

**Attachment 8-E  
OHIO DEPARTMENT OF TRANSPORTATION  
OFFICE OF TRANSIT  
Vendor Performance Form**

**Please Note :** ODOT's goal is to provide quality products and services to its customers. To assist us in meeting this goal complete and return this form to ODOT within ten days of vehicle delivery.

Please check all items that apply and sign the second page. Please use the comment section; positive comments are as valuable to us as are your concerns. This is your chance to voice your opinions regarding customer service from the Vendor and ODOT.

	Yes	No	N/A		Yes	No	N/A
<b><i>Delivery</i></b> - Did the Vendor...							
Contact you at least three weeks in advance to determine title language and delivery date?							
Contact you at least three days in advance of delivery to set a specific time and location?							
<b><i>Warranties/Manuals</i></b> - Did the Vendor provide you the following?							
Operator's Manual				Wheelchair Lift Warranty			
Vehicle Maintenance / Inspection Schedules				Wheelchair Lift Maintenance / Inspection Schedule			
Vehicle Chassis Warranty				Vehicle Body Warranty			
Air Conditioner Warranty				Tire Warranty			
List of service representatives for vehicle and related equipment							
Was an explanation provided for any other warranties? If yes, please list :							
<b><i>Demonstrations</i></b> - Did the Vendor demonstrate use of the following?							

Wheelchair Lift System			
Wheelchair Tie-Down System			
Emergency Exit Windows/Hatch			
Sure-Lok by Kinedyne's Safe and Secure Video			
Other Special Equipment (Please List):			
Did the Vendor assist you in inspecting and test driving the vehicle?			

					Yes	No	N/A
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**Title Work** - Did the Vendor...

Obtain the needed signatures to process the title?			
Provide you with a memorandum title (if applicable)?			
Provide you with a 30 day temporary tags?			
Did the Vendor answer any and all questions regarding the vehicle and related equipment to your satisfaction? If not, please address in the comment section below.			

**Comments** - Please provide your comments negative and positive, regarding the Vendor and/or ODOT. Attach additional sheets as needed.

<b>Agency Name:</b>	
<b>Contact Person:</b>	<b>Signature:</b>
<b>Title:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>Vendor:</b>	<b>Vehicle Type:</b>
<b>Vehicle Serial Number:</b>	<b>Term Contract Number:</b>

# Thank You!

Please submit to ODOT, Office of Transit, 1980 W. Broad Street, 2<sup>nd</sup> Floor, Columbus, Ohio 43223, attn: Transit Representative.  
**(Vendor Performance Form rev. 3/2004)**

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