exhaust system
- Seat belts
- Safety equipment
- Equipment for transporting wheelchairs
- Working speedometer

A safety inspection report will be prepared by the individual(s) performing the inspection and will include the following:

- Identification of the individual(s) performing the inspection
- Identification of the bus transit system operating the bus
- The date of the inspection
- Identification of the bus inspected
- Identification of the equipment and devices inspected including the identification of equipment and devices found deficient or defective

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- Identification of corrective action(s) for any deficient or defective items found and date(s) of completion of corrective action(s)

**Records of annual safety inspections and documentation of any required corrective actions will be retained for a minimum of four years for compliance review.**

*Any additional text for Chapter 10.0 must be inserted above this point for formatting/page numbering purposes.*

# 11.0 Safety Data Acquisition & Analysis

Understanding safety data is an important step towards allocating important and scarce resources to implement safety program elements. Safety data relative to transit provider operations can be used to determine safety trends in system operation. The following data will be collected and retained by Marion Transit on an ongoing basis:

- Accident and incident data
- Maintenance data including daily vehicle inspection forms
- Passenger claims and complaints
- Records of crimes and rule violations occurring in and around the transit agency

The data will be analyzed by Marion Transit management both qualitatively and quantitatively for safety hazard identification, resolution and risk management purposes. The analysis results will be useful for identifying necessary actions to minimize safety risks. Analysis of safety data will also help improve system performance, not only in respect to safety, but also in overall delivery of service to the public. In addition, trend analyses of safety data can help determine the effectiveness of safety initiatives that have been implemented. The results of such analysis will be shared with agency staff and law enforcement agencies on, at minimum, an annual basis for awareness and support.

*Any additional text for Chapter 11.0 must be inserted above this point for formatting/page numbering purposes.*

## **12.0 Hazard Identification and Resolution**

Hazard management is a mechanism by which hazards are identified, analyzed for potential impact on the operating system, and resolved in a manner acceptable to the management and regulatory agencies. Marion Transit hazard management consists of three primary components – hazard identification, hazard categorization, and hazard resolution.

### **12.1 Hazard Identification**

By means of safety data acquisition and analysis and coordination with the Transit Manager, the Transportation Director will identify system hazards on an ongoing basis.

### **12.2 Hazard Categorization**

Once the key system hazards have been identified, the Transportation Director will categorize the hazards based on severity and probability of occurrence.

Hazard severity is a subjective measure of hazard, supported by factual data, and will be categorized as follows –

- Catastrophic – Death or system loss
- Critical – Severe injury, severe occupational illness, or major system damage
- Marginal – Minor injury, minor occupational illness, or minor system damage
- Negligible – less than minor injury, occupational illness, or system damage

Hazard probability is a subjective measure of likelihood that a specific hazard will occur and will be categorized as follows –

- Frequent – Likely to occur frequently
- Probable – Likely to occur several times
- Occasional – Likely to occur sometime
- Remote – Unlikely but possible to occur
- Improbable – So unlikely that it can be rejected from consideration

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### 12.3 Hazard Resolution

Once the hazards are identified and categorized, subsequent analysis will be undertaken to resolve the issue and minimize risk associated with the identified hazard. A hazard resolution matrix will be developed combining hazard severity and hazard frequency, as shown in the matrix on the following page, to identify the level of acceptance for a specific hazard/risk.

<b>Hazard Resolution Matrix</b>	<b>Catastrophic</b>	<b>Critical</b>	<b>Marginal</b>	<b>Negligible</b>
<b>Frequent</b>	Unacceptable	Unacceptable	Unacceptable	Acceptable with reservation
<b>Probable</b>	Unacceptable	Unacceptable	Undesirable	Acceptable with reservation
<b>Occasional</b>	Unacceptable	Undesirable	Undesirable	Acceptable
<b>Remote</b>	Undesirable	Undesirable	Acceptable with reservation	Acceptable
<b>Improbable</b>	Acceptable with reservation	Acceptable with reservation	Acceptable with reservation	Acceptable

The results of the analysis will be shared by the Transportation Director with the Executive Director on an ongoing basis to identify appropriate actions. All “unacceptable” hazards must be eliminated, and measures will be taken for the remaining risk acceptance categories to minimize risk. The results of such analysis will be shared with agency staff and law enforcement agencies on a quarterly basis for awareness and support.

*Any additional text for Chapter 12.0 must be inserted above this point for formatting/page numbering purposes.*

### 13.0 Event Investigation

For the purpose of this SSPP, events are considered accidents or incidents that involve a transit vehicle or take place on Marion Transit controlled property. An “accident” is an event that causes damage to a vehicle, individual, or property while the vehicle is in motion. It may involve a single vehicle or multiple vehicles. An “incident” is defined as an event that causes damage to a vehicle, individual, or property, which is not an accident.

Any event involving a bus or taking place on property controlled by a transit system and resulting in a fatality, injury, or property damage will be investigated by Marion Transit. All events included but not limited to the following, will be investigated:

- A fatality, where an individual is confirmed dead within 30 days of a bus transit system related event, excluding suicides and deaths from illnesses.
- Injuries requiring immediate medical attention away from the scene for two or more individuals.
- Property damage to bus transit system buses, non-bus transit system vehicles, other bus system property or facilities, or any other property. Marion Transit will have the discretion to investigate events resulting in property damage less than \$1,000.
- Evacuation of a bus due to a life safety event where there is imminent danger to passengers on the bus, excluding evacuations due to operational issues.

In case of all events, drivers are required to contact the local law enforcement, dispatcher, and emergency medical services (as required) immediately. Supervisors will be sent to the scene depending on the severity of the event at the discretion of the Transportation Director and/or Transit Manager. Each investigation will be documented in a final report that includes a description of the investigation activities, identified causal factors, and any identified corrective action plan. Each corrective action plan will identify the action to be taken by the bus transit system and the schedule for its implementation. The Transportation Director will monitor and track the implementation of each corrective action plan. Investigation reports, corrective action plans, and related supporting documentation will be maintained by the Transportation Director for a minimum of five years from the date of completion of the investigation.

**Marion Transit will notify FDOT within 24 hours of any accident or casualty involving project vehicles/equipment and submit related reports as required by FDOT. This notification will be accomplished by emailing the respective District 5 project coordinator for Marion Transit.**

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### **FTA Post-Accident Thresholds**

Must perform a DOT post-accident test when there is an occurrence associated with the operation of a mass transit vehicle, if as a result:

#### **FATAL ACCIDENT**

1. An Individual *dies* (Must Test); or
- 

#### **NON-FATAL ACCIDENT**

Unless the Marion Transit driver's performance can be ***completely discounted*** as a contributing factor to the accident

2. An individual suffers bodily injury and immediately ***receives medical treatment*** away from the scene of the accident; or  
(‘Individual’ refers to a transit employee, pedestrian, passenger on the mass transit vehicle  
or person in the other vehicle(s))
  3. A vehicle (including non-transit vehicle) incurs disabling damage as the result of the occurrence and a vehicle is ***transported away from the scene by a tow truck or other vehicle;***  
or  
(in which the mass transit vehicle involved is a bus, electric bus, van or automobile)
  4. The mass transit vehicle is ***removed from operation.***  
(in which the mass transit vehicle involved is a rail car, trolley car, trolley bus, or vessel)
- 

#### **Who to Test**

1. Covered employee operating the mass transit vehicle, unless the transit employee's performance can be ***completely discounted*** as a contributing factor to the accident.
2. Other covered employee who could have contributed to the accident.

#### **Time Limitations for Post-Accident Testing**

- ✓ Employee must remain readily available for testing
- ✓ Alcohol & Drug testing must begin as soon as practicable following the accident

*Any additional text for Chapter 13.0 must be inserted above this point for formatting/page numbering purposes.*



# 14.0 Medical Exams for Bus Transit System Drivers

This section of the SSPP establishes Marion Transit medical examination requirements for all applicants for driver positions and for existing drivers.

- Medical examination requirements include a pre-employment examination for applicants, an examination at least once every two years for existing drivers, and a return to duty examination for any driver prior to returning to duty after having been off duty for 30 or more days due to an illness, medical condition, or injury.
- Medical examinations will be performed and recorded according to FDOT Form Number 725-030-11, *or equivalent*, Medical Examination Report for Bus Transit System Driver, Rev. 05/09, included in Appendix E.
- Medical examinations will be performed by a Doctor of Medicine or Osteopathy, Physician Assistant, or Advanced Registered Nurse Practitioner licensed or certified by the State of Florida. If medical examinations are performed by a Physician Assistant or Advanced Registered Nurse Practitioner, they must be performed under the supervision or review of a Doctor of Medicine or Osteopathy.
- An ophthalmologist or optometrist licensed by the State of Florida may perform as much of the medical examination as it pertains to visual acuity, field of vision, and color recognition.
- Upon completion of the medical examination, the examiner shall complete, sign, and date the medical examination form and maintain the original at his or her office.
- Upon completion of the medical examination, the examiner shall complete, sign, and date the medical examination certificate and provide a copy to Marion Transit.
- Upon completion of the medical examination the driver shall provide their driver license number, signature, and date on the medical examination certificate.
- Completed and signed medical examination certificate for each bus driver, dated within the past 24 months, will be maintained on file for a minimum of five years from the date of the examination.
- Marion Transit will not allow a driver to operate a transit bus without having on file a completed medical examination certificate dated within the past 24 months.

*Any additional text for Chapter 14.0 must be inserted above this point for formatting/page numbering purposes.*

# 15.0 Operating and Driving Requirements

The Transportation Director and Transit Manager are responsible for overall compliance with all operating and driving requirements of the SSPP.

It is the responsibility of every Marion Transit employee who performs driving and/or operational duties to strictly adhere to the following requirements:

- Under no circumstances is a driver allowed to operate a vehicle without having the appropriate and valid driver's license in his or her possession.
- Drivers are not permitted to drive a bus when his or her driver license has been suspended, cancelled, or revoked. A driver who receives a notice that his or her license to operate a motor vehicle has been suspended, cancelled, or revoked is required to notify his or her supervisor of the contents of the notice immediately, if possible, otherwise no later than the end of the business day following the day he or she received the notice. Violation of this policy may result in disciplinary actions including suspension or termination of employment.
- Marion Transit management will annually check Motor Vehicle Records (MVR) for all drivers for investigating information on license suspensions, revocations, accidents, traffic violations, unpaid summons, etc. Marion Transit management will also check driver license status of each driver utilizing the Florida Department of Highway Safety and Motor Vehicles website - <https://www6.hsmv.state.fl.us/DLCheck/main.jsp>.
- Buses must be operated at all times in compliance with applicable traffic regulations, ordinances, and laws of the jurisdiction in which they are being operated.
- Florida Administrative Code Florida Administrative Code Rule 14-90 defines "On Duty" and "Off Duty" status of drivers as follows -
  - "On Duty" means the status of the driver from the time he or she begins work, or is required to be in readiness to work, until the time the driver is relieved from work and all responsibility for performing work. "On Duty" includes all time spent by the driver as follows:
    - (a) Waiting to be dispatched at bus transit system terminals, facilities, or other private or public property, unless the driver has been completely relieved from duty by the bus transit system.
    - (b) Inspecting, servicing, or conditioning any vehicle.
    - (c) Driving.
    - (d) Remaining in readiness to operate a vehicle (stand-by).
    - (e) Repairing, obtaining assistance, or remaining in attendance in or about a disabled vehicle.
  - **NOTE:** The amount of on-duty hours is monitored by Supervisors to ensure compliance by reviewing daily schedules (they are not scheduled for more than 11 hours) and electronic time-clocks.
  - "Off-Duty" means any time the driver is not on duty, required to be in readiness to work, or under any responsibility to perform work. Such time shall not be counted towards the maximum allowed on-duty hours within a 24-hour period.

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- Drivers are not permitted to drive more than 12 hours in a 24-hour period, or drive after having been on duty for 16 hours in a 24-hour period. A driver is not permitted to drive until the requirement of a minimum eight consecutive hours of off-duty time has been fulfilled. A driver's work period begins from the time he or she first reports for duty to his or her employer. A driver is permitted to exceed his or her regulated hours in order to reach a regularly established relief or dispatch point, provided the additional driving time does not exceed one hour.
- Drivers are not permitted to be on duty more than 72 hours in any period of seven consecutive days; however, any 24 consecutive hours of off duty time shall constitute the end of any such period of seven consecutive days. A driver who has reached the maximum 72 hours of on duty time during the seven consecutive days is required to have a minimum of 24 consecutive hours of off duty time prior to returning to on duty status.
- A driver is permitted to drive for more than the regulated hours for the safety and protection of the public when conditions such as adverse weather, disaster, security threat, a road or traffic condition, medical emergency, or an accident occur.
- Drivers are not permitted to drive a bus when his or her ability is impaired, or likely to be impaired, by fatigue, illness, or other causes, likely to create an unsafe condition.
- Drivers will not report for duty or operate any vehicle while under the influence of alcohol or any other substance, legal or illegal, that may impair driving ability. All employees are required to comply with agency's Substance Abuse Policy.
- Drivers are required to conduct daily vehicle inspections and reporting of all defects and deficiencies likely to affect safe operation or cause mechanical malfunctions.
- Drivers are required to immediately report any defect or deficiency that may affect safe operations or cause mechanical malfunctions. Any defect or deficiency found shall be properly documented on a Daily Vehicle Inspection (DVI) form and should be submitted to the Transit Manager.
- The Transit Manager will review daily inspection reports and document corrective actions taken as a result of any deficiencies identified by daily inspections.
- A bus with any passenger doors in the open position will not be operated with passengers aboard. The doors will not be opened until the bus is stopped. A bus with any inoperable passenger door will not be operated with passengers aboard, except to move a bus to a safe location.
- Drivers will ensure that during darkness, interior lighting and lighting in stepwells on buses shall be sufficient for passengers to enter and exit safely. Adherence to pre-trip inspection requirements help insure the ability of this requirement to be met.
- Passengers will not be permitted in the stepwells of any bus while the bus is in motion, or to occupy an area forward of the standee line.
- Passengers will not be permitted to stand on buses not designed and constructed for that purpose.
- Buses will not be refueled in a closed building. The fueling of buses when passengers are being carried will be reduced to the minimum number of times necessary during such transportation.
- Drivers are required to be properly secured to the driver's seat with a restraining belt at all times while the bus is in motion.

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- Buses will not be left unattended with passengers aboard for longer than 15 minutes. The parking or holding brake device will be properly set at any time the bus is left unattended.
- Buses will not be left unattended in an unsafe condition with passengers aboard at any time.
- Drivers are prohibited from leaving keys in the vehicle for any reason at any time the bus is left unattended.
- Transit vehicles will not be used at any time for uses other than those that are authorized and permitted according to state and federal program requirements.

Noncompliance with these requirements may result in disciplinary actions including suspension or termination of employment.

### **15.1 Wireless Communication**

“Wireless communication device” means an electronic or electrical device capable of remote communication. Examples include cell phones, personal digital assistants (PDAs) and portable computers (commonly called laptop computers). “Personal wireless communications device” means an electronic or electrical device that was not provided by the bus transit system for business purposes. “Use of a wireless communication device” means use of a mobile telephone or other electronic or electrical device, hands-on or hands-free, to conduct an oral communication; to place or receive a telephone call; to send or read electronic mail or a text message; to play a game; to navigate the Internet; to play, view, or listen to a video; to play, view, or listen to a television broadcast; to play or listen to music; to execute a computational function, or to perform any other function that is not necessary for the health or safety of the person and that entails the risk of distracting the employee from a safety-critical task. Use of an electronic or electrical device that enhances the individual’s physical ability to perform, such as a hearing aid, is not included in this definition.

Marion Transit requires all drivers to fully comply with the following wireless communication policies –

Policies on the use of a personal wireless communication device:

- The use of a personal wireless communication device is prohibited while the transit vehicle is in motion.
- All personal wireless communication devices must be turned off with any earpieces removed from the operator’s ear while occupying the driver’s seat.
- In an emergency, if a driver is unable to use the radio (e.g., driver is separated from the vehicle due to a need to evacuate, or the radio is inoperable because it is beyond the radio coverage area or other malfunction), a personal cellular phone may be used to contact the agency. In such situation the driver must park the vehicle in a safe place off the road and call the direct line to the dispatcher.
- Drivers are not permitted to use any wireless communication device issued by the bus transit system while the transit vehicle is in motion except brief radio communications with the dispatcher. If the driver must use the radio for a long duration, he/she must stop the vehicle in a safe place off the road.

## System Safety Program Plan (SSPP)

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- The use of a wireless communication device is prohibited while loading or unloading a wheelchair patron or while conducting any other safety related duty that require the driver's undivided attention. If wireless communication is necessary, the driver will use a company issued wireless communication device before or upon completion of the safety related task.
- Employees are permitted to use wireless communication devices issued by the bus transit system in the following situations -
  - A driver needing to communicate with the dispatcher and vise-versa.
  - A driver requesting medical or emergency assistance.
  - A driver reporting an illegal activity, a traffic accident, a road hazard, or a safety or security threat.

Marion Transit requires all employees to follow the radio operating procedures included in Appendix F. .

## **16.0 Vehicle Equipment Standards & Procurement Criteria**

Marion Transit will procure vehicles utilizing the Transit Research-Inspection-Procurement Services (TRIPS) program, formerly known as the Florida Vehicle Procurement Program (FVPP), and other State Programs strictly adhering to the vehicle equipment standards and procurement criteria specified in 14-90.007.

- All buses procured and operated must meet the following minimum standards, as applicable:
  - a. The capability and strength to carry the maximum allowed load and not exceed the manufacturer's gross vehicle weight rating (GVWR), gross axle weighting, or tire rating.
  - b. Structural integrity that mitigates or minimizes the adverse effects of collisions.
  - c. Federal Motor Vehicle Safety Standards (FMVSS), 49 C.F.R. Part 571, Sections 102, 103, 104, 105, 108, 207, 209, 210, 217, 302, 403, and 404, October 1, 2008, hereby incorporated by reference.
- Proof of strength and structural integrity tests on new buses procured will be submitted by manufacturers or bus transit systems to the Department.
- In addition, every bus operated by the agency will be equipped as follows:
  - Mirrors. There shall be two exterior rear vision mirrors, one at each side. The mirrors shall be firmly attached to the outside of the bus and so located as to reflect to the driver a view of the highway to the rear along both sides of the vehicle. Each exterior rear vision mirror, on Type I buses shall have a minimum reflective surface of 50 square inches. Neither the mirror nor the mounting shall protrude farther than the widest part of the vehicle body except to the extent necessary to produce a field of view meeting or exceeding the requirements of this section. All Type I buses shall, in addition to the above requirements, be equipped with an inside rear vision mirror capable of giving the driver a clear view of seated and standing passengers. Buses having a passenger exit door that is located inconveniently for the driver's visual control shall be equipped with additional interior mirrors to enable the driver to view the passenger exit door. In lieu of interior mirrors, trailer buses and articulated buses may be equipped with closed circuit video systems or adult monitors in voice control with the driver.
  - Wiring and Batteries. Electrical wiring shall be maintained so as not to come in contact with moving parts, heated surfaces, or be subject to chafing or abrasion which may cause insulation to become worn. Every Type I bus manufactured on or after February 7, 1988, shall be equipped with a storage battery electrical power main disconnect switch. The disconnect switch shall be practicably located in an accessible location adjacent to or near to the battery and be legibly and permanently marked for identification. Every storage battery on a public-sector bus shall be mounted with proper retainment devices in a compartment which provides adequate ventilation and drainage.
  - Brake Interlock Systems. All Type I buses having a rear exit door shall be equipped with a rear exit door/brake interlock that automatically applies the brake upon driver activation of the rear exit door to the open position. Brake interlock application shall

## System Safety Program Plan (SSPP)

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remain activated until deactivated by the driver and the rear exit door returns to the closed position. The rear exit door brake interlock on such buses shall be equipped with an identified override switch enabling emergency release of the brake interlock function. The override switch shall not be located within reach of the seated driver. Air pressure application to the brake during brake interlock operation, on buses equipped with rear exit door/brake interlock, shall be regulated at the equipment's original manufacturer's specifications.

- Standee Line and Warning. Every bus designed and constructed to allow standees shall be plainly marked with a line of contrasting color at least two inches wide, or be equipped with some other means to indicate that all passengers are prohibited from occupying a space forward of a perpendicular plane drawn through the rear of the driver's seat and perpendicular to the longitudinal axis of the bus. A sign shall be posted at or near the front of the bus stating that it is a violation for a bus to be operated with passengers occupying an area forward of the line.
- Handrails and Stanchions. Every bus designed and constructed to allow standees shall be equipped with overhead handrails for standee passengers. Overhead handrails shall be continuous, except for a gap at the rear exit door, and terminate into vertical stanchions or turn up into a ceiling fastener. Every Type I and Type II bus designed for carrying more than 16 passengers shall be equipped with handrails, stanchions, or bars at least 10 inches long and installed to permit safe on-board circulation, seating and standing assistance, and boarding and alighting by elderly and handicapped persons. Type I buses shall be equipped with a safety bar and panel directly behind each entry and exit stepwell.
- Flooring, Steps, and Thresholds. Flooring, steps, and thresholds on all buses shall have slip resistant surfaces without protruding or sharp edges, lips, or overhangs, in order to prevent tripping hazards. All step edges and thresholds shall have a band of color(s) running the full width of the step or edge which contrasts with the step tread and riser, either light-on-dark or dark-on-light.
- Doors. Power activated doors on all buses shall be equipped with a manual device designed to release door closing pressure.
- Emergency Exits. All buses shall have an emergency exit door, or in lieu thereof, shall be provided with emergency escape push-out windows. Each emergency escape window shall be in the form of a parallelogram with dimensions not less than 18" by 24", and each shall contain an area of not less than 432 square inches. There shall be a sufficient number of push-out or kick-out windows in each vehicle to provide a total escape area equivalent to 67 square inches per seat, including the driver's seat. No less than 40% of the total escape area shall be on one side of the vehicle. Emergency escape kick-out or push-out windows and emergency exit doors shall be conspicuously marked with a sign or light and shall always be kept in good working order so that they may be readily opened in an emergency. All such windows and doors shall not be obstructed either inside or outside so as to hinder escape. Buses equipped with an auxiliary door for emergency exit shall be equipped with an audible alarm and light indicating to the driver when a door is ajar or opened while the engine is running. Supplemental security locks operable by a key are prohibited on emergency exit doors unless these security locks are equipped and connected with an ignition interlock system or an audio visual alarm located in the driver's compartment. Any supplemental security lock system used on emergency exits shall be kept unlocked whenever a bus is in operation.

## System Safety Program Plan (SSPP)

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- Tires and Wheels. Tires shall be properly inflated in accordance with manufacturer's recommendations.
  - i. No bus shall be operated with a tread groove pattern depth:
    - 1. Less than  $\frac{4}{32}$  ( $\frac{1}{8}$ ) of an inch, measured at any point on a major tread groove for tires on the steering axle of all buses. The measurements shall not be made where tie bars, humps, or fillets are located.
    - 2. Less than  $\frac{2}{32}$  ( $\frac{1}{16}$ ) of an inch, measured at any point on a major tread groove for all other tires of all buses. The measurements shall not be made where tie bars, humps, or fillets are located.
  - ii. No bus shall be operated with recapped, regrooved, or retreaded tires on the steering axle.
  - iii. Wheels shall be visibly free from cracks and distortions and shall not have missing, cracked, or broken mounting lugs.
- Suspension. The suspension system of all buses, including springs, air bags, and all other suspension parts, shall be free from cracks, leaks, or any other defect which may cause its impairment or failure to function properly.
- Steering and Front Axle. The steering system of all buses shall have no indication of leaks which would or may cause its impairment to function properly and shall be free from cracks and excessive wear of components that may cause excessive free play or loose motion in the steering system or above normal effort in steering control.
- Seat Belts. Every bus shall be equipped with an adjustable driver's restraining belt in compliance with the requirements of FMVSS 209, "Seat Belt Assemblies" 49 C.F.R. 571.209—October 1, 2008, and FMVSS 210, "Seat Belt Assembly Anchorages" 49 C. F. R. 571.210 October 1,2008, hereby incorporated by reference.
- Safety Equipment. Every bus shall be equipped with one fully charged dry chemical or carbon dioxide fire extinguisher, having at least a 1A-B-C rating and bearing the label of Underwriter's Laboratory, Inc. The fire extinguishers shall be maintained as follows:
  - i. Each fire extinguisher shall be securely mounted on the bus in a conspicuous place or a clearly marked compartment and be readily accessible.
  - ii. Each fire extinguisher shall be maintained in efficient operating condition and equipped with some means of determining if it is fully charged.
  - iii. Every Type I bus shall be equipped with portable red reflector warning devices in compliance with Section 316.300, Florida Statutes.
- Persons with Disabilities. Buses used for the purpose of transporting individuals with disabilities shall meet the requirements set forth in 49 C.F.R. Part 38, October 1, 2008, hereby incorporated by reference, as well as the following:
  - i. Installation of a wheelchair lift or ramp shall not cause the manufacturer's GVWR, gross axle weight rating, or tire rating to be exceeded.
  - ii. Except in locations within 3 1/2 inches of the bus floor, all readily accessible exposed edges or other hazardous protrusions of parts of wheelchair lift assemblies or ramps that are located in the passenger compartment shall be padded with energy absorbing material to mitigate injury in normal use and in



## System Safety Program Plan (SSPP)

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case of a collision. This requirement shall also apply to parts of the bus associated with the operation of the lift or ramp.

- iii. The controls for operating the lift shall be at a location where the bus driver or lift attendant has a full view, unobstructed by passengers, of the lift platform, its entrance and exit, and the wheelchair passenger, either directly or with partial assistance of mirrors. Lifts located entirely to the rear of the driver's seat shall not be operable from the driver's seat but shall have an override control at the driver's position that can be activated to prevent the lift from being operated by the other controls (except for emergency manual operation upon power failure).
- iv. The installation of the wheelchair lift or ramp and its controls and the method of attachment in the bus body or chassis shall not diminish the structural integrity of the bus nor cause a hazardous imbalance of the bus. No part of the assembly, when installed and stowed, shall extend laterally beyond the normal side contour of the bus or vertically beyond the lowest part of the rim of the wheel closest to the lift.
- v. Each wheelchair lift or ramp assembly shall be legibly and permanently marked by the manufacturer or installer with the following information:
  - 1. The manufacturer's name and address.
  - 2. The month and year of manufacture.
  - 3. A certificate that the wheelchair lift or ramp securement devices, and their installation, conform to State of Florida requirements applicable to accessible buses.
- o Wheelchairs. Wheelchair lifts, ramps, securement devices, and restraints shall be inspected and maintained as required by this rule chapter. Instructions for normal and emergency operation of the lift or ramp shall be carried or displayed in every bus.

*Any additional text for Chapter 16.0 must be inserted above this point for formatting/page numbering purposes.*

## **17.0 Internal and External Safety Audits**

The Transportation Director is responsible for conducting announced and unannounced internal safety audits of Marion Transit units and contract operators. Annual internal safety audits will be conducted starting October 1st of each calendar year and ending prior to the end of the same calendar year utilizing the internal audit checklist included in Appendix G. The annual audit results will be documented by the Transportation Director in a report containing the following:

- Identification of the findings, including a detailed description of any deficiency.
- Required corrective action and a schedule for implementation of the corrective action to be taken for each deficiency.
- Any required suspension of bus transit system service should Your Community Transit determine the continued operation of the service, or a portion thereof, poses an immediate danger to public safety.

In addition, announced and unannounced periodic internal audits will be conducted by the Transportation Director or designee(s) to ensure compliance with all the objectives and requirements of SSPP and Florida Administrative Code Rule 14-90. Safety audits (sampling) of vehicles and records will be conducted on random basis, but at least annually. Pre-Post Trip Inspections will also be utilized to monitor safety concerns/issues on a daily basis. Facility inspection will be conducted once every week to identify and resolve potential safety and security hazards. The HR Director will regularly perform Quality Control (QC)/Quality Assurance (QA) checks to ensure that safety compliance, both in-house and contracted, is achieved at all times. Contractors/subcontractors are subject to audits and inspections on an announced or unannounced basis at the discretion of Marion Transit management. Marion Transit, or its contractor, will conduct safety and security reviews of contract service operators, at least once every three years, to ascertain compliance with the provisions of Florida Administrative Code Rule 14-90.

Marion Transit management will work closely with regulatory agencies (FDOT, FTA, etc.) when external audit notifications are received and allocate resources, as necessary, to facilitate the audits.

*Any additional text for Chapter 17.0 must be inserted above this point for formatting/page numbering purposes.*

### 18.0 Certification

The Transportation Director will submit an annual safety and security certification to the FDOT utilizing the self-certification form included in Appendix H. **The certification will be submitted no later than February 15, for the prior calendar year period unless otherwise required by FDOT.** The certification will attest to the following:

- The adoption of an SSPP and an SPP in accordance with established standards set forth in Florida Administrative Code Rule 14-90.
- Compliance with the adopted SSPP and SPP.
- Performance of safety inspections on all buses operated by the system in accordance with Florida Administrative Code Rule 14-90.
- Reviews of the SSPP and SPP have been conducted to ensure they are up to date.

The certification will also include:

- The name and address of Marion Transit, and the name and address of the entity(ies) who performed bus safety inspections and security assessments during the prior calendar year, if different from Marion Transit.
- A statement signed by the Chief Executive Officer/signatory authority responsible for the management of Marion Transit attesting to compliance with Florida Administrative Code Rule 14-90.

*Any additional text for Chapter 18.0 must be inserted above this point for formatting/page numbering purposes.*

# 19.0 Appendices

- Appendix A: Rule Chapter 14-90, F.A.C.
- Appendix B: Substance Abuse Policy
- Appendix C: Maintenance Plan
- Appendix D: Preventative Maintenance Guidelines
- Appendix E: Medical Examination Form 725-030-011
- Appendix F: Radio Operating Procedures
- Appendix G: Internal Safety Audit Checklist
- Appendix H: Bus Transit System Annual Safety and Security Certification Form
- Appendix I: SSPP Addendums (placeholder for future updates)
- Appendix J: Text Formatting Palette
- Appendix K: Marion Transit Procedures
  - a. Operations Staff Accident Procedures / Responsibilities
  - b. Pre-Trip / Post-Trip Daily Inspections
  - c. Biohazard Clean Up Procedure
  - d. Bus Evacuation Procedure/Plan
  - e. Transportation for Life Sustaining Activities
  - f. Lift & Wheelchair Procedure/Policy
  - g. Closing Procedure for Dispatch
  - h. Railroad Crossings Procedure
  - i. Proper Use of Two-Way Radios
  - j. Reasonable Modification Policy
  - k. Employee Incident & Injury Report Procedure
  - l. Vehicle Inspections
  - m. Complaint & Compliments Procedure
  - n. Alternative Internet Access
  - o. Customer Rights & Responsibilities
  - p. Scope of Work for Community Transportation Coordinators
  - q. Rider Disciplinary- Suspension Policy
  - r. Marion Transit STAR
  - s. Client Intake Procedure / Form
  - t. Trip Rate Procedure
  - u. Bus Road Call & Wrecker Procedure
  - v. Disadvantaged Business Enterprise (DBE) Policy/Procedure
  - w. About our Clients
  - x. Bus Video Review Policy
  - y. Asset Management Plan
  - z. Client Injury Report
  - aa. Supervisor Incident Review

**Appendix A**  
**Rule Chapter 14-90, F.A.C.**

# **Appendix B**

## **Substance Abuse Policy**

# **Appendix C**

## **Maintenance Plan**

# **Appendix D**

## **Preventative Maintenance Guidelines**



**Appendix E**  
**Medical Examination Form 725-030-011**

# Appendix F

## Radio Operating Procedures

# **Appendix G**

## **Internal Safety Audit Checklist**

**Appendix H**

**Bus Transit System**

**Annual Safety and Security Certification**

**Form**

**Appendix I**  
**SSPP Addendums**  
**(placeholder for future updates)**

# Appendix J

## Text Formatting Palette

### Formatting/Styles

Report margins:

Top margin = 1"  
Bottom margin = 1"  
Left margin = 1.25"  
Right margin = .75"

Heading levels:

### Heading One

Arial 18 pt bold; centered; paragraph spacing = 20 pt after

### Heading 2

Arial 12 pt bold; left-aligned; line spacing-single; paragraph spacing = 6 pt before, 14 pt after

Body Text: Arial 11, single spaced, one blank line between paragraphs.

- Bulleted List: Arial 11 pt; line spacing-single; paragraph spacing = 6 pt before

### General Instructions

How to Update Table of Contents:

Right click on table of contents and choose **update field**—you will then have the option of updating the entire table of contents or just the page numbers.

How to Add New Section:

Under **Page Layout Menu**, choose **Breaks**, then **Section Break**, then **Next Page**.  
Heading numbers should update automatically in new section.

## **Appendix K**

### **Marion Transit Procedures**

- a. Operations Staff Accident Procedures / Responsibilities
- b. Pre-Trip / Post-Trip Daily Inspections
- c. Biohazard Clean Up Procedure
- d. Bus Evacuation Procedure/Plan
- e. Transportation for Life Sustaining Activities
- f. Lift & Wheelchair Procedure/Policy
- g. Closing Procedure for Dispatch
- h. Railroad Crossings Procedure
- i. Proper Use of Two-Way Radios
- j. Reasonable Modification Policy
- k. Employee Incident & Injury Report Procedure
- l. Vehicle Inspections
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- v. Disadvantaged Business Enterprise (DBE) Policy/Procedure
- w. About our Clients
- x. Bus Video Review Policy
- y. Asset Management Plan
- z. Client Injury Report
- aa. Supervisor Incident Review



**Diane Poitras**

District Transit Programs Administrator  
FDOT District Five Modal Development Office  
420 W Landstreet Road, MS 594  
Orlando, FL 32824  
Phone: 407-482-7860  
Email: [diane.poitras@dot.state.fl.us](mailto:diane.poitras@dot.state.fl.us)





**FDOT District Five Modal Development Office**  
**420 W Landstreet Road, MS 594**  
**Orlando, FL 32824**

# **PERFORMANCE MEASURES**



1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471 352-620-3519

## Marion Transit Performance Measures

- **Timing of advanced scheduling requests**

Marion Transit takes reservations at least three working days before appointment and up to two weeks in advance. Currently our county demographics play a large part in this, however, with new scheduling software (anticipated implementation 2026) Marion Transit will strive to reduce the minimum days required to schedule service.

- **On-time passenger pick-up**

Random manifests are reviewed periodically to monitor on-time performance. Adjustments are made after reviewing and discussed with the drivers for improved performance. Those passengers who live in outlying areas of Marion County are required to make their appointments during a window of time that allows transit to be able to pick them up and deliver them in a timely manner. This window may be adjusted to accommodate the client when there is not another alternative. *Marion Transit is in negotiations to purchase and install updated scheduling software that will help improve this as well as provide a more detailed “real-time” analysis – anticipated 2026 implementation.*

- **Improved routing to minimize passenger wait times**

It is one of the goals of Marion Transit to *minimize passenger dwell time*. We monitor this through rider surveys and driving time logs. *Marion Transit is in negotiations to purchase and install updated scheduling software that will help improve this as well as provide a more detailed “real-time” analysis – anticipated to be implemented in 2026.*

- **Error rates for passenger pick-up and drop-off**

This is monitored and addressed by occurrence but not necessarily a frequent event.

- **Collection of public posting of passenger satisfaction survey ratings**

Marion Transit conducts at least annual customer satisfaction surveys by actual passengers. These surveys are reviewed and analyzed with the overall results being posted on our Facebook page as well as website.

---

Agency: Marion Senior Services, Inc. d/b/a – Marion Transit  
Name of Responder: Clayton Murch, Transportation Director  
Email address: [cmurch@marionseniorservices.org](mailto:cmurch@marionseniorservices.org)  
Phone number: 352-620-3519

**MARIONTRANSIT**  
**RIDER DISCIPLINARY POLICY**

## **1.0 Purpose**

This policy and procedure outlines what is considered inappropriate behavior during service delivery or service request. It applies to all Marion Transit clients.

*Note: SunTran and Marion Transit have agreed to have reciprocal suspension policies regarding ADA clients. Marion Transit will notify any ADA clients who we have suspended and vice versa.*

## **2.0 Responsibilities**

**2.1 Drivers** – responsible for reporting any unusual incidents to their immediate supervisor. If immediate action is necessary notifying dispatch who will notify the appropriate personnel (i.e. supervisor, law enforcement, etc.) All incidents must also be documented in writing using the incident report. (attached)

**2.2 Other Employees** – responsible for verbally notifying their immediate supervisor of the incident and completing an Incident Report.

**2.3 Supervisor(s)** – responsible for investigating the incident and determining any necessary punitive action.

## **3.0 Violation Classes –**

### **I. Class “A” Offense –**

- 1<sup>st</sup> Offense - Verbal Warning with documentation in Client File
- 2<sup>nd</sup> Offense – Written Warning with documentation in Client File
- 3<sup>rd</sup> Offense – Suspension by Transportation Director
  - *No suspension of service will commence while the appeal is being considered.*

### **II. Class “B” Offense –**

- Due to the severity of the offense, immediate suspension until completion of investigation may be necessary. Based on the severity of the offense and the discretion of the Transportation Director will determine the length of suspension from riding privilege.

## **4.0 Offenses:**

### **1. Class “A” Passenger/Client Violations**

- Too Many Carry-ons – limited to 3 grocery bags
- Unauthorized Escorts/Companions

- Fare Violation
- Seatbelt not worn properly
- Verbal Abuse
- Telephone Harassment
- Not At Scheduled Pick-Up Point

## **2. Class “B” Passenger/Client Violation**

### **A. Disruptive to the Service -**

- Holding Bus hostage
- Slanderous language/inappropriate screaming
- Unauthorized use of operating equipment
- Any action(s) that jeopardize the safe operation of the bus

### **B. Illegal Acts**

- Physical Assault
- Indecent Exposure
- Sexual Harassment/Rape
- Illegal Substance
- Alcohol Use / Open Container
- Theft of Property
- Possession of a firearm / illegal weapon

### **C. Unsafe Acts**

- Jumping out of the moving vehicle
- Refusal to wear seatbelt
- Fighting Amongst Passengers
- Throwing objects from the vehicle/within the vehicle
- Damaging Property

### **D. Telephone Harassment – Menacing Calls**

- Continual calling to harass
- Using inappropriate language
- Making verbal threats

## **5.0 Process:**

1. Report Violation Immediately to a supervisor & dispatcher
2. Request Assistance, if needed (i.e. Police, Ambulance, etc.)
3. Follow-up with Supervisor
4. Complete Incident Report (Who, What, When, Where, Why, etc.)
5. Request written statements from any witnesses (other passengers)

### **5.1 Investigation Process**

1. Review of Incident Report – obtain witness statements (if any)
2. Interview Driver/Employee
3. Interview witnesses (if necessary)
4. Request written statement from Client (if necessary) 5 days to respond
5. Meet with Transportation Director to review and finalize.
6. Any recommendation of suspending service will be reviewed and considered by the Marion Senior Services Inc. Executive Director.

### **6.0 Terms of Suspension (Calendar Days from time of incident)**

1. 1<sup>st</sup> Offense – 1 to 30 days
2. 2<sup>nd</sup> Offense – 30 to 90 days/New Application
3. 3<sup>rd</sup> Offense – 90 - 120 days/New Application
4. 4<sup>th</sup> Offense – 365 days/New Application
5. Indefinite Suspension

Conditions as part of reinstatement may be:

- Travel with an escort
- Proof of Behavior Modifications

### **7.0 Appeal Process – Service Suspension/Termination**

- Riders may appeal any action by Marion Transit with regards to paratransit service within 10 days by submitting a written appeal to: Executive Director, Marion Senior Services, Inc., 1101 S.W. 20<sup>th</sup> Court, Ocala, Florida 34471. The rider will be notified after a complete investigation within 5 working days after the written appeal request.
- Note: Appeals involving suspension of service will be reviewed by the Marion Senior Services Executive Director.
  - Customers will be notified in writing of the final decision on their appeal.

**+++ END +++**

# SUBSTANCE ABUSE POLICY

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**CERTIFICATE OF COMPLIANCE**

725-030-10  
TRANSIT  
12/01

for a  
SECTION 5311 SUBRECIPIENT  
(Certifying compliance with 49 CFR Parts 40, 655)  
To  
Florida Department of Transportation

DATE 1/27/2025

Section 5311 Subrecipient Information:

AGENCY NAME: Marion Senior Services, Inc.  
ADDRESS: 1101 SW 20<sup>th</sup> Court, Ocala, FL 34471  
PHONE: (352) 620-3071

FDOT District Office Information:

NAME: FDOT District 5 Modal Development Office  
ADDRESS: 420 W. Landstreet, Orlando, FL 32824  
PHONE: (321) 319-8174

I, Clayton Murch, Transportation Director  
(Name) (Title)

hereby certify that Marion Senior Services, Inc. dba Marion Transit and its applicable  
(Name of Subrecipient)  
contractor(s) (listing attached hereto) for N/A  
(Name of Subrecipient)

has (have) established and implemented an anti-drug and alcohol misuse prevention program in accordance with the provisions of 49 CFR Parts 40 and 655 as amended. I further certify that the employee training conducted under this part meets the requirements of 49 CFR Parts 40 and 655 as amended.

  
Signature

Attachment: (Applicable Contractor(s) - Name, Address, Phone #, Contact Person)



# MARIONTRANSIT

## Substance Abuse Policy

Zero Tolerance

In accordance with USDOT and FTA Regulations

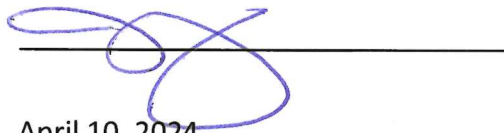
**MARIONTRANSIT** is dedicated to providing safe, dependable, and economical transportation service to its patrons. **MARIONTRANSIT** employees are a valuable resource and it is our agency's goal to provide a safe, healthy and satisfying working environment, free of the potential dangers posed by a safety-sensitive employee's use of prohibited drugs or misuse of alcohol.

This policy is established to comply with the Federal Transit Administration regulations codified as 49 CFR Part 655, as amended and USDOT regulations codified as 49 CFR Part 40, as amended. **Policy provisions authorized by MARIONTRANSIT are italicized and bolded throughout this policy.** All other policy provisions are implemented under the authority of the United States Department of Transportation (USDOT) and the Federal Transit Administration (FTA).

This policy is approved by: Jennifer Martinez

Title of approving official: Executive Director – Marion Senior Services, Inc.

Signature of approving official:



Date signed: April 10, 2024

Policy effective date: April 10, 2024

# MARIONTRANSIT

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# MARIONTRANSIT

## 1. Testing Program Background

The Omnibus Transportation Employee Testing Act of 1991 (OTETA) directed the United States Department of Transportation (USDOT) to promulgate regulations outlining the procedures for transportation workplace drug and alcohol testing. The USDOT regulations titled, "Procedures for Transportation Workplace Drug and Alcohol Testing" are codified as 49 CFR Part 40. The regulations ensure uniform practices for specimen collections, laboratory analysis, medical review, result reporting and the Return-to-Duty process for violating employees. The regulations are applicable to safety-sensitive employees in transportation workplaces throughout the nation (transit, railroad, aviation, commercial drivers, etc.).

The OTETA also directed each transportation administration to craft industry-specific regulations that define which employees are subject to testing, the testing circumstances, policy statement requirements and training requirements, relevant to that industry. *MARIONTRANSIT* is required to comply with both the USDOT regulations described above, as well as the Federal Transit Administration regulations "Prevention of Prohibited Drug Use and Alcohol Misuse in Transit Operations" which are codified as 49 CFR Part 655.

## 2. Employee Applicability

This policy and the USDOT/FTA testing program apply to all safety-sensitive *MARIONTRANSIT* employees. The policy also applies to volunteers who are required to hold a Commercial Drivers License (CDL) and volunteers that receive remuneration in excess of actual expenses accrued while carrying out assigned duties. Adherence to this policy and the USDOT/FTA testing program is a condition of employment in a safety-sensitive position with *MARIONTRANSIT*. All employees of *MARIONTRANSIT* who perform, or could be called upon to perform, any of the following duties are defined as safety-sensitive employees:

1. Operate a public transportation vehicle, while in or out of service
2. Control the movement of a public transportation vehicle

The *MARIONTRANSIT* positions classified as safety-sensitive include:

- Transportation Director
- Transit Manager
- Transportation Trip Manager
- Transit Assistant
- Transportation Office Assistant
- Transportation Dispatchers
- Transportation Scheduler
- Transit Drivers

# MARIONTRANSIT

## 3. USDOT/FTA Prohibited Drug Classes

- Amphetamines
- Cocaine
- Marijuana
- Opioids
- Phencyclidine (PCP)

## 4. Pre-employment Drug and Alcohol Background Checks

In accordance with 49 CFR Part 40.25, **MARIONTRANSIT** must make and document good faith efforts to perform drug and alcohol background checks for all applicants applying for a safety-sensitive position and all current employees applying for transfer into a safety-sensitive position. The Designated Employer Representative (DER) will oversee and/or manage this process and all other roles and responsibilities related to FTA drug and alcohol testing. Testing information will be requested from each of the applicant's previous DOT covered employers during the two years prior to the date of application. **MARIONTRANSIT** must obtain the applicant's written consent for the release of their drug and alcohol testing information from their previous DOT covered employers to **MARIONTRANSIT** (using the Release of Information Form). Applicants refusing to provide written consent are prohibited from performing safety-sensitive functions for **MARIONTRANSIT**.

Safety-sensitive applicants who have previously violated the USDOT testing program (using the Pre-Employment Notification & Acknowledgement Form) must provide documentation that they have successfully completed the USDOT's Return-to-Duty process with a DOT-qualified Substance Abuse Professional (SAP). Failure to provide satisfactory documentation will exclude the applicant from being hired or transferred into a safety-sensitive position with **MARIONTRANSIT**.

## 5. Pre-Employment Testing

All applicants for safety-sensitive positions shall undergo a pre-employment urine drug test. **MARIONTRANSIT** must receive an MRO-verified negative drug test result prior to the applicant's first performance of any safety sensitive function, including behind-the-wheel training.

***If an applicant's pre-employment urine drug test result is verified as positive, the applicant will be excluded from consideration for employment in a safety-sensitive position with MARIONTRANSIT.*** The applicant will be provided a list of USDOT-qualified Substance Abuse Professionals.

An employee returning from an extended leave period of 90 consecutive days or more, and whose name was also removed from the random testing pool for 90 days or more, must submit to a pre-employment urine drug test. **MARIONTRANSIT** must be in receipt of a negative drug test result prior to the employee resuming any safety-sensitive function.

## 6. Random Testing



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Safety-sensitive employees will be subject to random, unannounced testing. **MARIONTRANSIT** will perform random testing in a manner that meets or exceeds the FTA minimum annual testing requirements, as amended. The selection of employees for random testing will be made using a scientifically valid method. All safety-sensitive employees will have an equal chance of being selected each time a random draw is performed. Random alcohol tests will be conducted just before, during or just after the employee's performance of a safety-sensitive function. Random drug tests may be conducted anytime an employee is on duty, on call for duty or on standby for duty. Marion Transit will perform at least one random test between the hours of 6:00 am – and 8:30 am and/or between 5:00 pm and 7:00 pm each quarter.

Once an employee is notified that they have been selected for a random test, they must proceed immediately to the testing location. Failure to proceed immediately may be deemed a refusal to test.

## 7. Reasonable Suspicion Testing

All safety-sensitive employees must submit to reasonable suspicion drug and/or alcohol testing when a supervisor or company official trained in detecting signs and symptoms of drug use and alcohol misuse has made specific, contemporaneous, articulable observations concerning an employee's appearance, speech, behavior and/or body odor. Reasonable suspicion testing for alcohol misuse will occur when observations are made just before, during, or just after the employee's performance of a safety-sensitive function. Reasonable suspicion testing for prohibited drugs may be conducted anytime an employee is on duty or on standby for duty and a trained supervisor has made the observations.

## 8. Post-Accident Testing

Fatal Accidents: Safety-sensitive employees must submit to post-accident drug and alcohol testing following an accident involving a public transportation vehicle that results in the loss of human life. In addition to a surviving operator of the vehicle, any other surviving, safety-sensitive employee whose performance could have contributed to the accident must also be tested.

Non-Fatal Accidents: All safety-sensitive employees whose actions cannot be completely discounted as a contributing factor must submit to post-accident drug and alcohol testing when a non-fatal accident meets one or more of the following thresholds:

1. An individual suffers bodily injury and immediately receives medical treatment away from the scene
2. One or more vehicles incurs disabling damage that requires the vehicle(s) to be towed away from the accident scene
3. If the public transportation vehicle is a rail car, trolley car, trolley bus or vessel and has been removed from service.

**MARIONTRANSIT** officials will use the best information available at the scene, to determine if a safety-sensitive employee's performance can be completely discounted as a contributing factor to the accident.

# MARIONTRANSIT

Post-accident drug and alcohol tests will be conducted as soon as practicable following the accident. Any safety-sensitive employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until the employee undergoes a post-accident alcohol test. Any safety-sensitive employee who leaves the scene of the accident without a justifiable reason or explanation prior to submitting to drug and alcohol testing will be deemed to have refused the test. However, employees are not prohibited from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

## 9. **Urine Specimen Collections**

Urine specimen collections will be conducted in accordance with USDOT rule, 49 CFR Part 40, as amended. Collectors will be appropriately trained and qualified to perform urine specimen collections for USDOT covered employers. Urine specimen collectors will use the split-specimen collection method and will afford the donor (employee) the greatest degree of privacy permitted per 49 CFR Part 40, as amended. When an observed collection is required, the observer will be of the same gender as the donor (employee).

## 10. **Refusal to Submit to Urine Drug Testing**

The following actions constitute a “refusal to test” in accordance with 49 CFR Part 40, as amended:

- (1) Failure to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer (pre-employment testing not applicable).
- (2) Failure to remain at the testing site until the testing process is completed (after the process has been started)
- (3) Failure to provide a urine specimen for any drug test required by this part or DOT agency regulations
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen
- (5) Failure to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (6) Failure or decline to take an additional drug test the employer or collector has directed you to take
- (7) Failure to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by **MARIONTRANSIT**
- (8) Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
- (9) For an observed collection, failure to follow the observer’s instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (10) Possessing or wearing a prosthetic or other device that could be used to interfere



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with the collection process.

(11) Admitting to the collector or MRO that you adulterated or substituted the specimen.

(12) When the MRO verifies your drug test result as adulterated or substituted.

Refusing to submit to a USDOT/FTA required test is a violation of the USDOT/FTA testing program. Employees are required to be immediately removed from safety-sensitive duty and provided a list of USDOT-qualified Substance Abuse Professionals. ***Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.***

## 11. Urine Specimen Analysis

All specimens will be transported or shipped to a laboratory certified by the Department of Health and Human Services (DHHS). All specimens will be analyzed at the laboratory in accordance with 49 CFR Part 40, as amended. The procedures that will be used to test for the presence of prohibited drugs will protect the employee and the integrity of the drug testing process, safeguard the validity of the test results and ensure that the test results are attributed to the correct employee. Laboratory confirmed drug test results will be released only to a certified Medical Review Officer (MRO) for review and verification.

### Negative-Dilute Specimens

Upon receipt of an MRO verified negative-dilute drug test result with creatinine levels greater than 5 mg/dl and less than 20 mg/dl, **MARIONTRANSIT** will require applicants and employees to submit to a second urine collection per 49 CFR Part 40.197. The collection of the second specimen will not be conducted using direct observation procedures. The MRO verified result of the second urine drug test will be accepted by **MARIONTRANSIT** as the final result and the test of record. ***MARIONTRANSIT will apply this policy provision uniformly for all pre-employment and random urine drug tests reported by the Medical Review Officer to have creatinine levels greater than 5mg/dl but less than 20mg/dl (negative-dilute results).*** Once notified that a second collection is required, employees must proceed immediately for testing. An employee's failure to report immediately may be deemed as a refusal to submit to testing, which is a violation of the USDOT/FTA testing program. ***Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.***

## 12. Role of the Medical Review Officer (MRO)

The role of the Medical Review Officer is to review and verify laboratory confirmed test results obtained through a DOT-covered employer's testing program. When a non-negative drug test result is received, the MRO will communicate with the donor (employee) to determine if a legitimate medical explanation exists. When a legally prescribed medication has produced a non-negative result, the MRO will verify the prescription and report the result as "negative" to **MARIONTRANSIT**. Medical conditions and other information obtained by the MRO during the interview with the donor will be maintained in a confidential manner. However, if the MRO believes that a medication prescribed to the donor may pose a significant safety risk, the MRO will require the donor to contact his/her prescribing physician and request that the physician contact the MRO within 5 business days. The MRO and prescribing physician will consult to

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determine if the employee's medication use presents a significant safety risk. **MARIONTRANSIT** will be notified by the MRO when the outcome of the consultation results in a determination that the donor's medication use presents a significant safety risk. If the employee's prescribing physician fails to respond, the safety concern will be reported to **MARIONTRANSIT** without consultation. Based on the MRO recommendation, **MARIONTRANSIT** may deem the employee medically disqualified from performing safety-sensitive functions. The MRO assigned to review and verify laboratory drug test results for **MARIONTRANSIT** is:

Dr. Suzanne L. Steele, M.D.  
Vault Health  
1100 Easton Road, Suite F  
Willow Grove, PA 19090  
T 800. 732. 3784 / F 215. 396. 5609  
[www.vaulthealth.com](http://www.vaulthealth.com) / [mro@vaulthealth.com](mailto:mro@vaulthealth.com)

13. **Consequence for MRO Verified Positive Drug Test**

When **MARIONTRANSIT** is notified of an MRO verified positive drug test, or a test refusal due to adulteration or substitution; the violating employee will be immediately removed from safety-sensitive duty and provided a list of DOT-qualified Substance Abuse Professionals. Applicants will be excluded from hire and provided a list of DOT-qualified Substance Abuse Professionals. ***Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.***

14. **Split Specimen Testing**

As an important employee protection, split specimen collection procedures will be used for all USDOT/FTA urine collections. When an employee challenges an MRO verified result, he/she may request that the split specimen (bottle B) be tested at a different DHHS certified laboratory that conducted the test of the primary specimen (bottle A). Instructions for requesting the split specimen test will be provided by the Medical Review Officer during his/her interview with the donor (employee). In accordance with USDOT rule, **MARIONTRANSIT** will ensure that the fee to process the split specimen test is covered, in order for a timely analysis of the split specimen. ***MARIONTRANSIT may seek reimbursement for the cost of the split specimen test.***

15. **Alcohol Prohibition**

Safety-sensitive employees are prohibited from consuming alcohol while performing safety-sensitive functions, within (4) four hours prior to performing a safety sensitive function, or during the hours that they are on call or standby for duty. No safety-sensitive employee shall report for duty or remain on duty while having an alcohol concentration of 0.02 or greater. Safety-sensitive employees must not consume alcohol within eight (8) hours following an accident or until the employee submits to post-accident testing, whichever occurs first.

16. **Alcohol Testing**

All alcohol screening tests and confirmation tests will be performed in accordance with USDOT rule, 49 CFR Part 40. The procedures that will be used to test for alcohol misuse will protect the employee and the integrity of the testing process, safeguard the validity of the test results, and ensure the test results are attributed to the correct employee.



# MARIONTRANSIT

When an alcohol-screening test indicates a blood alcohol concentration (BAC) of 0.02 or greater, a confirmation test will be performed using an evidential breath-testing device listed on the USDOT/ODAPC webpage as an "Approved Evidential Breath Measurement Device". The confirmed blood alcohol concentration (BAC) result will be transmitted by the technician to **MARIONTRANSIT** in a confidential manner. A safety-sensitive employee who has a confirmed blood alcohol concentration (BAC) of 0.02 or greater but less than 0.04 will be removed from safety-sensitive duties for a period of at least (8) eight hours or until test results fall below 0.02.

17. **Consequence for a USDOT/FTA Confirmed Alcohol Violation**

A safety-sensitive employee who has a confirmed blood alcohol concentration (BAC) of 0.04 or greater has violated the USDOT/FTA testing program and will be removed from safety-sensitive duty and provided a list of DOT-qualified Substance Abuse Professionals. ***Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.***

18. **Refusal to Submit to Alcohol Testing**

The following actions constitute a refusal to submit to an alcohol test:

- (1) Fail to appear for any test within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer.
- (2) Fail to remain at the testing site until the testing process is complete
- (3) Fail to provide an adequate amount of saliva or breath for any USDOT required alcohol test
- (4) Fail to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (5) Fail to undergo a medical examination or evaluation, as directed by the [Agency]
- (6) Fail to sign the certification at Step 2 of the ATF
- (7) Fail to cooperate with any part of the testing process.

Refusing to submit to a USDOT/FTA required test is a violation of USDOT/FTA testing program. Employees must be immediately removed from safety-sensitive duty and provided a list of USDOT-qualified Substance Abuse Professionals. ***Per MARIONTRANSIT authority, violation of the USDOT/FTA testing program will result in termination of employment.***

19. **MARIONTRANSIT Testing Program Contacts**

Designated Employer Representative (Drug & Alcohol Program Manager)

Herman Schulz, Transportation Manager  
1101 SW 20<sup>th</sup> Court, Ocala, FL 34471  
352-620-3519  
hschulz@marionseniorservices.org

Alternate (back-up) Program Manager

Renee Cunningham, Human Resources Director  
1101 SW 20<sup>th</sup> Court, Ocala, FL 34471

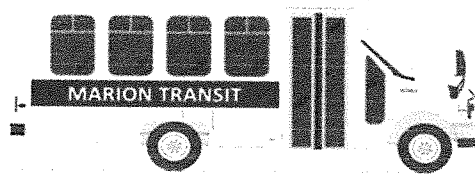
# MARIONTRANSIT

352-620-3501

rcunningham@marionseniorservices.org

The referenced USDOT and FTA regulations, as well informational material related to this testing program are available for review and/or download from the Florida Department of Transportation's Substance Abuse Management Website: <http://sam.cutr.usf.edu>. Further information may be obtained from the USDOT's Office of Drug and Alcohol Policy and Compliance website: <https://www.transportation.gov/odapc> and the Federal Transit Administration's (FTA) website: <https://transit-safety.fta.dot.gov/DrugAndAlcohol/Default.aspx>

# MARIONTRANSIT



## Employee Acknowledgement of Receipt of *MARIONTRANSIT* Substance Abuse Management Policy

I have received a legible copy of the *MARIONTRANSIT* Substance Abuse Management Policy dated April 10, 2024. I understand that my employment in a safety-sensitive position with *MARIONTRANSIT* is conditioned upon full adherence to this policy.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_















**PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

# TRIENNIAL REVIEW



*Florida Department of Transportation*

RON DESANTIS  
GOVERNOR

420 W. Landstreet Rd.  
Orlando, FL 32824

JARED W. PERDUE, P.E.  
SECRETARY

August 28, 2024

Clayton Murch  
Transit Director  
Marion Senior Services  
1101 Southwest 20th Court  
Ocala, Florida 34471

**Re: Marion Senior Services dba Marion Transit – 2024 Florida Department of Transportation (FDOT) Triennial Review Compliance Notice**

Dear Mr. Murch:

This letter is to confirm that the 2024 FDOT Triennial Review conducted on February 13, 2024, with Marion Transit is now closed. Following the triennial review, findings were published on March 22, 2024. After reviewing all corrective action plans submitted, the Department has found your agency in compliance with the FDOT regulations for providing public transportation services and for receiving state funding under Public Transit Block Grant and federal funding programs 49 U.S.C. §5311 and §5310. A summary of review findings and subsequent responses is provided in Attachment A of this notice. Thank you for cooperating with the FDOT review team to work towards compliance in various areas of your organization's public transportation program.

Your cooperation during the process was greatly appreciated. The Department looks forward to continuing its valued partnership with your agency to provide safe and efficient public transportation for the residents of Marion County.

Sincerely,

DocuSigned by:  
  
90462CF203F4435...

Carlos Colón, FCCM  
Transit Project Coordinator  
FDOT District Five

c:  
Jo Santiago, Transit Intermodal Supervisor – FDOT District Five  
Sophia Villavicencio-Ortiz, In-House Consultant – VHB  
Jennifer Martinez, Executive Director – Marion Senior Services  
Herman Schulz, Transit Manager – Marion Senior Services

Attachment A – Corrective Action Plan Matrix

## **Attachment A: Corrective Action Plan Matrix**

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Observation: An offered suggestion, view, or comment regarding compliance performance. An observation may address or refer to information obtained during the review. Reviewers are encouraged to provide appropriate observations and recommendations on best practices even when no deficiency or area of concern exists.	
Compliance Area	Observation
Project Management/Financial Information: Contract and Invoicing	The below is an overview of the active Public Transportation Grant Agreements (PTGAs) Marion Transit has with FDOT: - Contract G1V53 is set to expire 12/31/2024 (has already received an extension) - Contract G2508 is set to expire 12/31/2025 (has already received an extension) Marion Transit should monitor their active contracts closely. <b>TransCIP Finding #: F000005283</b>
Title VI: Plan and Support Documents	Section 4.4 in Marion Transit's Title VI Plan mentions ARC Marion as a subrecipient and also mentions "Your Community Transit." Marion Transit should update language as applicable. <b>TransCIP Finding #: F000005275</b>
Vehicle Maintenance: Maintenance Plan	It was noticed that some of the PM Program key point in the SSPP were not in the Maintenance Plan and recommend adding 10%-mile interval deviations, QC/QA checks to ensure that the inspections and repairs, both in-house and contracted, are completed and documented properly, and safety inspection as part of the maintenance inspections and are performed every 6,000 miles. <b>TransCIP Finding #: F000005210</b>
Drug and Alcohol Testing: Drug and Alcohol Training	Agency is currently utilizing TAPTCO for their 60 minutes of new hire drug awareness training. This program is not compliant with 655.14(b)(2). It is recommended that they begin utilizing the FTA Drug Awareness Video, <a href="https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/DrugAwarenessVideo/Default.aspx">https://transit-safety.fta.dot.gov/DrugAndAlcohol/Tools/DrugAwarenessVideo/Default.aspx</a> . <b>TransCIP Finding #: F000005158</b>

**Areas of Concern: Weakness in the adoption or implementation of procedures, and/or weaknesses with regard to conformance with state and federal guidelines. Recommendations will be provided to address areas of concern. The agency is required to develop and submit a CAP and implementation schedule for each area of concern, for approval by District 5.**

#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
1.	Vehicle Maintenance: Pre and Post-Trip Inspections	Reviewers noted a trend of inoperable emergency brakes and corrosion on vehicle batteries and other defects on vehicle batteries.	Marion Transit should conduct a campaign of all vehicle batteries and emergency brakes and repair as needed. Marion Transit should upload a copy of work orders and/or invoices as applicable in the "Supporting Documentation" section below. In addition, a response is required in the text box titled, "Corrective Action Plan." <b>TransCIP Finding #: F000005284</b>	Clayton Murch	Campaign was conducted on the entire fleet. The work orders are attached. All battery terminals were cleaned and emergency brakes were checked for proper operation. 2 Vehicles were identified that did not pass the emergency brake test. They were sent for repair. Invoices are attached.	On 4/10/2024 and 4/19/2024, Marion Transit uploaded documentation as proof a campaign to inspect all vehicle batteries and emergency brakes was completed and repairs were completed as needed. <b>Finding closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

**Areas of Concern: Weakness in the adoption or implementation of procedures, and/or weaknesses with regard to conformance with state and federal guidelines. Recommendations will be provided to address areas of concern. The agency is required to develop and submit a CAP and implementation schedule for each area of concern, for approval by District 5.**

#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
2.	Project Management/ Financial Information: Procurement	During the review, Marion Transit was unable to provide a copy of a procurement policy that satisfies FDOT minimum requirements.	Marion Transit must upload a Procurement Policy that satisfies FDOT requirements in the "Supporting Documentation" section in TransCIP. In addition, a response is required in the text box titled, "Corrective Action Plan." <b>TransCIP Finding #: F000005282</b>	Clayton Murch	Procurement policy has been updated with April 2024 Guidance and re-uploaded.	On 4/3/2024, Marion Transit uploaded a copy of its Procurement Policy. In April 2024, FDOT updated the language included in the FDOT Procurement Guidance for Transit Agencies. Consequently, if Marion Transit wants to include the new FDOT Procurement Guidance for Transit Agencies as a reference within Marion Transit's Procurement Policy, pages 6 - 64 should be deleted and can be replaced with the document uploaded in the "Supporting Documentation" section titled, "Procurement Guidance 2023 Final." Note: On 6/7/2024, Marion Transit uploaded an updated procurement guidance that satisfies FDOT requirements. <b>Finding closed.</b>
3.	Coordinated Plan: Coordinated Public Transportation/ Human Services	The Transportation Disadvantaged Service Plan (TDSP) uploaded into TransCIP is not signed by the Florida Commission for the Transportation Disadvantaged.	Marion Transit must provide a copy of the TDSP signed by the Florida Commission for the Transportation Disadvantaged. The copy should be uploaded in the "Supporting Documentation" section below. A response is required in the text box titled, "Corrective Action Plan." <b>TransCIP Finding #: F000005281</b>	Clayton Murch	Signature page for the TDSP is attached below.	On 3/28/2024, Marion Transit uploaded copy of the TDSP signed by the Florida Commission for the Transportation Disadvantaged. <b>Finding closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Areas of Concern: Weakness in the adoption or implementation of procedures, and/or weaknesses with regard to conformance with state and federal guidelines. Recommendations will be provided to address areas of concern. The agency is required to develop and submit a CAP and implementation schedule for each area of concern, for approval by District 5.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
4.	Equal Employment Opportunity: EEO Program Policy	<p>Since Marion Transit employs 50 or more transit-related employees and received capital and operating assistance in excess of \$1 million, Marion Transit is required to complete an Abbreviated EEO Program, per FTA Circular 4704.1A. However, during the review, Marion Transit was unable to provide a copy of an Abbreviated EEO Program that satisfies FTA requirements. An Abbreviated EEO Program will have the following:</p> <ul style="list-style-type: none"> <li>o Statement of Policy</li> <li>o Dissemination Plan</li> <li>o Designation of Personnel Responsibility</li> <li>o Assessment of Employees Practices</li> <li>o Monitoring and Reporting Plan</li> </ul>	<p>Marion Transit must upload a copy of an Abbreviated EEO Program under the "Supporting Documentation" section below that satisfies FTA requirements. An Abbreviated EEO Program must include the following:</p> <ul style="list-style-type: none"> <li>o Statement of Policy</li> <li>o Dissemination Plan</li> <li>o Designation of Personnel Responsibility</li> <li>o Assessment of Employees Practices</li> <li>o Monitoring and Reporting Plan</li> </ul> <p>After uploading a copy of the document, a response must be included in the text box titled "Corrective Action Plan."</p> <p><b>TransCIP Finding #: F000005280</b></p>	Clayton Murch	Complete Affirmative Action Plan (including EEO Policy) has been attached.	<p>On 4/26/2024, Marion Transit uploaded a copy of its EEO Policy. However, the uploaded EEO Policy does not satisfy the requirements for an Abbreviated EEO Program according to FTA Circular 4704.1A. Marion Transit must review the checklist uploaded and guidance information in "Supporting Documentation" in TransCIP and make applicable updates to their EEO Policy and upload a revised EEO Policy. Note: On 6/12/2024, Marion Transit uploaded an abbreviated EEO Program that satisfies the minimum requirements. The Executive Director signed the policy and the agency uploaded a copy 8/16/2024. This document was reviewed.</p> <p><b>Finding closed.</b></p>
5.	Americans with Disabilities Act: Service Equity	<p>Marion Transit's Riding Rules brochure states that "Pets must be kept in small carriers (Guide dogs and service animals may accompany disabled passengers." However, a definition of service animal is not provided and other applicable USDOT guidelines.</p>	<p>Marion Transit must include the definition of a service animal according to US DOT and other general guidelines to ensure that the service animal policy adheres to the Americans with Disabilities Act CFR 49 Part 37. The Community Transportation Association of America (CTAA) published a training video within this link: <a href="https://www.youtube.com/watch?v=GeyuHOr1gmw">https://www.youtube.com/watch?v=GeyuHOr1gmw</a> that provides guidance on the development of service animal policies. In addition, FDOT reviewers have uploaded information that outlines the requirements for a Service Animal Policy for the agency's use under the "Supporting Documentation" section. After updating the Riding Rules brochure and other applicable documentation, Marion Transit should notify FDOT reviewers of the update and FDOT reviewers will review Marion Transit's website. In addition, a response must be included in the text box titled "Corrective Action Plan."</p> <p><b>TransCIP Finding #: F000005279</b></p>	Clayton Murch	Riding rules have been updated on the website to reflect the USDOT service animal definition. Service animal policy created and adopted is attached as well.	<p>On 4/5/2024, Marion Transit uploaded updated its Riding Rules brochure, implemented a service animal policy, and updated its information shared on their website to reflect an accurate definition of service animals per USDOT guidelines.</p> <p><b>Finding closed.</b></p>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Areas of Concern: Weakness in the adoption or implementation of procedures, and/or weaknesses with regard to conformance with state and federal guidelines. Recommendations will be provided to address areas of concern. The agency is required to develop and submit a CAP and implementation schedule for each area of concern, for approval by District 5.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
6.	Americans with Disabilities Act: Service Equity	ADA Complaint Form did not include the email address, along with the phone number and the address on the website.	Marion Transit must ensure that the ADA Complaint Form includes the email address, along with the phone number of the appropriate point of contact. After Marion Transit's ADA Complaint Form has been updated, a copy of the form must be uploaded in the "Supporting Documentation" section in TransCIP and a response must be included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005278</b>	Clayton Murch	ADA Complaint Forms (both English and Spanish) are attached. They have been updated to reflect the phone number and email address of the appropriate point-of-contact.	On 3/28/2024, Marion Transit uploaded updated ADA and Title VI Complaint Forms to reflect the email address and phone number of the appropriate contact. <b>Finding closed.</b>
7.	Americans with Disabilities Act: Service Equity	Marion Transit's ADA Complaint Process was not available on Marion Transit's website. The ADA Complaint Process must meet the following requirements: (1)The process for filing a complaint, including the name, address, telephone number, and email address of the employee designated under paragraph (a) of this section, must be sufficiently advertised to the public, such as on the entity's website; (2) The procedures must be accessible to and usable by individuals with disabilities; (3) The entity must promptly communicate its response to the complaint allegations, including its reasons for the response, to the complainant and must ensure that it has documented its response.	Marion Transit's ADA Complaint Process must be posted on Marion Transit's website. After Marion Transit's ADA Complaint Process has been posted to the website, a response must be included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005277</b>	Clayton Murch	Complaint process and updated complaint forms have been uploaded to the mariontransit.org website.	On 4/3/2024, Marion Transit uploaded a screenshot of the updated information posted on their website that reflects their ADA Complaint Process. <b>Finding closed.</b>
8.	Americans with Disabilities Act: Service Equity	Marion Transit's Title VI Plan notes that all key documents are written in English and Spanish. However, the reasonable modification policy was not available in Spanish during the review.	Marion Transit must provide a copy of the Reasonable Modification Policy in Spanish by uploading a copy in the "Supporting Documentation" section. In addition, Marion Transit must ensure that the Spanish version is available on Marion Transit's website and a response must be included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005276</b>	Clayton Murch	The Reasonable Modification Policy and Request Form (in Spanish) is attached. The form has also been added to the Marion Transit website.	On 3/28/2024, Marion Transit uploaded a copy of the Reasonable Modification Policy in Spanish that satisfies the minimum requirements. <b>Finding closed.</b>



### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Areas of Concern: Weakness in the adoption or implementation of procedures, and/or weaknesses with regard to conformance with state and federal guidelines. Recommendations will be provided to address areas of concern. The agency is required to develop and submit a CAP and implementation schedule for each area of concern, for approval by District 5.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
9.	Title VI: Plan and Support Documents	Marion Transit's Title VI Plan mentions on 4-1 that the "Complaint procedure will be made available to the public on Marion Transit's website. However, FDOT reviewers were unable to locate the complaint procedure.	Marion Transit must ensure that the Title VI Complaint Procedure is available to the public on Marion Transit's website. After updating Marion Transit's website, a response must be included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005274</b>	Clayton Murch	Website has been updated to include the complaint procedure.	On 4/3/2024, Marion Transit uploaded a screenshot showing that the Title VI Complaint Procedure was uploaded to their website. <b>Finding closed.</b>
10.	Vehicle Maintenance: Vehicle Files	The file review indicates that PM inspections are conducted 99% on-time. However, several safety sensitive and critical safety defects were identified during the vehicle inspections which indicate that the PM program may need to be reevaluated.	Due to safety sensitive and critical safety defects identified during the vehicle inspections, Marion Transit must conduct refresher training on the Preventative Maintenance Guide uploaded in the "Supporting Documentation" section below. After the refresher training is completed, Marion Transit must upload documentation such as sign in sheets, training certificates, or other appropriate documentation under the "Supporting Documentation" section in TransCIP that reflects the refresher training was completed and provide a response in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005219</b>	Clayton Murch	Marion Transit met with its maintenance provider and reviewed the requirements referenced in the Preventative Maintenance Guide. Marion Transit re-trained drivers on the PM Guide at the April 25, 2024 drivers' meeting. Marion Transit has also increased direct observation of drivers physically conducting pre/post-trip inspections.	On 4/26/2024, Marion Transit uploaded documentation as proof that the refresher training on the Preventative Maintenance Guide was completed. <b>Finding closed.</b>
11.	Facility Maintenance: Facilities and Equipment Plan	A Safety Data Sheet (SDS) binder was maintained and up to date for chemicals available to keep vehicles clean and for in-house staff to add fluids as needed. However, the SDS binder was in an office.	It is recommended a copy of the SDS binder be placed in the area where operators are cleaning the vehicles. It is also recommended a portable eyewash station be installed in the same area. After including the SDS binder and a portable eyewash station in close proximity of where vehicles are cleaned, Marion Transit must upload photos under the "Supporting Documentation" section below as proof the activities were completed. In addition, Marion Transit must provide a response in the text box titled, "Corrective Action Plan." <b>TransCIP Finding #: F000005218</b>	Clayton Murch	Additional SDS binders were placed in the bus wash area. Portable eyewash station was installed in the area as well. Pictures are attached.	On 4/5/2024 and 4/8/2024, Marion Transit uploaded photos as proof the eye wash station was installed and the SDS binders were placed in the bus wash area. <b>Finding closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

**Areas of Concern: Weakness in the adoption or implementation of procedures, and/or weaknesses with regard to conformance with state and federal guidelines. Recommendations will be provided to address areas of concern. The agency is required to develop and submit a CAP and implementation schedule for each area of concern, for approval by District 5.**

#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
12.	Vehicle Maintenance: Vehicle Files	The file review indicates that PM inspections are conducted 99% on-time. However, several safety sensitive and critical safety defects were identified during the vehicle inspections which indicate that the PM program may need to be reevaluated.	Due to safety sensitive and critical safety defects identified during the vehicle inspections, Marion Transit must conduct refresher training on the Preventative Maintenance Guide uploaded in the "Supporting Documentation" section below. After the refresher training is completed, Marion Transit must upload documentation such as sign in sheets, training certificates, or other appropriate documentation under the "Supporting Documentation" section in TransCIP that reflects the refresher training was completed and provide a response in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005217</b>	Clayton Murch	Marion Transit met with its maintenance provider and reviewed the requirements referenced in the Preventative Maintenance Guide. Marion Transit re-trained drivers on the PM Guide at the April 25, 2024 drivers' meeting. Marion Transit has also increased direct observation of drivers physically conducting pre/post-trip inspections.	On 4/26/2024, Marion Transit uploaded documentation as proof that the refresher training on the Preventative Maintenance Guide was completed. <b>Finding closed.</b>
13.	Vehicle Maintenance: Vehicle Files	A trend was noticed during the file review of conducting brake jobs shortly after PM inspections are performed, which indicates that maintenance activities are not closely monitored.	Marion Senior Services can improve monitoring by tracking mileages between brake jobs to predict potential issues from becoming failures and recommend inspecting brakes during PM "A" inspections. <b>TransCIP Finding #: F000005216</b>	Clayton Murch	Upon review of the Preventative Maintenance Guide Book, we show that brake inspections are not included with an "A" service. Please provide additional clarification as to whether the guidebook needs to be updated and we should adopt the brake checks at every service language. Marion Transit management team met with our maintenance provider and they agreed to "inspect" brakes during PM "A" inspections.	Note: On 04/26/2024, Marion Senior Services cited that their maintenance provider will "inspect" their brakes during the PM "A" inspections. Although brake inspections are not specifically required in the Preventative Maintenance Guidebook, the FDOT representatives highly recommend that brake inspections be conducted during an "A" level preventative maintenance inspection. It should be noted that the Preventative Maintenance Guidebook is a general guide and each agency may have different needs and varying preventative maintenance programs to meet those needs. <b>Finding closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

**Areas of Concern: Weakness in the adoption or implementation of procedures, and/or weaknesses with regard to conformance with state and federal guidelines. Recommendations will be provided to address areas of concern. The agency is required to develop and submit a CAP and implementation schedule for each area of concern, for approval by District 5.**

#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
14.	Drug and Alcohol Testing: Pre-Employment-Testing and Background Checks	Marion Transit was unable to provide documentation that FTA drug & alcohol background checks were performed during the review period. Due to a recent turn-over in Human Resources, files were unable to be located.	Marion Transit must implement a procedure to ensure that drug and alcohol background checks are performed in accordance with 40.25. It is recommended that DER oversees and/or manages this process and all other roles and responsibilities related to FTA drug and alcohol testing. A copy of the procedure must be uploaded in the "Supporting Documentation" section and a response included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F00005157</b>	Clayton Murch	Marion Transit has included the Release of Information Form in the new hire paperwork (attached). Its completion will be required of all applicable applicants. The revised procedure indicating that the DER oversees/manages all aspects of FTA drug and alcohol testing is attached - see #4.	On 4/10/2024, Marion Transit uploaded revised procedure indicating that the DER oversees/manages all aspects of FTA drug and alcohol testing. Marion Transit also uploaded a new Release of Information Form that will be completed by new employees, as applicable. <b>Finding closed.</b>
15.	Drug and Alcohol Testing: Random Testing	A review of Marion Transit's random testing in 2023 revealed a pattern of predictability in that testing was only performed between the hours of 8:45 am - 5:00 p.m. Marion Transit's operational hours are 6:00 a.m. to 7:00 p.m.	During the response period, agency should perform at least one random test between the hours of 6:00 a.m. - 8:30 a.m. and/or between 5:00 p.m. - 7:00 p.m. A copy of the revised procedure to address this issue must be uploaded to the "Supporting Documentation" section and a response included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F00005154</b>	Clayton Murch	Marion Transit will perform at least one random test between the hours of 6:00 am – and 8:30 am and/or between 5:00 pm and 7:00 pm each quarter. Revised procedure is attached - see #6 - Random Testing section of attachment.	On 4/10/2024, Marion Transit uploaded a revised procedure that cites at least one random test will occur between the hours of 6:00 a.m. - 8:30 a.m. and/or between 5:00 p.m. - 7:00 p.m. <b>Finding closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Deficiency: Area(s) found to be deficient or inadequate in complying with state and federal guidelines. Requirements to address deficiency will be indicated. The agency is required to develop and submit a CAP and implementation schedule for approval for each deficiency arising from a compliance review. District 5 will provide the CAP and implementation schedule for all deficiencies arising from a non-compliance review.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
1.	Vehicle Maintenance: Vehicle Files	Marion Transit's PM inspection practices are inconsistent with the maintenance policies and procedures stated in their Maintenance Plan. The Maintenance Plan states lifts are serviced on preventative maintenance inspections according to the manufacturer's specifications. During the file review wheelchair lift PM inspection is not serviced on preventative maintenance inspections and the wheelchair section of the PM checklist is left blank. Files show wheelchair lifts PM inspection are serviced annually using a separate inspection checklist and repairs are outsourced.	Marion Transit must ensure their PM policies and practices are consistent. Marion Transit must upload a revised Maintenance Plan that reflects the maintenance practices being implemented that satisfy FDOT requirements. The revised Maintenance Plan must be uploaded in the "Supporting Documentation" section in TransCIP and a response must be included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005214</b>	Clayton Murch	Marion Transit will align its current PM policies and practices. Lift inspections/service will be done at regular A-B-A-C PM intervals. Maintenance Plan is attached.	On 4/10/2024, Marion Transit uploaded a revised Maintenance Plan that shows their PM policies and practices are consistent. <b>Finding closed.</b>
2.	Vehicle Maintenance: Pre and Post-Trip Inspections	During the pre-trip observation, some of the required components were not inspected as stated in the agency's SSPP and Maintenance Plan.	Marion Senior Services must provide refresher training to their operators on how to properly conduct pre/post-trip inspection. Pre-trip training can be accessed through the COTA website at <a href="https://www.floridacota.org/">https://www.floridacota.org/</a> that includes these links, <a href="https://vimeo.com/aecomvizstudio/review/425185614/25356890b3">https://vimeo.com/aecomvizstudio/review/425185614/25356890b3</a> <a href="https://vimeo.com/aecomvizstudio/review/417692113/cbfb6e9c2">https://vimeo.com/aecomvizstudio/review/417692113/cbfb6e9c2</a> . After the refresher training is completed, Marion Transit must upload documentation such as sign in sheets, training certificates, or other appropriate documentation under the "Supporting Documentation" section in TransCIP that reflects the refresher training was completed and provide a response in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005213</b>	Clayton Murch	Pre/Post-trip inspection training was conducted for all drivers present at the drivers' meeting on 4/25/2024. Drivers not in attendance were trained individually on prior other dates.	On 4/26/2024, Marion Transit uploaded a training sign in sheet and pre-post trip training certificates as proof the refresher training for drivers was completed. <b>Finding closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Deficiency: Area(s) found to be deficient or inadequate in complying with state and federal guidelines. Requirements to address deficiency will be indicated. The agency is required to develop and submit a CAP and implementation schedule for approval for each deficiency arising from a compliance review. District 5 will provide the CAP and implementation schedule for all deficiencies arising from a non-compliance review.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
3.	Vehicle Maintenance: Pre and Post-Trip Inspections	During the vehicle inspections, critical and safety sensitive defects were identified. Vehicles 1403/FDOT 94557, 2103/FDOT 50131, 2105/FDOT 50124, and 2112/FDOT 50142 were removed from service by the FDOT District Representative due to the critical nature of the defects identified.	<p>Marion Transit repaired the following vehicles while on-site: -1403/FDOT 94557; 2103/FDOT 50131; and 2112/FDOT 50142 (documentation was uploaded in the supporting documentation section in TransCIP below).</p> <p>Marion must repair the remaining safety defects on vehicle 2105/FDOT 50124, 2107/FDOT 50149, and 1501 (please refer to documentation uploaded in the supporting documentation section in TransCIP below). After completing the repairs, Marion Transit must upload copies of invoices and/or work orders as proof the repairs were completed and provide a response in the text box titled "Corrective Action Plan."</p> <p><b>TransCIP Finding #: F000005211</b></p>	Clayton Murch	Repairs to identified defects have been completed. The invoices/work orders are attached. Drivers will be retrained on pre/post-trip inspection procedures as referenced in FINDING #5213.	On 4/9/2024, Marion Transit uploaded invoices/work orders as proof repairs on vehicles 2105/FDOT 50124, 2107/FDOT 50149, and 1501 were completed. <b>Finding closed.</b>



### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

**Deficiency: Area(s) found to be deficient or inadequate in complying with state and federal guidelines. Requirements to address deficiency will be indicated. The agency is required to develop and submit a CAP and implementation schedule for approval for each deficiency arising from a compliance review. District 5 will provide the CAP and implementation schedule for all deficiencies arising from a non-compliance review.**

#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
4.	Vehicle Maintenance: Maintenance Plan	<p>Marion Transit's Maintenance Plan did not satisfy FDOT minimum requirements according to F.A.C. Chapter 14-90:</p> <ul style="list-style-type: none"> <li>-The outsourced maintenance facilities in the Maintenance Plan did not match the maintenance service providers that the agency is currently using.</li> <li>-The information management section within the Maintenance Plan did not specify oversight of ongoing maintenance activities, such as procedures for tracking and monitoring maintenance information, including how often this information is tracked and monitored, how the information is used by the agency to provide oversight, and who is responsible for this task.</li> <li>- The fleet inventory did not include current mileage and average annual mileage.</li> </ul>	<p>Marion Transit must update their Maintenance Plan to address the following:</p> <ul style="list-style-type: none"> <li>- Must update the Maintenance Plan with the current outsourced maintenance facilities vendors that are conducting preventative maintenance inspections and repairs.</li> <li>- Must update the information management section to specify oversight of ongoing maintenance activities, such as procedures for tracking and monitoring maintenance information, including how often this information is tracked and monitored, how the information is used by the agency to provide oversight, and who is responsible for this task.</li> <li>- Must update the fleet inventory to include current mileage and average annual mileage.</li> </ul> <p>After making the required updates, the revised Maintenance Plan must be uploaded in the "Supporting Documentation" section below and a response included in the text box titled "Corrective Action Plan."</p> <p><b>TransCIP Finding #: F00005209</b></p>	Clayton Murch	<p>Maintenance Plan with the current outsourced maintenance facilities vendors that are conducting preventative maintenance inspections and repairs has been updated. The information management section has been updated to specify oversight of ongoing maintenance activities, such as procedures for tracking and monitoring maintenance information, including how often this information is tracked and monitored, how the information is used by the agency to provide oversight, and who is responsible for this task. The fleet inventory has been updated to include current mileage and average annual mileage.</p>	<p>On 4/5/2024, Marion Transit uploaded updated Vehicle Maintenance Plan that satisfies FDOT minimum requirements according to F.A.C. Chapter 14-90.</p> <p><b>Finding closed.</b></p>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Deficiency: Area(s) found to be deficient or inadequate in complying with state and federal guidelines. Requirements to address deficiency will be indicated. The agency is required to develop and submit a CAP and implementation schedule for approval for each deficiency arising from a compliance review. District 5 will provide the CAP and implementation schedule for all deficiencies arising from a non-compliance review.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
5.	Safety and Security: Driver Training	Marion Transit operators observed during the virtual ride check did not operate the vehicles according to applicable training and laws. Operators were observed driving with one hand, turning too fast, eating on the bus, and making incomplete stops at traffic signals.	Marion Transit must conduct refresher training for all operators to promote safe driving practices. Training exercises may be accessed via the National Rural Transit Assistance Program at <a href="https://www.nationalrtap.org/Training/National-RTAP-Training-Overview">https://www.nationalrtap.org/Training/National-RTAP-Training-Overview</a> . An example training course is the Safety Training and Rural Transit (START) Online course. After the refresher training is completed, Marion Transit must upload documentation such as sign in sheets, training certificates, or other appropriate documentation under the "Supporting Documentation" section in TransCIP that reflects the refresher training was completed and provide a response in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005207</b>	Clayton Murch	The three (3) drivers observed operating incorrectly have been trained on START prior to the original deadline of 4/26/2024. An extension for the remainder of the drivers was requested due to timing required to complete the course. START training certificates attached.	On 07/01/2024, Marion Transit uploaded training certificates for the refresher training that was conducted for their drivers. <b>Finding closed.</b>
6.	Safety and Security: Driver Training	Marion Transit does not address all the requirements for Event Investigations as required by Rule 14-90 FAC, as listed below: - Events are not investigated and documented in a final report that includes a description of the investigation activities, identified causal factors and any identified corrective actions. The reviewer examined 7 Event Investigations files, 4 of 7 were incomplete. Corrective action plans are developed by the bus transit system that will identify planned actions and schedule for implementation.	Marion Transit must address all outstanding training requirements for drivers as identified on the review document uploaded in the "Supporting Documentation" section. Available training opportunities can be located on the Florida Transit Safety and Operations Network's website: <a href="https://ftson.org/training/">https://ftson.org/training/</a> . After the training is completed, Marion Transit must upload documentation such as sign in sheets, training certificates, or other appropriate documentation under the "Supporting Documentation" section in TransCIP that reflects the refresher training was completed and provide a response in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005206</b>	Clayton Murch	All drivers were set up for online training on <a href="https://ftson.org/training">ftson.org/training</a> . The drivers on the review document completed the training. Other drivers will complete the training on their 3-year cycle per Marion Transit SSPP. Drivers were trained/certified on all different types of vehicles that our agency utilizes.	On 4/8/2024, 4/16/2024, and 4/26/2024, Marion Transit uploaded training sign-in sheets and certificates as proof outstanding driver training was completed. <b>Finding closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Deficiency: Area(s) found to be deficient or inadequate in complying with state and federal guidelines. Requirements to address deficiency will be indicated. The agency is required to develop and submit a CAP and implementation schedule for approval for each deficiency arising from a compliance review. District 5 will provide the CAP and implementation schedule for all deficiencies arising from a non-compliance review.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
7.	Safety and Security: Event Investigations	Vehicle # 117 FDOT # 99520: Outer roll barrier will not retract (CSC), Reverse Alarm audible sound weak (SS), Right side body panel light missing (SS)	Due to unsatisfactory practices identified during the review of documentation associated with event investigations, Marion Transit must conduct refresher training by reviewing the TSI Guidelines to determine recordability and NSC Preventability guidelines provided in the "Supporting Documentation" section below. After the refresher training is completed, Marion Transit must upload documentation such as sign in sheets, training certificates, or other appropriate documentation under the "Supporting Documentation" section in TransCIP that reflects the refresher training was completed and provide a response in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005205</b>	Clayton Murch	The management team at Marion Transit was trained on TSI Guidelines to determine recordability and NSC Preventability guidelines on 4/23/2024. A new form that better captures the requirements of the Final Report referenced in Rule 14-90 FAC is attached. Staff was retrained on the proper methodology for completing the Final Report.	On 4/24/2024, Marion Transit uploaded documentation as proof refresher training on TSI guidelines and NSC Preventability guidelines was completed. In addition, Marion Transit uploaded a new form that satisfies the requirements of Rule 14-90 FAC. <b>Finding closed.</b>
8.	Safety and Security: Driver Qualifications	Marion Transit does not address all the requirements for Qualification, Selection and Training as required by Rule 14.90 FAC, as listed below: -Criminal Background checks: The reviewer examined 20 drivers' files; 9 of the 20 were found to be non-compliant. -Driving Background checks: The reviewer examined 20 drivers' files; 13 of the 20 were found to be non-compliant.	Marion Transit must address all the requirements for Qualification, Selection and Training as required by Rule 14.90 FAC by providing appropriate documentation as proof that the criminal and driving background checks were completed for the drivers listed in the document uploaded in the section "Supporting Documentation" below. If Marion Transit is concerned about uploading sensitive information, Marion Transit should request a screen sharing session with FDOT representatives to review the criminal and driving background checks. A response must be provided in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005202</b>	Clayton Murch	The missing background checks (5-year) and annual MVR review documents are attached. Marion Transit will run MVRs as part of a driver's annual review. 5-yr background checks are being maintained on a spreadsheet by the HR department.	On 4/10/2024, Marion Transit uploaded the missing background checks (5-year) and annual MVR review documents. <b>Finding closed.</b>



### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

**Deficiency: Area(s) found to be deficient or inadequate in complying with state and federal guidelines. Requirements to address deficiency will be indicated. The agency is required to develop and submit a CAP and implementation schedule for approval for each deficiency arising from a compliance review. District 5 will provide the CAP and implementation schedule for all deficiencies arising from a non-compliance review.**

#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
9.	Safety and Security: Emergency Management and Security	Marion Transit does not address all the requirements for the Security Program Plan (SPP) as required by Rule 14.90 FAC as listed below: - Emergency preparedness drills and exercises – documentation of drills and exercises conducted was not provided. - Review threat and vulnerability assessments - the agency does not have a threat and vulnerability plan updated - Marion Transit did not provide any documentation of drills and exercises or threat and vulnerability assessments.	Marion Transit must address all the requirements for the Security Program Plan (SPP) as required by Rule 14.90 FAC by addressing the following and uploading supporting documentation in the "Supporting Documentation:" - Complete emergency preparedness drills and exercises - Complete threat and vulnerability assessments and create a threat and vulnerability plan In addition, provide a response in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005201</b>	Clayton Murch	Marion Transit has implemented the recommendations provided by FDOT. A Threat & Vulnerability Assessment has been completed. Marion Transit has requested a screen sharing session with FDOT to review. Recommendations provided by Ocala Fire Rescue during the 4/2/2024 fire drill have been added to the SPP.	On 7/24/2024, Marion Transit participated in a screen sharing session with FDOT representatives and COTA specialists to show updates to their emergency preparedness drills/exercises and threat and vulnerability plans. During the screen sharing session, reviewers noted that the updates satisfy FDOT requirements. <b>Finding closed.</b>
10.	Drug and Alcohol Testing: Pre-Employment Testing and Background Checks	Marion Transit could not provide documentation that all pre-employment DOT covered employees are asked, "Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years?"	During the response period, Marion Transit should implement procedures to include the Pre-Employment Notification & Acknowledgement form uploaded in the "Supporting Documentation" section below for all FTA covered new hires. A copy of the procedure must be uploaded to the "Supporting Documentation" section and a response included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005156</b>	Clayton Murch	Marion Transit has included the Pre-Employment Notification & Acknowledgement Form in the new hire paperwork. Completion of it is required. The revised procedure is attached - See #4 (page 4).	On 4/10/2024, Marion Transit uploaded a new procedure that cites the use of the Pre-Employment Notification & Acknowledgement form. <b>Findings closed.</b>

### FDOT District 5 Triennial Review 5311- Corrective Action Plan Matrix – Marion Transit (2024)

Deficiency: Area(s) found to be deficient or inadequate in complying with state and federal guidelines. Requirements to address deficiency will be indicated. The agency is required to develop and submit a CAP and implementation schedule for approval for each deficiency arising from a compliance review. District 5 will provide the CAP and implementation schedule for all deficiencies arising from a non-compliance review.						
#	Compliance Area	Finding	Recommendation	Responsible Party	Agency Response to Finding	FDOT Response
11.	Drug and Alcohol Testing: Post-Violation	Marion Transit could not present documentation that Substance Abuse Professional (SAP) referrals were given to the three applicants who tested positive during 2023.	Marion Transit must implement a procedure to ensure all individuals testing positive receive a referral for a minimum of two (2) local DOT qualified SAPs, in accordance with Section 655.62(a). A copy of the procedure must be uploaded to the "Supporting Documentation" section and a response included in the text box titled "Corrective Action Plan." <b>TransCIP Finding #: F000005155</b>	Clayton Murch	SAP letters for the 3 positive tests are attached. The policy that outlines SAP letter procedures is attached. See item #4 for DER oversight, #5 for pre-employment positive result, #10 for refusing to submit, #13 for positive drug tests (employees), #17 for positive alcohol tests (employees).	On 4/4/2024 and 4/11/2024, Marion Transit uploaded a new procedure to ensure all individuals testing positive receive a referral for a minimum of two (2) local DOT qualified SAPs. Marion Transit also uploaded a new SAP letter template. <b>Finding closed.</b>



**TO: TDLCB Members**

**FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner**

**RE: Florida Alliance for Assistive Services and Technology**

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**Summary**

The Florida Alliance for Assistive Services and Technology (FAAST), is a program designed to provide assistive technology to Floridians with disabilities and their loved ones. This program offers a range of activities, including device loans, demonstrations, reutilization, and training, to ensure Floridians have access to the latest in assistive technology. Additionally, FAAST provides information and assistance, as well as a financing program available state-wide. With a commitment to accessibility and innovation, FAAST is leading the way in assistive technology in the state of Florida.

FAAST is here to serve Floridians who have disabilities and their family members, service providers, educators, therapists, employers, health and rehabilitation professionals, assistive technology vendors, procurement officials, and all other interested parties throughout the state of Florida.

**Attachment(s)**

- Presentation

Any additional comments and/or suggestions please contact Liz Mitchell, [liz.mitchell@marionfl.org](mailto:liz.mitchell@marionfl.org).