

SECTION 5311 - RURAL TRANSIT DATA COLLECTION SHEET

Page _____ of _____

DEMAND RESPONSE ROUTE

* Indicates information required by ODOT. All Pick Up and Drop Off Odometer readings must be shown to the tenth of a mile.

All Pick Up and Drop Off Odometer readings must be shown to the tenth of a mile.

Round up all Total Hours and Grand Total Hours to the nearest 15 minutes.

*TRANSIT NAME: _____ DRIVER'S NAME: _____

*DATE: ____ / ____ / ____ *VEHICLE #: _____ *ENDING ODOMETER: _____

*PASSENGER SEATS: _____ *ROUTE ID: _____ - _____ *BEGINNING ODOMETER: _____

*TIME IN: ____ : ____ *TIME OUT: ____ : ____ *TOTAL HOURS: _____

*TIME IN: ____ : ____ *TIME OUT: ____ : ____ *TOTAL HOURS: _____ *GRAND TOTAL HOURS: _____

NAME / ORIGIN	DESTINATION	*PASS. TYPE	*PURPOSE CODES		FARE		*ODOMETER		TIMES	
			Sub-Code	Core-Code	Cash	Pass	*Pick Up	*Drop Off	Pick Up	Drop Off
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____
							____.____	____.____	____:____	____:____

PASSENGER TYPE CODE: G=General Public; D=Passenger with Disability; E=Elderly Passenger; B=Elderly Passenger with Disability

CORE CODES: EDU=Education; EMP=Employment; MED=Medical; OTH=Other/Non-Responsive; REC=Recreation; SHP=Shopping

SUB CODES: Sub Codes are established by the local operator and are used to identify a specific purpose for which the trip is being taken and for the purpose of later generating a report to illustrate the trips and passenger types that make the specified trip(s).

DRIVER'S CERTIFICATION: I certify that the foregoing is a true and correct accounting of services provided.

*Driver's Signature: _____

Fares _____

Page _____ of _____

NAME / ORIGIN	DESTINATION	*PASS. TYPE	*PURPOSE CODES		FARE		*ODOMETER		TIMES	
			Sub-Code	Core-Code	Cash	Pass	*Pick Up	*Drop Off	Pick Up	Drop Off
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
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							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____
							_____.	_____.	____:____	____:____