



Senior Mobility Program

Agency Service Plan

Jurisdictions and agencies participating in the Orange County Transportation Authority (OCTA) Senior Mobility Program (SMP) must complete the following Service Plan in order to receive SMP funding. The Service Plan must be developed in accordance with SMP Guidelines, included as Attachment 1, and submitted to OCTA for review. Upon review from OCTA, the Service Plan must be formally adopted by the agency's council or governing body and approved by the OCTA Board of Directors. Any modifications to SMP services will require submittal of a new Service Plan.

Participant Information:

Agency City of Garden Grove Date March 29, 2016
 Program Contact Janet Pelayo Phone (714) 741-5215
 Email janetp@garden-grove.org

Service Description:

1. Program goals and objectives:

The H. Louis Lake Senior Mobility Program will promote the continuation of an independent lifestyle for individuals age 60 and older through the provision of dependable door-to-door transportation services for residents of the City of Garden Grove.

The Senior Mobility Program (SMP) will operate weekdays from 7:30 a.m. to 6:00 p.m. Other trips will be provided in response to rider request on a first-come, first-served basis as funding allows. Trips will also be provided on holidays and for special events on weekends.

2. Indicate how SMP service will be operated: *(Please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Directly-Operated | <input type="checkbox"/> Subsidized Taxi Program |
| <input checked="" type="checkbox"/> Contract Service Provider | <input type="checkbox"/> Other (Please Describe) |
| <input type="checkbox"/> Volunteers | |

3. Eligible trips provided under the SMP are limited to the following categories. Please indicate the categories of service to be provided by your program: *(Please check all that apply)*

- | | |
|---|---|
| <input checked="" type="checkbox"/> Senior Center | <input checked="" type="checkbox"/> Personal Care |
| <input checked="" type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> Shopping |
| <input checked="" type="checkbox"/> Medical | <input checked="" type="checkbox"/> Social / Recreation (Please Describe) |

City Concert in Parks, whale watching, site visits to other Senior Centers, Medieval Times, Orange County Fair, museum exhibits, concert venues, theaters, beach, and local farmers markets.

4. SMP Guidelines restricts trips outside of Orange County to medical trips within approximately 10 miles of the Orange County border. Do you intend to provide medical trips outside of Orange County?

Yes No

If yes, please list the trip purpose and destinations: *(e.g., medical trips to the VA Hospital in Long Beach)*

5. Fare structure:

The SMP fare structure is based on a per trip charge, which is \$12.00 for a one-way trip within the City of Garden Grove. For one-way trips outside of City limits there is an additional charge of \$2.50 per mile.

6. Number of vehicles:

6

7. Projected annual ridership:

12,739 one-way trips

8. Source(s) of 20 percent match funding:

In-Kind Staff Services

Program Requirements:

1. Jurisdiction/Agency shall follow competitive procurement practices in selection of vendors for all services which it does not provide using its own work force. Any Request for Proposals (RFP) for services shall specify the use of vehicles meeting Americans with Disabilities Act (ADA) accessibility standards.
2. Jurisdiction/Agency will perform, or ensure that a contracted vendor performs, maintenance of all vehicles used in the Senior Mobility program, including, at a minimum:
 - a) Daily Pre-Trip Inspections that meet or exceed the guidelines provided in the attached Pre-Trip Inspection Checklist (Attachment 2)
 - b) Scheduled preventative maintenance that meets or exceeds the guidelines provided in the attached PM Checklist, including the maintenance of all accessibility features of the vehicles.
 - c) Maintain maintenance records for each vehicle for five (5) years and, if required, cooperate fully in annual motor coach carrier terminal inspections conducted by the California Highway Patrol.
3. Jurisdiction/Agency will ensure that its operators, or its contracted vendor's operators, are properly licensed and trained to proficiency to perform duties safely, and in a manner which treats its riders with respect and dignity. Disability awareness and passenger assistance will be included in this training.
4. Jurisdiction/Agency will establish and implement an alcohol and drug program that complies with 41 U.S.C. sections 701-707, (the Drug Free Workplace Act of 1988), and will produce any documentation necessary to establish its compliance with sections 701-707.
5. Jurisdiction/Agency will submit a monthly report to OCTA's Community Transportation Services Department as illustrated in Attachment 3.
6. Jurisdiction/Agency will participate in OCTA marketing and outreach efforts to encourage use of fixed route transit service by older adults.
7. Jurisdiction/Agency will note OCTA sponsorship in any promotional material for service funded under this agreement and will display an OCTA Senior Mobility Program logo on vehicles used in this program (excluding taxis).
8. Jurisdiction/Agency will ensure that it maintains adequate oversight and control over all aspects of services that are provided by a contracted vendor.

IN WITNESS WHEREOF, has formally adopted the Senior Mobility Program Scope of Work as written above.


AGENCY REPRESENTATIVE

Name: _____

Title: _____

*As amended

OCTA REPRESENTATIVE



Name: Beth McCormick

Title: General Manager, Transit



Measure M2 Project U
Senior Non-Emergency Medical Transportation Funding Guidelines
May 2016

1.0 Overview

The Measure M2 (M2) Project U – Senior Non-Emergency Medical Transportation (SNEMT) Program provides funding to support the Orange County (County) Office on Aging (OoA) program which provides non-emergency medical transportation service for seniors such as trips to doctor and dental appointments, therapy, dialysis, and pharmacy visits. M2 Project U SNEMT funding was established to continue and expand the existing program which has been funded with Tobacco Settlement Revenue (TSR) funds since 2003. The County OoA administers the program which is operated through contract service providers.

The purpose of these guidelines is to provide procedures that assist in the administration of funding for the SNEMT program. The Orange County Transportation Authority (OCTA) shall enforce the provisions spelled out in these guidelines.

2.0 Objectives

- To enhance the existing Orange County SNEMT program.
- To sustain the SNEMT program by providing funds which augment declining TSR revenue.
- To provide non-emergency medical transportation for seniors as an alternative to OCTA ACCESS paratransit service.

3.0 Eligibility Requirements and Maintenance of Effort

The County must satisfy all M2 eligibility criteria to receive the formula allocation for this program.

The Maintenance of Effort requirement, as specified in the M2 Ordinance, indicates that the County shall continue to fund SNEMT program services in an annual amount equal to the same percentage of the total annual TSR funds received by the County as of November 2006. In Fiscal Year (FY) 2006-07, the TSR percentage allocated to the SNEMT program was 5.27 percent of the overall TSR received by the County.

The County is required to enter into a cooperative funding agreement with OCTA and adherence to strict funding guidelines is required by the M2 Ordinance.

4.0 Annual Maintenance of Effort Verification

The County must submit to OCTA an annual verification of the SNEMT program budget with supporting documentation to confirm the allocation of at least 5.27 percent of TSR funding to the SNEMT program as required by the M2 Ordinance.

Annual documentation submitted to OCTA should confirm budgeted TSR funding for the current FY and actual TSR funding for the prior FY. Verification documentation should be submitted to OCTA no later than December 31 of each calendar year.

5.0 Funding Allocation Method and Distribution

Funding for the program is identified as no less than the TSR funds annually expended and no greater than one percent of M2 net sales tax revenues plus accrued interest. Funding allocations are based on actual sales tax receipts. Funding will be distributed on a bi-monthly basis and must be expended within three years of receipt. OCTA may grant an extension beyond the three-year limitation; however, an extension may not exceed five years from the date of the initial funding allocation. The County must submit a justification letter requesting an extension beyond the three-year limitation for review and approval by OCTA at least 90 days prior to the end of the third year from the date of receipt of funds. Requests for an extension must include a plan of expenditure.

SNEMT earned interest must be spent on transportation activities consistent with SNEMT eligible expenses. Interest revenues must be expended within three years of receipt.

In the event the time limits for use of SNEMT funds are not satisfied, any retained SNEMT funds, including interest, shall be returned to OCTA.

6.0 Service Guidelines

SNEMT services are limited to non-emergency medical trips available to individuals 60 years of age and older.

The County is responsible for establishing program guidelines, operational policies, and administering and monitoring the provision of program services.

The County may initiate trip prioritization if actual expenditures exceed, or are within 25 percent of, the amount of TSR and M2 funding dedicated to the program

7.0 Eligible Expenses

The County shall ensure M2 funds and earned interest are used exclusively for eligible direct program-related expenses which may include contract service providers, staff time, program supplies and materials, marketing materials and community outreach. The County shall ensure all program costs are fair and reasonable. Administrative costs are allowed and considered eligible program expenses consistent with the County's approved cost allocation plan. All program expenses are subject to audit.

8.0 Program Revenue

The County must ensure their service contractors maintain adequate procedures for collecting and reporting program revenue, including fees, donations, and cash fares.

9.0 Reporting

The County is required to submit quarterly reports using a reporting template provided by OCTA. The County shall also be required to maintain supporting documentation, as specified by OCTA, to substantiate quarterly reporting data. Required reporting data may include, but is not limited to, the following:

- Quarterly TSR-Funded Trips
- Quarterly M2-Funded Trips
- Total Quarterly Trips
- Cumulative Total Trips
- Quarterly Program Operating Cost
- Quarterly OCTA Contribution
- Quarterly County Contribution
- Cumulative OCTA Contribution
- Cumulative County Contribution
- Program Monitoring Activities

Reports are due within 45 days from the end of each quarter. Failure to meet the established reporting deadline for two consecutive quarters during the fiscal year may result in a reduction of funding and/or other sanctions to be determined.

10.0 Audits and Inspection of Records

M2 funding is subject to audit. The County shall maintain program documentation and records for a period of no less than five years, including documentation evidencing the County's oversight and monitoring of contractors providing services under the Program. Program documents and records, including but not limited to contractor invoices, payroll records, trip sheets, and other program-related expenses, shall be available for review by OCTA SNEMT funding administrators, auditors, and authorized agents upon request. The County must follow established accounting requirements and applicable laws regarding the use of public funds. Failure to submit to an audit in a timely manner may result in loss of future funding. Misuse or misrepresentation of M2 funding will require remediation which may include repayment, reduction in overall allocation, and/or other sanctions to be determined by the OCTA Board of Directors. Audits shall be conducted by the OCTA Internal Audit Department, or other authorized agent, as determined by OCTA.



Senior Mobility Program

Monthly Reporting Form

EXHIBIT C

Program Information

Service for the - Month of: July Year of: 2016
 Program Name: _____
 Participating Agency: _____
 Agency Contact: _____
 Contact Number: _____

Trip Detail

Trip Category	One-Way Trips		Service Hours		Service Miles	
	Jul 2016	FYTD	Jul 2016	FYTD	Jul 2016	FYTD
Senior Center	-	-	-	-	-	-
Medical	-	-	-	-	-	-
Shopping	-	-	-	-	-	-
Personal Care	-	-	-	-	-	-
Social / Recreational	-	-	-	-	-	-
Total	-	-	-	-	-	-

Cost Summaries

Cost Category	Jul 2016		FYTD	
	Cost	% of Total	Cost	% of Total
Direct Cost: Contracted Services	\$ -	0.0%	\$ -	0.0%
Direct Cost: In-House Labor	\$ -	0.0%	\$ -	0.0%
Direct Cost: Vehicle Expenses	\$ -	0.0%	\$ -	0.0%
Direct Cost: Marketing & Outreach	\$ -	0.0%	\$ -	0.0%
Indirect Cost: Administrative Costs	\$ -	0.0%	\$ -	0.0%
Total Expenses	\$ -	0.0%	\$ -	0.0%

Above Total Expenses Paid By...	Jul 2016	% of Total	FYTD	% of Total
OCTA Contribution	\$ -	0.0%	\$ -	0.0%
Agency Contribution	\$ -	0.0%	\$ -	0.0%

Above Agency Contribution Sources	Jul 2016	% of Total	FYTD	% of Total
General Fund	\$ -	0.0%	\$ -	0.0%
General Donations	\$ -	0.0%	\$ -	0.0%
Transportation Fees or Rider Fares	\$ -	0.0%	\$ -	0.0%
Title IIIB Funds	\$ -	0.0%	\$ -	0.0%
Other:	\$ -	0.0%	\$ -	0.0%
Other:	\$ -	0.0%	\$ -	0.0%
Other:	\$ -	0.0%	\$ -	0.0%

Declaration and Submission Confirmation



Senior Mobility Program

DRAFT

Monthly Reporting Form

Program Information

Service for the - Month of: July Year of: 2016
Program Name: _____
Participating Agency: _____
Agency Contact: _____
Contact Number: _____

Agency hereby certifies that this report is a true, complete and correct statement of program costs and revenues, and operating data.

Submitted By: _____

Signature: _____ Date: _____

! THIS REPORT IS DUE BY THE LAST DAY OF THE MONTH FOLLOWING THE REPORTING MONTH !

Please send this report by email to CTSPROGRAMS@OCTA.NET or by fax to 714-560-5927.

If there are any questions, please contact **JOANNE JACOBSEN** by email at JJACOBSEN@OCTA.NET
or **JP GONZALEZ** by email at JGONZALEZ1@OCTA.NET.



DRUG-FREE WORKPLACE ACT OF 1988

THE FEDERAL LAW

This law, enacted November 1988, with subsequent modification in 1994 by the Federal Acquisition Streamlining Act, (*raising the contractor amount from \$25,000 to \$100,000*), requires compliance by all organizations contracting with any U. S. Federal agency in the amount of \$100,000 or more that does not involve the acquisition of commercial goods via a procurement contract or purchase order, and is performed in whole in the United States. It also requires that *all* organizations receiving federal grants, regardless of amount granted, maintain a drug-free workplace in compliance with the Drug-Free Workplace Act of 1988. The Law further requires that all *individual* contractors and grant recipients, regardless of dollar amount/value of the contract or grant, comply with the Law.

Certification that this requirement is being met must be done in the following manner:

By publishing a statement informing all covered employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the covered workplace, and what actions will be taken against employees in the event of violations of such statement.

By providing **ALL** covered employees with a copy of the above-described statement, including the information that as a condition of employment on the Federal contract or grant, the employee must abide by the terms and conditions of the policy statement.

For Federal contractors this encompasses employees involved in the performance of the contract. For Federal grantees all employees must come under this requirement as the act includes all "direct charge" employees (those whose services are directly & explicitly paid for by grant funds), and "indirect charge" employees (members of grantee's organization who perform support or overhead functions related to the grant and for which the Federal Government pays its share of expenses under the grant program).

Among "indirect charge" employees, those whose impact or involvement is insignificant to the performance of the grant are exempted from coverage. Any other person, who is on the grantee's payroll and works in any activity under the grant, even if not paid from grant funds, is also considered to be an employee.

AGREEMENT NO. C-1-2472
EXHIBIT D

Temporary personnel and consultants who are on the grantee's payroll are covered. Similar workers, who are not on the grantee's payroll, but on the payroll of contractors working for the grantee, are not covered even if physical place of employment is in the grantee's workplace.

By establishing a continuing, drug-free awareness program to inform employees of the dangers of drug abuse; the company's drug-free workplace policy; the penalties for drug abuse violations occurring in the workplace; the availability of any drug counseling, rehabilitation, and/or employee assistance plans offered through the employer.

By requiring each employee directly involved in the work of the contract or grant to notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not less than five (5) calendar days after such conviction.

By notifying the Federal agency with which the employer has the contract or grant of any such conviction within ten (10) days after being notified by an employee or any other person with knowledge of a conviction.

By requiring the imposition of sanctions or remedial measures, including termination, for an employee convicted of a drug abuse violation in the workplace. These sanctions may be participation in a drug rehabilitation program if so stated in the company policy.

By continuing to make a "good-faith" effort to comply with all of the requirements as set forth in the Drug-Free Workplace Act.

All employers covered by the law are subject to suspension of payments, termination of the contract or grant, suspension or debarment if the head of the contracting or granting organization determines that the employer has made any type of false certification to the contracting or grant office, has not fulfilled the requirements of the law, or has excessive drug violation convictions in the workplace. Penalties may also be imposed upon those employing a number of individuals convicted of criminal drug offenses as this demonstrates a lack of good faith effort to provide a drug-free workplace. The contract or grant officer may determine the number on a case-by-case basis. Employers who are debarred are ineligible for other Federal contracts or grants for up to five (5) years. Compliance may be audited by the Federal agency administering the contract or grant.

The Drug-free Workplace Act does not require employers to establish an employee assistance program (EAP) or to implement drug testing as a part of the program.

Source: Federal Registers April 11, 1988 & May 25, 1990 & the Federal Acquisition Streamlining Act of 1994 (FASA).

EXHIBIT E

Pre- Operation Inspection & Defect Report

Bus/Van No. _____ Date: _____

Federal Regulations state that no motor vehicle carrying passengers for hire shall be driven unless the driver has determined that the following parts and accessories are in good working order. Each driver is required to submit a signed written report daily for each coach driven.

1st Driver: _____

Miles Finish: _____ Miles Start: _____ Miles Elapsed: _____

No Defects: Defects: Signature: _____

2nd Driver: _____

Miles Finish: _____ Miles Start: _____ Miles Elapsed: _____

No Defects: Defects: Signature: _____

3rd Driver: _____

Miles Finish: _____ Miles Start: _____ Miles Elapsed: _____

No Defects: Defects: Signature: _____

PREOPERATIONS INSPECTIONS

Indicate with an (x) that each item has been checked:

AM/PM	AM/PM
<input type="checkbox"/> Tires/Lug Nuts (wheels & rims)	<input type="checkbox"/> Emergency Reflectors
<input type="checkbox"/> Motor-Guard	<input type="checkbox"/> Turn Signal Switch/Horn
<input type="checkbox"/> Air System	<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Lights/Reflectors	<input type="checkbox"/> Radio
<input type="checkbox"/> Wheelchair Lift	<input type="checkbox"/> Driver's Seat/Belt
<input type="checkbox"/> Wheelchair Lift Cover	<input type="checkbox"/> Door Interlock
<input type="checkbox"/> Mirrors	<input type="checkbox"/> W/C Tie Down Straps
<input type="checkbox"/> Windshield Wipers/Washers	<input type="checkbox"/> Manual Lift Bar
<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Conduct Walk Around
<input type="checkbox"/> Steering Mechanism	<input type="checkbox"/> Parking/Brakes/Service Brakes

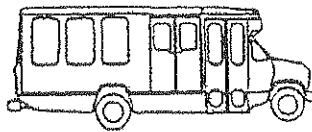
DEFECTS: Indicate with an (x) defective items only: (Explain in Detail)

BRAKES	RETARDER	ENGINE
<input type="checkbox"/> Brake Fluid Leaks	<input type="checkbox"/> Light On:	<input type="checkbox"/> Hot Engine/Water Leaks
<input type="checkbox"/> Soft/Hard	<input type="checkbox"/> Brakes Not Applied	<input type="checkbox"/> Low Oil/Oil Leaks
<input type="checkbox"/> Pull to L/R	<input type="checkbox"/> Light On:	<input type="checkbox"/> Starts Hard
<input type="checkbox"/> Dragging	<input type="checkbox"/> Brakes Applied,	<input type="checkbox"/> No Power/Eng. Ck. Light
<input type="checkbox"/> Smoking	<input type="checkbox"/> Bus Stopped	<input type="checkbox"/> Smokes
<input type="checkbox"/> Emergency Brake	<input type="checkbox"/> Light Not On:	<input type="checkbox"/> Idles Rough/Vibration
<input type="checkbox"/> Other - explain	<input type="checkbox"/> Brakes Applied,	<input type="checkbox"/> Exhaust, Vacuum Leaks
	<input type="checkbox"/> Bus Moving	<input type="checkbox"/> Fuel Leaks/LPG/Gas
TIRES/WHEELS		<input type="checkbox"/> Other - explain
<input type="checkbox"/> Flat	A/C & HEATING	TRANSMISSION
<input type="checkbox"/> Embedded Object	<input type="checkbox"/> Off	<input type="checkbox"/> Won't Go Into Gear
<input type="checkbox"/> Cut	<input type="checkbox"/> Too Cold/Hot	<input type="checkbox"/> Slips/Grinds/Lurches
<input type="checkbox"/> Smooth/Cord	<input type="checkbox"/> Defroster Defect	<input type="checkbox"/> Excessive Noise
<input type="checkbox"/> LF RF RRI RRO LRI LRG	<input type="checkbox"/> Ventilation (Blowers)	<input type="checkbox"/> Leaks
<input type="checkbox"/> Loose Missing Lugs	<input type="checkbox"/> Fumes	<input type="checkbox"/> Drive Line Vibration
<input type="checkbox"/> Other - explain	<input type="checkbox"/> Other - explain	<input type="checkbox"/> Rear End Noise
LIGHTS	ENTRANCE/EXIT DOORS/	STEERING
<input type="checkbox"/> Interior	WINDOWS	<input type="checkbox"/> Hard/Binds
<input type="checkbox"/> Exterior	<input type="checkbox"/> Slow	<input type="checkbox"/> Shimmy
<input type="checkbox"/> Location: _____	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Excessive Play
	<input type="checkbox"/> Leaks Air	<input type="checkbox"/> Other - explain
	<input type="checkbox"/> Excessive Play	
	<input type="checkbox"/> Other - explain	ELECTRICAL EQUIPMENT
VEHICLE CLEANLINESS	<input type="checkbox"/> Emergency Releases	<input type="checkbox"/> Generator/Starter
<input type="checkbox"/> Interior	WHEEL CHAIR LIFT	<input type="checkbox"/> Turn Signals/Flashers
<input type="checkbox"/> Exterior	<input type="checkbox"/> Will Not Fold Out	<input type="checkbox"/> Horn
<input type="checkbox"/> Floor	<input type="checkbox"/> Will Not Lower/Raise	<input type="checkbox"/> Fare Box
<input type="checkbox"/> Windows	<input type="checkbox"/> No Restraint Down/Up	<input type="checkbox"/> Instruments/Gauges
<input type="checkbox"/> Seat Condition	<input type="checkbox"/> Lift Will Not Fold Into Bus	<input type="checkbox"/> Fuel, Oil, Amp Meter
Explain: _____		

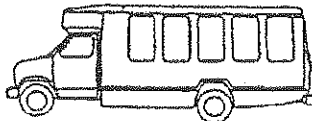
RADIO _____ Seats _____ Handrails _____ Modesty Panels _____

BODY DAMAGE:

Circle and describe any damage to a bus on diagram of front/rear and two side views



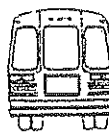
Description: _____



Description: _____



Description: _____



Description: _____

OPERATOR(S):

IMPORTANT! Help expedite repairs by providing necessary information regarding defects! Please print.

REPAIRS MADE:

ALL ITEMS COMPLETED - BUS SERVICED AND RELEASED:

Supervisor's Signature _____

Date _____

EXHIBIT F

Inspection

Senior Mobility P.M. Check List

Date	Bus#	TERMINAL	workorder#	Current Mileage
				Last Inspection miles
				Miles between

A. Employee must check off all boxes/ Note all discrepancies on reverse side

B. Check files and open workorders

C. Interior

		ok	rep req.
1	Entry door operation and seals		
2	Temperature and oil warning devices		
3	Neutral safety system		
4	Horn, gauges and dash lights		
5	Heater, defroster and fan		
6	Windshield wipers and washer		
7	Indicator lights		
8	Throttle operation		
9	Steering free play _____ In.		
10	Applied and unapplied brake test for vacuum loss		
11	Interior lights		
12	Windshield and window glass condition		
13	Window mechanism and seals		
14	Seat condition		
15	Interior body, floor and stanchions		
16	Fire extinguisher date and bracket		
17	Road warning devices		
18	First aid kits		
19	Emergency exits operation, warning devices and signs		
20	Interior clean		
21	Back up alarm		

D. Exterior

		ok	rep req.
1	All exterior lights and signals		
2	Mirror condition and mounting		
3	Record body damage		
4	Bumper bolts		
5	Paint lettering and appearance		
6	Emergency exits		
7	Axle flange and lug nuts, oil hubs		
8	Tire side wall condition, cracked wheels, valve stem Valve stem cap, alignment of rear duels		
9	Tread depth		
	LF _____ RF _____ LRO _____		
	LRI _____ RRO _____ RRI _____		
10	Tire inflation: Record and inflate		
	LF _____ RF _____ LRO _____		
	LRI _____ RRO _____ RRI _____		

E. Under hood

		ok	rep req.
1	Check for visible leakage		
2	Engine oil level		
3	Transmission fluid level and condition		
4	Brake fluid		
5	Power steering fluid		
6	Check all belts		
7	Component and accessory mounting		
8	Check all hoses and routing		
9	Coolant level and protection _____ off _____ ph		
10	Pressure test cooling system		
11	Water pump and fan clutch play		
12	Air filter condition - check restriction gauge		
13	Check exhaust system		
14	Battery fluid level and mounting		
15	Clean battery and connections		
16	Drain fuel/water separator		

F. Under Bus

		ok	rep req.
1	Kingpin and wheel bearing play		
2	Tire wear, condition and matching		
3	Leakage at backing plates and wheel seals		
4	Steering box, mounting, leakage, looseness and leaks		
5	Front shocks and mounting		
6	Front springs, bushings		
7	Engine leaks, lines, filters, hoses and engine mounts		
8	Starter and connections		
9	Exhaust system and mounting		
10	Transmission mounted parking brake		
11	Transmission leaks		
12	Output shaft play		
13	Driveshaft guard, U joints and retarder		
14	Body hold downs and insulators		
15	Wiring along frame		
16	Differential leaks, fluid level		
17	Pinion play		
18	Breather vent		
19	Rear shocks and mounting		
20	Rear springs, bushings and U bolts		
21	Leakage at backing plates and wheel seals		
22	Fuel tank straps and lines		
23	Tail pipe hangers		
24	Lube entire chassis		
25	Check drag link, tie rods and idler arms		

Senior Mobility P.M. Check List

D. Brakes

		ok	rep req.
1	Visible and audible leaks		
2	Check all lines along chassis		
3	Check brake booster and hoses		
4	Hydraulic lines		
	Remove wheels and check the following items		
5	Pads and rotors		
6	Check pins and caliber's		

D. Lift Inspection

		ok	rep req.
1	Check lift for proper operations		
2	Inspect for stress, cracks, mounting and alignment		
3	Check pins		
4	Check the complete hydraulic system		
5	Check micro switches and electrical wiring		
6	Check all system covers and warning signs		
7	Check safety barrier		
8	Lube complete lift		
9	Check wheelchair securements, proper amount and operation		
10	Lift door warning device		
11	Lift cover in place		

H. Roadtest

I. Note repairs needed

Signature of Inspecting Mechanic

Signature of Supervisor

- 6,000 miles- inspection/oil change
- 30,000 Transmission service
- 60,000 Differential service