# STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
# QUALITY ASSESMENT REVIEW/TRUCK COMFORT STATION

**Location**_____ **Date**_____ **Time**_____
**Contractor**_____ **Security**_____ **Inspector**_____

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| | | | | | | | |
| | | | | **Score: (Y) Yes - (N) No - (X) Not Inspected** | | | |
| **FINAL SCORE (Summation of Scores) =** | | | | **TOTAL PASSED / # INSPECTED x FACTOR** | | | |
| | | | | | | | |
| **RESTROOMS: (Factor=20)** | | | | **ROADWAY: (Factor=10)** | | | |
| 1. Counter Tops | | | | 1. Pavement Condition | | | |
| 2. Sinks | | | | 2. Highway Lighting | | | |
| 3. Toilets/Urinals | | | | 3. Signs/Delineators | | | |
| 4. Toilets Paper Dispensers | | | | 4. Striping/Symbols | | | |
| 5. Toilet Partitions | | | | 5. Shoulders | | | |
| 6. Floors | | | | 6. Debris/Sweeping | | | |
| 7. Walls | | | | 7. Drainage | | | |
| 8. Hand Dryers | | | | | | | |
| 9. Soap Dispensers | | | | | | | |
| 10. Baby Changing Table | | | | **GROUNDS: (Factor=20)** | | | |
| 11. Mirrors | | | | 1. Turf Condition | | | |
| 12. Lights Interior | | | | 2. Vegetation/Landscaping | | | |
| 13. Odor | | | | 3. Litter | | | |
| 14. Family Restroom | | | | 4. Trash Receptacle | | | |
| | | | | 5. Lights Exterior | | | |
| | | | | 6. Sidewalks | | | |
| **BUILDINGS: (Factor=20)** | | | | 7. Edging and Trimming | | | |
| 1. Roofs | | | | 8. Recycle Receptacles | | | |
| 2. Gutters | | | | 9. Tree Trimming | | | |
| 3. Exterior Walls | | | | 10. Flags | | | |
| 4. Doors | | | | 11. Fences | | | |
| 5. Foyer Areas | | | | 12. Secured Doors | | | |
| 6. Water Fountain | | | | 13. Retention Areas/Ponds | | | |
| 7. Utility Area | | | | | | | |
| 8. Emergency Generator | | | | | | | |
| 9. Signs | | | | **CUSTOMER SERVICES: (Factor=10)** | | | |
| 10. Facility Available to Public | | | | 1. Bulletin Boards | | | |
| 11. Waste Water Treatment | | | | 2. Phones | | | |
| 12. Well/Potable Water Treatment | | | | 3. Comment Cards/Brochures | | | |
| 13. Fire Extinguisher | | | | 4. Vending | | | |
| 14. Scales | | | | 5. Newspaper | | | |
| | | | | 6. Maps | | | |
| | | | | | | | |
| **ATTENDANT: (Factor=10)** | | | | **INSPECTION BAY: (Factor=10)** | | | |
| 1. Uniform | | | | 1. Eye wash equipment | | | |
| 2. Available | | | | 2. Ventilation system | | | |
| 3. Suppies and Equipment Properly Stored | | | | 3. Cleanliness | | | |
| 4. Code Y if No Attendant During Daytime | | | | 4. Fire extinguishers | | | |
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| **COMMENTS:** | | | | | | | |