

Mobile Knowledge

SITE OPERATIONAL EVALUATION QUESTIONNAIRE

Client Information	
Company Name	
Contact Person	
Street Address	
City, State/Province, Zip/Postal	
Telephone	
Facsimile	
e-mail	
Two-Way Radio Shop	
Contact Person	
Telephone	
Facsimile	
e-mail	

The information requested herein will be held in strict confidence and will only be used by Mobile Knowledge to evaluate your current operation for the sole purpose of making recommendations or proposals to improve your business.

A - GENERAL COMPANY OPERATIONAL INFORMATION

1. **Type of Organization:** Corporation Sole Proprietorship Partnership Cooperative
 Association Other _____

2. **List The Cities & Counties That Make Up Your Service Area:**

Cities		Counties	

3. **Type(s) Of Services Provided:** Check () or list the types of transportation services your organization currently provides or wishes to provide. Then indicate the percentage (%) of your total operation that is attributable to each type of service. If you currently do not provide the service but wish to, check the box and leave the (%) blank.

	%		%		%
<input type="checkbox"/> Demand Response Taxi		<input type="checkbox"/> Black Car		<input type="checkbox"/> Luxury Limousine	
<input type="checkbox"/> Demand Response Paratransit		<input type="checkbox"/> 24 Hour Advance Paratransit		<input type="checkbox"/> Subscription Paratransit	
<input type="checkbox"/> Fixed Route Paratransit		<input type="checkbox"/> Paratransit Fixed Route Feeder		<input type="checkbox"/> Shared Ride	
<input type="checkbox"/> Single Agency Human Service		<input type="checkbox"/> Van Pooling		<input type="checkbox"/> Car Pooling	
<input type="checkbox"/> Coordinated Human Service		<input type="checkbox"/> Public School		<input type="checkbox"/> Private School	
<input type="checkbox"/> Package Delivery		<input type="checkbox"/> Airport Limousine		<input type="checkbox"/> Hotel Shuttle Bus	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

4. **Transportation Subcontractors:** List transportation subcontractors and number of vehicles they dedicate to your operation.

Sub Contractor	No. of Vehicles	Sub Contractor	No. of Vehicles

5. **Objectives For Implementing The System:**

1. _____
2. _____
3. _____
4. _____
5. _____

6. **Timetable:** What is your target date for the following: Purchasing the system? _____ Installing the system? _____

Comments: _____

7. **Existing or Planned Automation:** Check () the appropriate area in which your company already uses or would like to use computer automation. Please list the hardware and software you are currently using.

	Now	Future	Hardware	Software
Billing				
Maintenance				
Payroll				
Dispatch				

8. **Legal Name Of Company?** _____

9. **Person who has signing authority and whose name should appear on the contract?** _____

10. **Driver Lease Fee:** Shift \$ _____ 24 Hour Day \$ _____ Week \$ _____ Month \$ _____

11. **Owner/Operator Lease Fee:** Shift \$ _____ 24 Hour Day \$ _____ Week \$ _____ Month \$ _____

12. **Do you have commissioned drivers?** Yes No If yes, what is the driver's percentage? _____%

13. **Number of telephone lines in your operation:** Dispatch _____ Direct _____ Administrative _____ Total _____

14. **How many companies do you dispatch for?** Presently _____ Future _____

B – DISPATCH AND FLEET OPERATIONAL INFORMATION

1. **Number of Trips & Vehicles:**

	Average Day	Peak Day	Year
Total Radio Dispatch Trips			
Hails (Non Radio Dispatched)			
Total # of Radio Dispatch Trips Per Peak Hour			<i>Not Applicable</i>
Total # of Hails Per Peak Hour			<i>Not Applicable</i>
Total # of Vehicles Working During Any One Shift			<i>Not Applicable</i>
Total # of Vehicles Working During Any 24 Hour Day			<i>Not Applicable</i>

2. **Dispatch Method:** Please Check () the appropriate one(s):

Zone Bid Cross Street Stands Other _____

If you use the Zone or Stand Method(s), how many do you have? _____

Do you utilize backup zones? Yes No

3. **Rejects & "No Shows":**

Are drivers allowed to reject trips? Yes No If yes, what % are rejected? _____%

What % of trips result in "No Shows"? _____%

4. **Charge Accounts & Credit Cards:**

Do you have charge customers? Yes No If yes, what % of your business is charge? _____%

Do you take credit cards? Yes No If yes, what % of your business is credit cards? _____%

Do you validate the credit card charge? Yes No

Would electronic validation of charges be of interest? Yes No

