

# MOTORCYCLE OHIO FY2022 TRAINING GRANT APPLICATION

(July 1, 2021 – June 30, 2022)



Bureau of  
Motor Vehicles

*Motorcycle* Ohio

OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES  
MOTORCYCLE OHIO  
1970 W. BROAD ST.  
COLUMBUS, OH 43223

PH: 1-800-837-4337

Website: [www.motorcycle.ohio.gov](http://www.motorcycle.ohio.gov)

Revised January 2021

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**APPLICATIONS MUST BE SUBMITTED ON-LINE BY  
MIDNIGHT, December 31, 2020**

**Please use these instructions before and during your on-line grant application process. If you have additional questions concerning the grant application, please contact one of the following:**

<u>Grant Specialist</u>	<u>E-Mail Address</u>	<u>Phone Number</u>	<u>Fax Number</u>
Kendra Anderson	<a href="mailto:kranderson@dps.ohio.gov">kranderson@dps.ohio.gov</a>	614-387-0897	614-387-0516
Michele Piko	<a href="mailto:mapiko@dps.ohio.gov">mapiko@dps.ohio.gov</a>	614-466-4041	614-387-0516

**The office of Bureau of Motor Vehicles (BMV) and Motorcycle Ohio (MO)  
Motorcycle Safety Training Grant Application Guidelines**

Applicants requesting Grant funds should follow these steps:

- Read and thoroughly understand the Grant program guidelines.
- Have a working knowledge of the budget necessary to conduct a motorcycle training course.
- Complete the online application and upload all necessary documentation.
- If you have any letters of support from your community leaders, fiscal section and other service providers, please provide with the application. These can be upload on the Grant Submission Document page.

**Please submit an application request through the  
Motorcycle Ohio on-line registration site at:  
<http://www.ocjsgrants.com/Login2.aspx?APPTHEME=OHOGS>.**

## Definitions

**“Basic rider skills course”** or **“BRS”** means the basic motorcycle training course approved by the department.

**“Basic rider skills course-returning rider”** or **“BRS-RR”** means the basic rider course for the returning rider approved by the department.

**“Basic rider skills course-two”** or **“BRS-2,”** means the basic rider course for the experienced rider approved by the department.

**“Advanced rider skills course”** or **“ARS”** means the advanced rider course approved by the department.

**“Classroom”** means any room within an approved provider facility or under contract with a provider, in which students are taught motorcycle safety and education.

**“Department”/“ODPS”** means the Ohio Department of Public Safety.

**“Director”** means the Director of the Ohio Department of Public Safety as set forth in division (G) of section [121.03](#) of the Revised Code, or the Director’s designee.

**“Chief Instructor”** means an instructor specially trained to perform the following duties: curricula development, conduct instructor preparation courses, conduct instructor refresher workshops, perform instructor evaluations, evaluate and paint ranges, and conduct provider inspections.

**“Instructor”** means an individual certified by the department to teach motorcycle training courses approved by the department.

**“LITE – Lead Instructor Training Expert”** specially trained by a Chief Instructor in the following duties: instructor evaluations, range evaluation and painting, instructor training; and conduct provider inspections.

**“Motorcycle endorsement”** means any driver’s license with a motorcycle endorsement.

**“Motorcycle Maintenance”** means including but not limited to: motorcycle inspections as outlined in the MO Policy and Procedure Manual and MOP 0050, chain adjustment, battery replacement, brake, clutch and throttle adjustment, replacement of cables, levers, light bulbs, mirrors, spark plugs. Other repairs may be done by contacting MO.

**“Motorcycle Ohio”** or **“MO”** is the motorcycle safety and education program operated by the department as provided in section [4508.08](#) of the Revised Code.

**“Public provider”** or **“grantee”** means any public agency or recognized training facility contracted by the department to train the general public in motorcycle safety and education.

**“Range”** or **“riding range”** means an off-highway site designed for training riders that does not permit traffic to pass through the site during training.

**“Site coordinator”** means a person designated by the authorized official of a motorcycle training provider to carry out orders and conduct the business and manage the provider’s training program.

## **I. Creation of the Motorcycle Ohio program**

Section [4508.08](#) of the Ohio Revised Code, requires that a motorcycle safety and education program be established within the Ohio Department of Public Safety (ODPS). Additionally, O.R.C. Section [4507.21](#) Each person under eighteen years of age applying for a motorcycle operator's endorsement or a restricted license enabling the applicant to operate a motorcycle shall present satisfactory evidence of having completed the courses of instruction in the motorcycle safety and education program described in section 4508.08 of the Revised Code or comparable course of instruction administered by a branch of the armed forces of the United States and completed by the applicant while residing outside this state for the purpose of being with or near any person serving in the armed forces of the United States. If the registrar or deputy registrar then determines that the applicant is entitled to the endorsement or restricted license, it shall be issued. Funding for the program is established under O.R.C. Section [4501.13](#) which requires that \$6.00 from each annual motorcycle registration fee be deposited into the Motorcycle Safety and Education Fund to support the operations of the program.

Training was first made available to the public by the Motorcycle Ohio (MO) program in September 1988. While aimed at providing training for the minors required to complete the course to be eligible to receive a license, the program is available to everyone. Several curriculums are available for grantees to offer in their community:

1. Basic Rider Skills (BRS) for beginners
2. Basic Rider Skills -RR (BRS -RR) for the returning rider
3. Basic Rider Skills -2 (BRS-2) for experienced riders
4. Advanced Rider Skills (ARS)

An Instructor Preparation Course (IPC) is also available for motorcyclists interested in becoming Ohio approved motorcycle safety instructors.

## **A. The Ohio Department of Public Safety (ODPS) Mission Statement**

ODPS strives to fulfill its mission to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and wellbeing of all citizens with the most cost-effective and service-oriented methods available.

## **B. Bureau of Motor Vehicles (BMV) Mission Statement**

To save lives, reduce injuries and economic loss, to administer Ohio’s motor vehicle laws and to preserve the safety and wellbeing of all citizens with the most cost-effective and service-oriented methods available.

## C. MO Mission Statement

To provide an affordable motorcycle rider training course to reduce fatalities and injuries on Ohio's roadways through the three major components: rider education, public information campaigns and licensing improvement.

## II. Applicant Eligibility

In order to be eligible for grant funding, a grantee can be a new or existing motorcycle training and education grantee, operated by either a public or non-profit organization, whose principal mission is to provide services to the general public.

MO will evaluate each grant proposal to determine its funding eligible based on the following criteria: (1) meet the submission deadline; (2) meet the minimum proposal requirements; and (3) be willing to change any submission fees to meet budget restraints.

MO will award grants based on: (1) the amount of funding available to MO; (2) the total number of proposals submitted to MO; and (3) past performance of grantee applicants. Additionally, all grant recipients must agree to the conditions set forth in the General Provisions listed herein.

## III. Motorcycle Ohio Application Process

In FY2022 the Motorcycle Ohio program will continue to be a grant administered program, reimbursing government or not-for-profit agencies wishing to provide the motorcycle training courses and community education for safe riding.

The grant application process will open November 2, 2020 and is available through the [online Grant Management System](#).

Applications are due by midnight on December 31, 2020 and will be reviewed by a committee selected by the MO program. The committee will review applications and make funding recommendations to the Administrator of the BMV and the Director of the Department of Public Safety (ODPS). Submit [online](#) at [http://www.ocjsgrants.com/login2.aspx?APPTHEME=OHOGS\\_CJS](http://www.ocjsgrants.com/login2.aspx?APPTHEME=OHOGS_CJS).

***Funding announcements will be released by March 2021.***

## IV. Period of Funding

Fiscal Year 2022 Motorcycle Ohio grants awards will support project activities that occur between July 1, 2021 and June 30, 2022.

Late proposals will **NOT** be considered for funding. BMV/MO is not responsible for an applicant's personal computer or internet access failure occurring at the proposal deadline. In the event that BMV experiences an internal server malfunction, BMV will notify Proposal Administrators or an updated submission deadline.

## V. General Provisions

Motorcycle Ohio establishes criteria that must be met by all organizations that receive grant funds. These funds are awarded to applicants for the purpose of providing motorcycle training services and safety education to the public. Eligible applicants should review this section carefully in order to ensure program eligibility.

### A. Program Requirements

1. All grantees must abide by the Ohio Administrative Rules, the Motorcycle Ohio Policy and Procedure Manual, MO office guidance and memorandums provided during the course of the year or upon request.
2. Grantee Requirements are:
  - [Exhibit A](#) – Administrative
  - [Exhibit B](#) – Miscellaneous
3. Grantees must offer the Basic Rider Skills (BRS) Course and may *choose* to offer any of the other approved courses (Basic Rider Skills for Returning Rider (BRS-RR), Basic Rider Skills-2 (BRS-2), and Advanced Rider Skills (ARS)).
4. Grantees may only use Motorcycle Ohio certified instructors. Grantees will be provided a list of Motorcycle Ohio certified instructor.
5. (*Administrative Code [4501-53-3](#) and [4501-53-4](#)*). While grantees have the right to contract with whom they wish, MO encourages grantees to use multiple certified MO instructors so the MO instructors may maintain their certification to teach within the Ohio program. This will benefit the pool of instructors used by all grantees.
6. Grantees must abide by the MO-LITE Program. MO uses the LITE Trainer program to maintain quality control and train Motorcycle Ohio instructors. The LITE program serves to provide a quality rider education program by assisting each individual instructor in developing exceptional teaching abilities. LITE trainers are active MO Instructors who are trained in observation and training techniques and guidelines.
7. Grantees must abide by the Quality Assurance (QA) programs which will be administered by the state office. MO uses this program to maintain quality control. The QA program is administered by the state to assist in maintaining the high standards of the program. A MO staff member will visit grantees to verify that administrative rules and program standards are met. The Quality Assurance requirement form is attached. ([Exhibit C](#))
8. Grantees are responsible for full compliance with [Ohio Executive Order 2011-03K](#), and all Ohio ethic rules and regulations, as well as, any conflict of interest laws set forth and specified in Ohio Revised Code [102.02](#), [102.03](#), [102.04](#), and

[2921](#) violations and / or noncompliance with those laws or the Executive Order will result in immediate termination of the grant agreement.

9. Grantees must have a “DRUG / SMOKE FREE WORKPLACE.” The grantee certifies that to the best of his / her ability, all of his / her employees will not purchase, transfer, use, or possess illegal drugs or alcohol or abuse prescription drugs in any way while working on state property. Failure to comply may result in IMMEDIATE termination of this Agreement.
10. The use of tobacco products will conform to the state laws and facility regulations where the course is being held.
11. Submit a completed Motorcycle Ohio Range Information Form and upload pictures of the range into the [grant system](#) and emailed to: [Mogen@dps.ohio.gov](mailto:Mogen@dps.ohio.gov) ([Exhibit D](#))
12. All MO training (classroom and range) will be conducted and completed within the geographical boundaries of the State of Ohio.

## **B. Hold Harmless, Insurance and Indemnification**

Grantee agrees to hold harmless and indemnify the State of Ohio, Department of Public Safety and Motorcycle Ohio for any and all claims of bodily injury, including death, or property damage arising from Rider Education course activities, whether or not the injury or damage occurs out of the operation of state provided motorcycles or equipment, unless the injury or damage is the direct result of the negligent acts, errors or omissions of the State of Ohio, its officers or employees. In the event the Grantee is a self-insured public entity, its obligation to indemnify, including defense costs, shall be in accordance with applicable Ohio law.

Grantee shall, for the duration of this Agreement, provide commercial or self-insurance coverage, at minimum:

- i. General Liability, written on an occurrence basis, including bodily injury, property damage, products and completed operations and personal & advertising injury, with limits no less than \$1,000,000 per occurrence and \$2,000,000 aggregate. Commercial policies shall name the State of Ohio, Department of Public Safety, Motorcycle Ohio as Additional Insured.
- ii. Professional Liability with limits not less than \$1,000,000 per claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as are undertaken by the Grantee in this Agreement and shall cover all applicable Grantee personnel or subcontractors who perform professional services related to the provision of the Rider Education program.
  - I. Claims-Made Insurance: If the policy is written on a claims-made basis, the Retroactive Date must be shown and must be before the effective date of this Agreement. Insurance must be maintained for at least five years after the completion of this Agreement. If coverage is cancelled or non-renewed and not replaced with another claims-made policy, the Grantee must purchase extended reporting coverage for a minimum of five years.



The insurance obligations under this Agreement shall be the minimum insurance coverage requirements. Any insurance proceeds in excess of or broader than the minimum required coverage shall be applicable to a covered loss. No representation is made that the minimum insurance requirements of this Agreement are sufficient to cover the obligations of the Grantee. Deductibles and self-insured retentions must be declared to and approved by the State. Such deductibles and self-insured retentions shall be the responsibility of the Grantee and shall not be borne in any way by the State of Ohio.

Pursuant to [ORC 2743.02](#), Grantee hereby grants to the State of Ohio a waiver of any right to subrogation which any insurer or self-insurer of the Grantee may acquire against the State by virtue of the payment of any loss under such insurance. Grantee agrees to obtain any endorsements that may be necessary to affect this waiver of subrogation. For any claims related to this Agreement, the Grantee's commercial and/or self-insurance shall be primary insurance. The State of Ohio shall, to the extent permitted by Ohio law and except for situations where officer, employee or governmental immunity would apply, be responsible for any claims arising out of the negligent acts, errors or omissions of its officers or employees associated with the activities of the Rider Education program. The State's self-insurance shall be excess of all available collateral sources, including the Grantee's insurance, and shall not be contributory.

Grantee shall provide the State of Ohio with 30 days' written notice of cancellation or material change to any insurance or self-insurance required in this Agreement. Material change shall be defined as any change to the insurance limits, terms or conditions that would limit or alter the available recovery under any of the policies required above.

## **C. Allowable Services, Activities, and Costs**

Administrative Guidance will be provided by The Ohio Revised Code, the Administrative Rules, the MO Policy, the Procedure Manual, and the MO staff. Allowable purchases must be used for approved motorcycle safety education courses. All purchases over one hundred dollars (\$100.00) must be submitted to and approved by MO through the on-line grant system using the Request to Purchase Form ([Exhibit E](#)). Outreach efforts should be made and materials should be provided to reach the county's ethnic and / or limited English speaking populations.

The grantee must submit a final draft copy of all promotional materials to the MO office for approval prior to production.

1. **Allowable Instructional and Administrative Costs** - The following is a non-inclusive list of services, activities and costs associated with motorcycle training that are considered to be eligible for support with grant funds:
  1. Instructional Costs - Fees for instructors and other related cost or fees.
  2. Administrative Costs - Coordinator fees, clerical fees, supplies, postage, copying, motorcycle maintenance, gasoline and other costs directly associated with courses.

2. **Other Allowable Non-Instructional/Administrative Costs** (Misc. fixed cost)

The following is a non-inclusive list of services, activities and one-time purchases that are related to conduct motorcycle training and education eligible for support with grant funds:

1. Equipment (such as an ABC 10 pound fire extinguisher, cone cart, cones, range cleaning equipment, Type III, Class A first aid kit conforming to or surpassing ANSI/ISEA 2308.1-2015, paint stick, measuring wheel, portable toilets etc.)
2. Publicity and promotional events / activities associated with the MO program and motorcycle safety;
3. All advertisement must be submitted to and approved by MO on a Request for Purchase Form prior to any advertisement being published and incurring the cost.
4. Pavement paint and the services of an MO approved range painter and motorcycle maintenance;
5. Costs associated with attendance at MO meetings for the site coordinator / grant coordinator.
6. Cost associated with the MO new instructor shadowing program. Time-sheets must be submitted with claim reimbursement.
7. ~~Reimbursement for instructor travel to conduct a Motorcycle Ohio training class will start after 45 miles one way and will be reimbursed at the current IRS standard mileage rate.~~ Round trip mileage will be reimbursed at .52 per mile, or the revised OBM mileage rate, beginning at mile 46. Lodging per Diem will be reimbursed at the rates set by the Government Services Administration <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

## **D. Unallowable Services, Activities, and Costs**

The following services, activities, and costs, although not inclusive, **cannot** be supported with Grant funds:

1. Any services outside of allowable costs in listed above without written permission from Motorcycle Ohio;
2. Fundraising activities;
3. Shirts for Instructors;
4. Costs related to food for meetings, awards banquets, etc.
5. Indirect organizational costs such as liability insurance on buildings, capital improvements, real estate purchases, construction costs, etc.
6. Alcohol is not allowed to be purchased with funds from this grant.

## **E. Reimbursement Only Policy**

The administering agency must first incur the cost for approved expenditures and then apply for the reimbursement. Appropriate and accurate documentation will be required for expenses over \$100.00. All purchases must be submitted to and approved by MO through the on-line grant system using the Request to Purchase form ([Exhibit E](#)) prior to incurring the cost.

## **F. Priority Funding**

Priority will be given to applicants serving areas of the state where the need for motorcycle training is greatest.

## **G. Required Personnel**

- i. Authorizing Official – the authorizing official is usually the head of an organization / agency. This individual must possess or have the ability to obtain the legislative authority to enter into an agreement with BMV/MO, should the proposal be approved for funding.
- ii. Project Director – The project director is designated as the agency's liaison with MO by the authorizing official. Should the proposal be approved for MO funding, this individual will oversee the daily activities of the grant and ensure that the scope of work and evaluation are completed as proposed. This individual will also serve as the primary contact person for the grant.
- iii. Financial Officer – The financial officer is responsible for fiscal activities for the agency. This individual is responsible for overseeing the grant's budget, as well as submitting properly prepared claims for reimbursement to MO.

Each proposal must have the above personnel assigned to the Grant. Complete the Title Page in the on-line grant system. ([Exhibit F](#))

\* Please note the address under Project Director must match the address where the reimbursement payment will be sent. \*

## **H. Information and Assurances**

Grantees receiving funding from the Bureau of Motor Vehicle / Motorcycle Ohio are required to agree to the following:

- i. Provide confirmation that the applicant is a government or non-for-profit agency or organization.
- ii. Provide confirmation from the agency authorizing official that the Grantee has the financial resources to fund the program prior to reimbursement from the state;
- iii. Ensure compliance with the applicable provisions of the Ohio Revised Code ([ORC 4508.08](#)), Ohio Administrative Rules (OAC [4501-53](#)); Motorcycle Ohio Policy and Procedures and Motorcycle Ohio Office directives;
- iv. Provide an assurance that funds granted under this application will not be used to supplant federal, state, or local funds, which would otherwise be available to grantee;
- v. Provide confirmation that appropriate accounting, auditing, and monitoring procedures will be employed and that records are maintained to assure fiscal control, proper management, and efficient disbursement of the grant funds.

## **I. Confidentiality of Information**

No recipient of funds under this grant shall use or reveal any personal or statistical information furnished under this program for any purpose other than the purpose for which such information was obtained. This provision is intended, among other things, to assure the confidentiality of information provided by students to grantees receiving grant funds.

## **J. Reporting Requirements**

The Grantee is required to submit a claim, attach a copy of the completed student report form and a copy of all completed student signature rosters of each class that pertains to the claim that is being submitted for reimbursement.

The grantee is responsible for accurate completion of all paper work connected with the reimbursement claim. If paperwork is not completed the grant will be sent back for revisions or payment may be denied.

The claim and attachments must be submitted on-line to the MO office at the end of the month. ([Exhibit G](#), sample of Monthly Grantee Claim Reimbursement Details).

Grant recipients are required to maintain appropriate program and financial records that fully disclose the amount and disposition of grant funds received. Financial claims for program expenditures are due no later than **30 days following each course**. Failure to comply with these requirements may result in administrative action such as suspension of payments, termination of grant award, reduction in payment, or non-certification of new grant awards.

The motorcycle training grant claim reimbursement periods are attached. ([Exhibit H](#))

## K. Submission Requirements

**Voluntary Cancellation.** A grantee may elect to terminate the award at any time by notifying MO in writing with a minimum 90 day notification. The grantee is entitled to reimbursement costs for all allowable expenditures incurred up to the new termination date.

**Non-Operational Cancellation.** A project is considered operational if staff has been hired, funds obligated or when the project has begun activities toward meeting the objectives.

**Operational Within 60 Days.** If a project is not operational within 60 days of the original start date of the grant period, the grantee must report by letter to MO the steps taken to initiate the project, the reasons for delay and the expected start date.

**Operational Within 90 Days.** If a project is not operational within 90 days of the original start date of the grant period, the grantee must submit a second statement to MO explaining the implementation delay. Upon receipt of the 90-day letter, MO may cancel the project and redistribute the funds to other projects. MO, where warranted by extenuating circumstances, may also extend the implementation date of the project past the 90-day period. When this occurs, the appropriate grant files and records must so note the extension.

If a project fails to follow the steps above and is not operational within 90 days, MO will cancel the award.

**Non-Compliance Sanctions and Termination.** If MO determines that a grantee materially fails to comply with the terms and conditions of a grant award, MO may take one or more of the following actions. These actions will not be taken without reasonable written notice to the grantee and the opportunity for the grantee to present its case, if requested in a timely fashion, to MO.

1. Disallow (deny both use of funds and any applicable matching credit for) or refuse the payment of all or part of the cost of the activity or action not in compliance.
2. Withhold payments to the grantee pending correction of the deficiency.
3. Wholly or partly suspend or terminate the current grant.
4. Suspend other MO issued grant payments and hold future awards to the grantee pending correction of the deficiency.
5. Take other remedies that may be legally available.

In the event that a project is terminated, MO will notify the grantee in writing with the reason and the effective date of the termination. MO will afford the grantee a reasonable time to terminate project operations and will request the grantee seek support from other sources. A project terminated early will be subject to the same

requirements regarding audit, record keeping and submission of reports as a project running the duration of the project period.

## **L. Grant Program and Fiscal Monitoring**

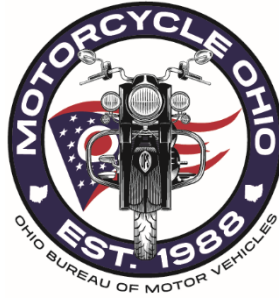
Motorcycle Ohio conducts periodic reviews for the financial policies, procedures, and records of grantees. Therefore, upon request, recipients allow authorized representatives of the Motorcycle Ohio program to access and examine all records, books, papers, course files or documents related to the grant. The classroom, equipment, range, storage container and motorcycles are other items the representative may examine.

## **M. Grants Awarded**

All grants are awarded using these qualifications:

1. Enrollment
2. Demographics
3. Need

If there are two or more applicants and only one grant can be awarded, further justification will be required by the Grant Review Committee.



**The following documents must be uploaded and submitted with the grant application to the MO office for acceptance of the grant.**

\*New grantees must complete forms on-line at [Ohio Shared Services](http://www.supplier.obm.ohio.gov/) (<http://www.supplier.obm.ohio.gov/>) and also upload into the [on-line grant system](#).

<a href="#">Exhibit D</a>	Motorcycle Ohio Range Authorization Form (only if applying to become a new grantee or range location moved since previous grant submission).
<a href="#">Exhibit I</a>	Insurance Binder Sample
<a href="#">Ohio Shared Services</a>	Supplier Information Form *
<a href="#">Ohio Shared Services</a>	Independent Contractor/Worker Acknowledgement Form *
<a href="#">Ohio Shared Services</a>	W-9 Form *



## Grantee Requirements

The following is a summary of administrative requirements:

Requirement No.	Requirement
1	Provide the name and contact information of the authorizing official responsible for contact with Motorcycle Ohio;
2	Use the Motorcycle Ohio database for registering students courses and report course information;
3	Utilize certified instructors from the list of instructors provided by Motorcycle Ohio;
4	Provide staff and administrative capability to formulate, finalize, and transmit by means of electronic data entry, the reimbursement claim and reports required by Motorcycle Ohio;
5	Record testing results of students in the MO database by noon of the next business day after conclusion of the course;
6	Retain records for courses, incident reports, etc. for a minimum of three (3) years. For minors, the statute of limitations "clock" does not start until they turn 18. Statute of limitations is 2 years, so if the student is 15 ½ years old, they would have until they are the age of 20 to file a claim. Retain minor student records for 5 years.
7	Ensure well maintained concrete or asphalt range surface (no pot holes; no loose gravel or debris, no large bumps or surface elevations, no more than 5% grade);
8	Provide classroom facilities which will have, at a minimum, computer with internet access, TV/DVD, dry erase board or large wall paper pads, furniture to accommodate no less than twelve (12) students setup for adult learning, and two (2) instructors;
9	Ensure the fiscal structure and financial resources to operate program until state reimbursement is received;
10	Provide a variety of course scheduling possibilities (weekday, weekend, two week, large course, double course, etc.);
11	Conduct a minimum of 18 student courses per calendar year.
12	<p>Conduct student re-tests per ODPS / MO Policy and Procedure Manual when necessary;</p> <p>If retesting is held after the class we allow one (1) hour per instructor. There is no practice session.</p> <p>If conducting a monthly retest, we allot up to three (3) hours per instructor, as a practice session is required.</p>



13	Provide training courses to the general public, without geographic limitations or personal discrimination.
14	For any occurrence when a person is injured and / or property damage is sustained, send the Ohio Department of Public Safety Motorcycle Ohio Incident Report Form (MOP 0065), a state-required police report (OH-1 or equivalent) and any photos (if available), directly to the grantee and the Motorcycle Ohio office <a href="mailto:mogen@dps.ohio.gov">mogen@dps.ohio.gov</a> . (see <a href="#">Exhibit J</a> ) WITHIN 24 HOURS OF THE INCIDENT.
15	Promote training and education programs at the local level.
16	If requested, provide pictures of range, using information provided by MO, and a diagram/with measurements of the pavement used for training. (Attached is a sample of requirements). Email to: <a href="mailto:Mogen@dps.ohio.gov">Mogen@dps.ohio.gov</a>
17	Submit an annual inventory of all MO equipment to the MO office upon request.
18	All instructors' salary will be paid \$26.00 per hour, per curriculum.
20	Basic Rider Skills Single – Maximum of 12 students per classroom. Minimum 1 instructor per classroom and minimum of 2 instructors for range portion for 7 – 12 students. Instructors working classroom and range will receive pay for 17 hours.
21	Basic Rider Skills Double – A MORE BRS double class is defined as follows: any location with two or more ranges conducting 24 students in the classroom splitting the students into two ranges for AM/AM, PM/PM for on-cycle instruction. The two instructors that work the classroom and range will receive pay for 17 hours and the 2 instructors who conduct the range only will receive pay for 12 hours.
22	The BRS, BRS-RR, BRS-2 and ARS courses will be reimbursed as per course cost for 7-12 students. If less than 7 students, the Grantee will be reimbursed per student cost. Motorcycle Ohio suggests that a course should not run if it is less than 4 students.
23	Per Ohio Revised Code <a href="#">2743.02</a> a waiver of subrogation is required. Contact your provider and add the waiver of subrogation.



## Exhibit B

### Grantee Requirements

The following is a summary of the requirements for Miscellaneous Fixed Cost:

Requirement No.	Requirement
1	Provide for no less than one (1) staff member to attend up to two (2) mandatory meetings per year in Columbus;
2	Provide a ABC 10lb fire extinguisher, Type III, Class A first aid kit conforming to or surpassing ANSI/ISEA 2308.1-2015, and fuel for motorcycles; <a href="#">4501-53-16</a> , (E),(F).
3	Provide a motorcycle storage container with a minimum size of 8' x 40' or a sheltered secure structure for storage that would accommodate 14 motorcycles, helmets and other associated equipment, such as cones, cone cart, toolboxes, battery charger, gas cans, gas caddy, etc.;
4	Provide riding course that is free of light poles, parking area dividers, curbs, grass and / or tree islands, etc. *For more information on range sizes, please review <a href="#">Exhibit D</a> – Range Authorization Form.
5	Hire and schedule only MO approved instructors for speaking engagements or events. All speakers will be paid a flat rate of \$35.00.
6	Hire and schedule only MO certified range painters to layout and paint ranges at their facility. All instructors will be paid a flat rate of \$30.00 per hour for paint, layout and design a range.  When the instructor leaves home is when their time begins and when they arrive home, their time will end. The Grantee will monitor the total mileage.  The total hours to be conducted for painting a range: <ul style="list-style-type: none"> <li>• Touch-up should take 2 hours.</li> <li>• Painting should take 4-5 hours.</li> <li>• Paint the range from scratch should take 10 hours.</li> </ul>
7	Provide paint and chalk for the range painters. The approved paint colors are white and yellow. The approved chalk color is orange.
8	Provide general and professional liability insurance with the minimum limits required in this Agreement. Certificates of insurance shall be attached to the grant application. If you are self-insured, you must obtain a self-insurance certificate or letter from your organization's risk manager, legal representative, or authorized official.
9	All advertisement must be approved by MO. A Request for Purchase Form needs to be completed prior to any advertisement being published and incurring the cost. The advertising allowance is no more than \$800.00.



OHIO DEPARTMENT OF PUBLIC SAFETY  
MOTORCYCLE OHIO



## TRAINING SITE INSPECTION

The inspection and interview process is intended to be a cooperative effort with training providers to confirm compliance or to bring training providers into compliance. Any recommendations for administrative action against any training provider, authorizing official, or instructor shall be at the discretion of the ODPS/MO.

If the authorizing official or site coordinator needs to make changes as a result of non-compliance, the opportunity to remedy the problem may be given in accordance with the Standard Inspection Process established by the ODPS/MO. Set a date for follow-up and/or to re-inspect in accordance with the Standard Inspection Process established by ODPS/MO. Depending on the nature of the violation, the re-inspection may be done by fax or e-mail.

With few exceptions, the standards are worded in the positive form so that a “Yes” response is the one required under the rule. A “No” response will require an explanation and/or correction by the training provider and confirmation from the MO QA staff. The response sections are worded in the positive form so that:

- A “Yes” response is the one required under the rule,
- A “No” response will require an explanation and/or correction by the training provider and confirmation from MO QA staff.
- A “Not Applicable” (N/A) means that this standard is not applicable to the training location under inspection and will require an agreement from ODPS/MO.
- Answering “REF” means that there are attachments as supporting documentation. Supporting documentation may be required for a “Yes”, “No” or “N/A” response depending on circumstance. All supporting documentation must be attached separately and clearly reference the rule it is supporting.
- Answering “Not Applicable” (N/A) means that this standard is not applicable to the training location under inspection and will require agreement from ODPS/MO.
- This inspection report comments on a sampling of the training provider’s documentation, procedures, as well as your facilities and equipment. It reflects a snapshot of what you reported and/or was observed by the MO QA staff during the inspection. This report is not intended to and should not be construed as verification that all of your records and procedures meet the Ohio Administrative Code (O.A.C.) rules.
- It continues to be the training provider’s responsibility to ensure that your documentation and procedures are in compliance with applicable laws and administrative rules throughout the entire year.

Please be aware that depending upon the nature of rule violations that may have been identified during the inspection, the department may take further action, up to and including administrative action(s).

## TRAINING SITE PRE-INSPECTION CHECK LIST

*To be completed, signed, dated, and submitted to the assigned BMV field staff.*

NAME OF TRAINING PROVIDER	RANGE NUMBER(S)	PHONE	
CLASSROOM ADDRESS	CITY	STATE	ZIP
RANGE ADDRESS (IF DIFFERENT THAN ABOVE)	CITY	STATE	ZIP
MO QA INSPECTOR	AUTHORIZING OFFICIAL OR PROGRAM MANAGER (FILLING OUT THIS FORM)		

### I. ATTACHMENTS TO BE PROVIDED BY PROGRAM MANAGER

Please attach your current program policies, including: O.A.C. 4501-53-06 & 4501-53-07		
a. Name of curriculum used	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
b. Instructor requirements	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
c. Student/teacher ratios	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
d. Attendance requirements for	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
i. Tardiness	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
ii. Course completion	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
iii. Class make up	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
e. ADA policy administration*	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
f. Registration:	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
i. Refund	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
ii. Walk-in	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
g. Use of student-owned motorcycles in curriculum(s) approved by the Director	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
h. Record keeping	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
i. Course completion	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
j. Student eligibility requirements	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
k. Harassment and discrimination policies	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
l. Complaint procedures	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
Please attach a copy of insurance as specified in Ohio Revised Code (R.C.) 4508.	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
Please provide a copy of the professional liability coverage.	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
Please attach a copy of the current waiver and release form.	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
Please attach a list of certified instructors used during the current training season.	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
Please attach a copy of the emergency instructions readily available during range exercises. O.A.C. 4501-53-06	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
Please attach a copy of the Motorcycle Inspection Form (MOP 0050 or equivalent) used prior to each riding session. O.A.C. 4501-53-06	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE
Please attach the current required range documentation as directed by the curriculum provider.	<input type="checkbox"/> ON SITE- VERIFIED	<input type="checkbox"/> NOT ON-SITE

## II. RENEWAL & APPROVAL OF PRIVATE PROVIDER TRAINING O.A.C. 4501-53-09

Please attach the current certification as issued by the department.

☐ ATTACHED

☐ NOT ATTACHED

☐ N/A

## III. PROGRAM ADMINISTRATION

	YES	NO	N/A	REF
A. Are all of the training provider's curriculum(s) for the Classroom and Range approved by the Director? O.A.C. 4501-53-02 4501-53-07, 4501-53-12, 4501-53-14 & 4501-53-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have all training provider courses been taught pursuant to R.C. section 4508.08? O.A.C. 4501-53-07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have all courses been taught through an approved instructor certified by the Director and who are certified to teach the curriculums(s) assigned? O.A.C. 4501-53-03, 4501-53-04, & 4501-53-07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the training provider's authorized official and/or site coordinator aware of any suspicion or knowledge of any rule violation or failure of any instructor to conform of the R.C.? O.A.C. 4501-53-011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Has the authorized training provider official or site coordinator been convicted of a felony, or an equivalent conviction from another jurisdiction, or any misdemeanor of the first or second degree which is reasonably related to a person's ability to serve safely and honestly in connection with the motorcycle training program? O.A.C. 4501-53-011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are the training provider's records on-site and accessible for viewing and copying? O.A.C. 4501-53-08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are all required records kept at no longer than 3 years plus the current year? O.A.C. 4501-53-08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Is the curriculum taught in sequence and not modified by instructors or training provider? O.A.C. 4501-53-02, 4501-53-06, 4501-53-07, 4501-53-12, 4501-53-14, 4501-53-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Ownership of Training Site O.A.C. 4501-53-06, 4501-53-07 Is the established place of business? (Check One)	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	<input type="checkbox"/> LEASED <input type="checkbox"/> GOVERNMENT AGENCY		
J. Training Site Requirements O.A.C. 4501-53-02, 4501-53-06, 4501-53-07, 4501-53-12, 4501-53-14 & 4501-53-15				
1. At least one fixed location in which a training site operated and where training is conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At least one office in a fixed geographic location where records are maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintain at least one classroom where students are instructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If fixed location is a modular unit, is the structure installed on a permanent foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A house trailer, tent, temporary stand, post office box, rooming house, or apartment is not being used by the training provider or its office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. An office within a residence or a room in a hotel or motel is not being used as its office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. An office or classroom is not shared with any other training provider? (Unless the same person owns both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. PROGRAM ADMINISTRATION (Continued)

	YES	NO	N/A	REF
<b>K. Training provider's Office Requirements O.A.C. 4501-53-02, 4501-53-06, 4501-53-07, 4501-53-12, 4501-53-14, 4501-53-15</b>				
1. Does office have adequate space to maintain the required records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does office have a permanent wall of sufficient construction to prevent distractions and noise in the classroom? (If yes, skip to d.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If no permanent wall exists, is the office closed for business during the classroom instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the office located in the same county as, or in a county adjacent to, the training provider for which student records are being stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>L. Training Provider Site Coordinator Responsibilities O.A.C. 4501-53-06, 4501-53-07</b>				
a. Perform administration and operation of the motorcycle training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Perform an ongoing review and evaluation of the course content, instructors, and student performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Perform the assignment of Instructors and scheduling of program courses? (If no, please explain on a separate sheet of paper and return with this form.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prepare or approve all documents required to be submitted to the department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assure the adequacy of all course training materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Assure the safe operating condition of all motorcycles provided by the site for skill waiver classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Assure the course meets the curriculum requirements set forth in O.A.C. 4501-53-02, 4501-53-12, 4501-53-14 and/or 4501-53-15?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have a sufficient number of certified instructors to ensure the correct student/teacher ratios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M. Within 24 hours of completing curriculum(s) for the Classroom and Range approved by the Director, does the training provider complete and submit online to the department a student report form?</b>				
a. Training provider name and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name of authorized official and site coordinator, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Signature of authorized official O.A.C. 4501-53-08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Instructor names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Student information including; name, address, date of birth, driver license number and gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Each student's score on the knowledge test and skill test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Each student's status code, listed as pass or fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The completion card number for each student passing the course O.A.C. 4501-53-08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. PROGRAM ADMINISTRATION (Continued)

	YES	NO	N/A	REF
N. Dated and signed Motorcycle Ohio waivers with instructor witness verification. With minors they must have correct legal guardian approval of either on site signature or off-site notarization? O.A.C. 4501-53-08, 2015 Policy & Procedure Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Accident and Incident forms properly filled out signed and reported to the training provider and Motorcycle Ohio within 24 hours of the incident? O.A.C. 4501-53-08, 2015 Policy and Procedure Manual page 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Course evaluations reviewed after each class? O.A.C. 4501-53-08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q. Training provider's Classroom Requirements O.A.C. 4501-53-06, 4501-53-07, 4501-53-14, 4501-53-15</b>				
a. Does classroom comfortably accommodate at least 12 students and 2 instructors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Equipped with a variety of audio and visual training aids that support the course curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reasonably free of visible and audible distractions and present an atmosphere adequate for learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A clean and functional restroom that is available for students within its facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Conform to all federal, state, local fire, building, and safety regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When applicable are class materials provided to each and every student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R. Does the training provider enforce the use of proper riding gear of each student participating in on-cycle instruction while on the range, which includes the following? O.A.C. 4501-53-02, 4501-53-12, 4501-53-14 &amp; 4501-53-15</b>				
a. Eye protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. DOT approved helmet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sturdy over the ankle footwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Long sleeved shirt or jacket?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sturdy full length pants without holes or tears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Full fingered gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IV. TRAINING PROVIDER INSURANCE O.A.C. 4501-53-07 & 4501-53-13

	YES	NO	N/A	REF
A. Does the training provider realize that failure to attain the required insurance coverage including the record of current coverage may result in the suspension or revocation of a certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the insurance coverage acquired from a company licensed to do business in this state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the coverage in effect as long as the training provider is operating a motorcycle training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the training provider have proof of the insurance coverage in the training provider's office and with all motorcycles used for instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is the certificate of insurance available for inspection during reasonable hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the certificate of insurance from a limited liability pooled or risk sharing authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. TRAINING PROVIDER INSURANCE (Continued) O.A.C. 4501-53-07 & 4501-53-13**

	YES	NO	N/A	REF
<b>G.</b> Does the training provider maintain the required insurance coverage as follows:				
a. No less than one million dollars per occurrence and two million dollars aggregate for bodily injury of property damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical coverage in the amount of ten thousand dollars for each individual injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Provide for coverage from the first dollar for students injured without their own medical coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are the training provider and the state of Ohio each named as an additional insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pursuant to R.C. 2743.02 the State of Ohio has a waiver of any right to subrogation which any insurer or self-insurer of the training provider may acquire against the State by virtue of the payment of any loss under such insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. INSTRUCTOR CERTIFICATION, QUALIFICATIONS TO TEACH & PROFESSIONAL STANDARDS**

	YES	NO	N/A	REF
A. Is the training provider using only Motorcycle Ohio certified Instructors? O.A.C. 4501-53-03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the training provider observed instructors teaching a training course? O.A.C. 4501-53-03, 4501-53-08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. To the best of knowledge have the Instructors taught at least two state sponsored courses each year? O.A.C. 4501-53-05. 2015 Policy & Procedure Manual page 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b> Do the Instructors used by the training provider meet the following? O.A.C. 4501-53-04				
1. Conduct training that conforms to standards of other persons certified to teach under similar circumstances?				
2. Wear proper riding gear while traveling to, from, and during motorcycle courses or attending motorcycle functions representing themselves as Instructors including:				
i. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. DOT helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sturdy over the ankle footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Long sleeved shirt or jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Sturdy full length pants without holes or tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Full fingered gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintain an alcohol-free and drug free course environment? O.A.C. 4501-53-04				
4. Conduct them in a professional manner, including? O.A.C. 4501-53-04				
i. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does not discriminate in the provision of motorcycle training on the basis of color, religion, sex, or national origin. O.A.C. 4501-53-04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Consistently demonstrate a standard of knowledge and competency that at least meets the minimal level required under the Instructor's certification to teach. O.A.C. 4501-53-04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## VI. BASIC SKILL CURRICULUMS

	YES	NO	N/A	REF
A. The basic riding curriculum and sequence being used has been validated by motorcycle Ohio and approved by the Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The course includes a knowledge test and an on-cycle skills test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The basic riding curriculum has the following instructor to student ratio:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Classroom - one instructor teaches a maximum of twenty-four registered students;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) One instructor instructs no fewer than two students nor more than six students on motorcycles. (Make N/A if you do not hold single instructor classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Two instructors shall instruct no more than the approved class size on motorcycles;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The maximum capacity for on-cycle instruction does not exceed the approved range size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Students have a valid temporary instruction motorcycle identification card (TIPIC), a motorcycle endorsement, or a motorcycle-only license prior to participating in range instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The basic skills class uses training motorcycles provided by the provider with one hundred cc to five hundred cc engine displacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Each student is assigned their own motorcycle for the purpose of range exercises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Students successfully completing the basic skills class are issued a completion card as referenced in rule 4501-53-01 of the O.A.C. for the purpose of course verification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VII. BASIC SKILL RETURNING RIDER CURRICULUMS

	YES	NO	N/A	REF
A. Does your location conduct the Returning Rider Course? If yes, proceed to the next question. If No, skip to the next section.	<input type="checkbox"/>	<input type="checkbox"/>		
B. The basic returning rider curriculum and sequence has been validated by motorcycle Ohio and approved by the Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The course includes an on-cycle skill test approved by the Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The BRS-RR has the following instructor to student ratio:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Classroom - one instructor teaches a maximum of twenty-four registered students;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) One instructor instructs no fewer than two students nor more than six students on motorcycles. (If single instructor classes are not held, please mark N/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Two instructors shall instruct no more than the approved class size on motorcycles;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The maximum capacity for on-cycle instruction does not exceed the approved range size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Students successfully completing the basic skill returning rider are issued a completion card for the purpose of course verification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### VIII. BASIC RIDING 2 CURRICULUMS

	YES	NO	N/A	REF
A. Does your location conduct the Basic Riding 2 Course? If yes, proceed to the next question. If No, skip to the next section.	<input type="checkbox"/>	<input type="checkbox"/>		
B. The Basic Riding 2 curriculum and sequence has been validated by Motorcycle Ohio and approved by the Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The course includes an on-cycle skill test approved by the Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Instructor to student ratio:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. One instructor no fewer than two students and no more than six students and six passengers. (If single instructor classes are not held, please mark N/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Two instructors shall instruct no more than twelve students and twelve passengers;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The maximum capacity for on-cycle instruction is the approved range capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Only those students with a valid motorcycle endorsement or motorcycle-only license carry a passenger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Students have a valid temporary instruction motorcycle identification card (TIPIC), motorcycle endorsement or a motorcycle-only license prior to participating in range instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Instructors and students use their own motorcycles during the course. (Private providers may allow use of private provider motorcycles).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Every student and passenger participating in the range instruction wears proper riding gear, which includes helmet and eye protection that is in compliance with Chapter 4501-17 of the O.A.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Students successfully completing the Basic Riding 2 class are issued a completion card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IX. TRAINING PROVIDER RANGE REQUIREMENTS

	YES	NO	N/A	REF
A. Is the entire range free from obstructions, loose gravel, debris, and parked cars? O.A.C. 4501-53-06, 4501-53-07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the range area blocked off from all vehicular and pedestrian traffic during range training? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Marked to provide a clear path of travel for the students and visible cone positions for the instructors? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you have on hand an industrial-sized First Aid Kit readily available during range exercises? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you have on hand a 10 pound fire extinguisher with a class ABC rating that has been hydrostatic tested every 5 years and charged every 2 years readily available during range exercises? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is smoking allowed in only safe areas during breaks? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are only 2" cones used during range exercises? If not, please specify size used. O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. While spectators are welcome, are they prohibited from the range during training exercises? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Are Instructors-not-of-record (visiting, non-certified by MO) prohibited from instructing? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Do Instructors have access to an emergency phone within a reasonable proximity of the classroom and range? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Are rest rooms and drinking water within reasonable proximity of the classroom & range? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ON SITE INSPECTION CHECK LIST

*To be verified by the assigned field staff.*

### I. RANGE & SAFETY EQUIPMENT INSPECTION

*Field Data may include range diagrams, path of travel, exercise reversals, range hazards, etc. The approved range documentation should be up to date and match the letter of approval from the curriculum provider.*

	YES	NO	N/A	REF
A. Is the training provider's proof of the insurance coverage with all motorcycles used for instruction?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B. Does the training provider's range meet their approved range dimension? If No, please field data to support your results.				
C. Does the training provider's range meet the minimum 20 foot of paved runoff around the perimeter? If No, please field data to support your results.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
D. Free from obstructions, loose gravel, debris, and parked cars? O.A.C. 4501-53-06, 4501-53-07	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
E. Marked to provide a clear path of travel for the students and visible cone positions for the instructors? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
F. Approved cones are used during range exercises? If not, please specify size used. O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
G. An emergency phone is within a reasonable proximity of the classroom and range? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
H. Rooms and drinking water are within reasonable proximity of the classroom & range? O.A.C. 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I. On hand is a 10 pound fire extinguisher for every range used for instruction, readily available during range exercises and meeting the following specifications. Training provider must show that the safety equipment meets rule 4501-53-06				
1. Fully charged & functional.				
2. Meets OSHA 1910.157(d) (4) guidelines	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. ABC rated	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Clearly marked or tagged to indicate a hydrostatic test every 5 years, or if new then in 5 years from manufacturer date.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Clearly marked or tagged to show a charged every 2 years?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
J. A first aid kit for every range used for instruction meeting the following. Training provider must show that the safety equipment meets rule 4501-53-06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
a) Fully stocked and ready to use.				
b) Waterproof Type III				
c) Class A				
d) Conforming or surpassing ANSI/ISEA Z 308.1 -2015 or later				

## II. PROGRAM AUDIT

	YES	NO	N/A	REF
<b>A. Training provider's Office Requirements O.A.C. 4501-53-02, 4501-53-06, 4501-53-07, 4501-53-12, 4501-53-14, 4501-53-15</b>				
1. The office has adequate space to maintain the required records?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. The office has a permanent wall of sufficient construction to prevent distractions and noise in the classroom? (If Yes, skip to question 3.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
a) No permanent wall exists and the office closed for business during the classroom instruction?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. The office is located in the same county as, or in a county adjacent to, the training provider for which student records are being stored?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
iv. Is the training provider's proof of the insurance coverage in the training provider's office?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>B. Has the training provider recorded and submitted to the department the following? If No, please field data to support your results.</b>				
1. For classes where motorcycles are provided, a Motorcycle Inspection Report containing the following has been provided.			<input type="checkbox"/>	
a) A clearly marked, daily inspection of each motorcycle used for range instruction using check marks or "X", recorded for every day of required course attendance on the Student Signature Roster.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b) Daily inspections done for every day of riding, date and signed.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. For classes where a personal use motorcycle is being use by the student, the Personal Vehicle Inspection Checklist containing the following has been provided.			<input type="checkbox"/>	
a) Verification by the instructor of record of the inspection of listed mechanical items.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b) Verification by the instructor of record of insurance.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c) Verification by the instructor of record of insurance of vehicle registration.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d) Signature by an instructor of record for the class the vehicle is being used in.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
e) Daily inspections done for every day of riding.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Each student's signature and initials no check marks or "X", recorded for every day of required course attendance on the Student Signature Roster.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. For classes where an online exam was required, collected and graded the following was recorded			<input type="checkbox"/>	
a) Each student's online course issue date.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1. Each attending student's online course issue date.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Each attending student's online course certificate number.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Each attending student's Curriculum Completion Number	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b) If No for 1) & 2), did the error and correction alter the student's original status code?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. For classes where a Student Knowledge Exam was provided, collected and graded the following was reviewed			<input type="checkbox"/>	
a. Each student's score on the knowledge test accurately recorded on the student's exam.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## II. PROGRAM AUDIT (Continued)

	YES	NO	N/A	REF
b. Each student's score on the knowledge test accurately recorded on the online Student Report Form.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. If No for a) & b), did the error and correction alter the student's original status code?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Skill Evaluation Score Sheet was submitted with the following.			<input type="checkbox"/>	
a) Signatures by the instructors of record.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b) Accurate with skill test score correctly added up for each student.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c) If No, did the error and correction alter the student's original status code?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Each student's score from the Skill Evaluation Score Sheet recorded accurately online to the Student Report Form from.	<input type="checkbox"/>	<input type="checkbox"/>		
a. If No, did the error and correction alter the student's original status code?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9. Each student's accurate status code based on their knowledge and skills test.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
a) If No, did the error and correction alter the student's original status code?	<input type="checkbox"/>	<input type="checkbox"/>		
10. A completion card number for each student passing the course O.A.C. 4501-53-08	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C. All Motorcycle Ohio waivers are dated, signed and with instructor witness verification. Minors had correct legal guardian approval of either on site signature or off-site notarization. O.A.C. 4501-53-08, 2015 Policy & Procedure Manual. If No, please field data to support your results.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
D. Accident and Incident forms are included on the paperwork? If no, proceed to (E)	<input type="checkbox"/>	<input type="checkbox"/>		
1. Are the Incident Report properly filled out and signed? If No, please field data to support your results.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Student involved in the incident have a Motorcycle Ohio waiver dated and signed with instructor witness verification, minors have correct legal guardian approval of either on site signature or off-site notarization. O.A.C. 4501-53-08, 2015 Policy & Procedure Manual. If No, please field data to support your results.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. For reporting purposes please list the last name, first name, class code, incident date exercise number for each Incident Report Form reviewed.				
E. Training provider's Classroom Requirements O.A.C. 4501-53-06, 4501-53-07, 4501-53-14, 4501-53-15				
1. The classroom comfortably accommodates at least 12 students and 2 instructors.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Equipped with a variety of audio and visual training aids that support the course curriculum.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Reasonably free of visible and audible distractions and present an atmosphere adequate for learning.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. A clean and functional restroom that is available for students within its facility.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Conform to all federal, state, local fire, building, and safety regulations.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## POST-INSPECTION CHECK LIST

*To be complete by the assigned BMV field staff & submitted to Motorcycle Ohio for review.*

### FOR FIELD STAFF USE ONLY

SITE INSPECTION VISIT

Field Staff Findings/Notes:

DATE

☐ TELEPHONED

☐ ON-SITE CONSULTATION

☐ ELECTRONIC

This area left blank for additional comments by the Site Inspection Field Staff.

HAVE YOU REVIEWED INFORMATION?

☐ YES ☐ NO

SITE INSPECTION FIELD REPRESENTATIVE

DATE

## DEFINITIONS

- A. **Motorcycle Ohio (MO)** is the motorcycle safety and education program operated by the department as provided in R.C. section 4508.08.
- B. **Department** means the Ohio Department of Public Safety.
- C. **Director** means the Director of the Ohio Department of Public Safety as set forth in section 121.03(G) of the R.C., or the Director's designee.
- D. **Training provider** means any organization (public, private or corporation) approved by the department to train the general public in motorcycle safety and education.
- E. **Authorized official** means any person who owns or who maintains responsibility on behalf of an individual for, a corporation, business trust, estate, trust, partnership, or an association for the facilities, equipment, instructors, site coordinators, and other employees of a motorcycle training provider.
- F. **Site coordinator** means a person designated by the authorized official of a motorcycle training provider to carry out orders, instruct, and conduct the business and manage the training provider's motorcycle training program.
- G. **Skill Waiver Curriculum** means a motorcycle training course is approved by the department that provides a skill waiver card upon the successful completion of the approved curriculum.
- H. **Advanced/Experienced Rider Classes** means any experienced or advanced motorcycle training course approved by the department.
- I. **Chief Instructor or LITE Trainer** means an instructor specially trained to conduct instructor preparation courses, instructor refresher workshops, and instructor evaluations, to approve ranges, and to conduct training provider inspections.
- J. **Classroom** means any room within an approved training provider facility or under contract with a training provider, in which students are taught motorcycle safety and education.
- K. **Classroom instruction** means the portion of a motorcycle training course devoted to teaching motorcycle knowledge which does not include the student's operation of a motorcycle.
- L. **Completion card** means a card, created by the department that is issued to students who successfully completes an approved Skill Waiver Curriculum through an approved training provider. The completion card may be used for the purpose of obtaining a waiver of the on-cycle skill test pursuant to R.C. section 4507.11.
- M. **Motorcycle endorsement** means any driver license with a motorcycle endorsement.
- N. **Instructor** means an individual certified by the department to teach a motorcycle training courses approved by the department.
- O. **Instructor of record** refers to the instructor hired by a training provider or the department to teach a given course and receive compensation for that course. An instructor volunteering the instructor's teaching services unless assigned by the training provider or department as an instructor is not considered an instructor of record.
- P. **Instructor Preparation Course (IPC)** means a course of instruction to teach potential motorcycle instructors how to train the general public in motorcycle safety practices.
- Q. **Range or riding range** means an off-highway site designed for training riders that does not permit traffic to pass through the site during training.
- R. **Range instruction** means a portion of a motorcycle training course devoted to teaching motorcycle skills which includes the student's operation of a motorcycle.
- S. **Compliant** means the organization has adhered to regulatory guidelines, policies, user access controls and risk management procedures and has shown proof of via an audit trail.
- T. **Non-Compliant/Administrative** means the organization has failed to comply with regulatory guidelines, policies, user access controls, insurance and items relating to the administration of their grant and/or renewal (if applicable).
- U. **Non-Compliant/Operations** means the organization has failed to comply with regulatory guidelines and policies in relation risk management procedures.
- V. **Audit Trail** means the Training Provider (the authorizing official) that operates the site(s) issues to MO a sequence of paperwork (electronic communications/official statements with letterheads and/or electronic signatures) to instructors and program managers that any violation of applicable laws of the R.C., the O.A.C., Motorcycle Ohio Policy and Procedure Manual, and other local, state, and federal laws will be corrected.



## OHIO DEPARTMENT OF PUBLIC SAFETY

**MOTORCYCLE OHIO  
RANGE AUTHORIZATION REQUEST****RANGE INFORMATION**

Motorcycle Ohio reserves the right to ask Training Providers for further description of any safety hazard, significant or otherwise, whether in or outside the range or runoff area. Training may not take place until the range has been approved by Motorcycle Ohio and the Training Provider has received written notice of approval. The act of submitting documentation for a new or relocated range does not constitute permission to conduct training on the proposed range.

Motorcycle Ohio reserves the right to ask Training Providers for written authorization from the property owner for use of the land at each training location.

**DEFINITIONS**

**Standard Range** - a full size range (120' x 220') completely free of any obstacles / potential obstacles\* or problematic surface conditions\*\* within the riding and runoff area.

**Alternate Range** - a range layout currently approved in the Motorcycle Ohio library. Alternate ranges are less than full size and must be completely free of any obstacles / potential obstacles\* and / or problematic surface conditions\*\* within the riding and runoff area.

**Modified Range**

- 1) A "custom," sponsor-designed range that does not exactly match standard or alternate range sizes and layouts,

OR

- 2) Any range with obstacles / potential obstacles\* and / or problematic surface conditions\*\* within the riding and runoff area.

**\*Obstacles / Potential Obstacles** (include, but are not limited to):

• Curbs • Light Poles • Buildings • Islands • Trees • Walls or Fences • Speed Bumps • Drop-Offs

**\*\*Problematic Surface Conditions** (include, but are not limited to):

• Drains or Grates • Potholes • Rough Surfaces • Cracks in Surface

**ALL RANGES MUST HAVE A MINIMUM OF 20 FEET OF PAVED RUNOFF****REQUIREMENTS WHEN SUBMITTING PROPOSED MODIFIED RANGE DIAGRAMS****Requirement 1**

Contact an experienced, actively certified Chief Instructor, LITE Trainer or your state coordinator for assistance with your proposed range.

**Requirement 2**

Draw the range layout and path of travel for exercises 2 through 17 (one diagram per exercise per page). Note the range scale on each page and label all dimensions in all directions. Simple 1/4" ruled graph paper with a 1/4" = 10 feet scale is recommended. The same scale must be used for each exercise. Computer-generated diagrams are acceptable as long as all other diagram requirements are met.

**Requirement 3**

Identify all obstacles / potential obstacles\*, and problematic surface conditions\*\* within the riding area as well as in the 20' of paved runoff. A minimum 20' of separation must be maintained between all paths of travel and obstacles. Obstacles should not inhibit the line of sight between Instructor and participant.

**Requirement 4**

For each and every exercise (one per page), illustrate the student's path of travel and indicate the distance between the path of travel and any obstacle (at the closest point where the student passes by that obstacle).

OR-

Diagrams with appropriate dimensions may be used for submission. The obstacles / potential obstacles\* or problematic surface conditions\*\* must be depicted on the diagram for each exercise. The student's adjusted path of travel with at least 20 feet of separation from any obstacles must be depicted for each exercise. For problematic surface conditions, the path of travel may be closer than 20 feet but it is not recommended that a path of travel cross over the area.



## GUIDELINES FOR RANGE PHOTOGRAPHS

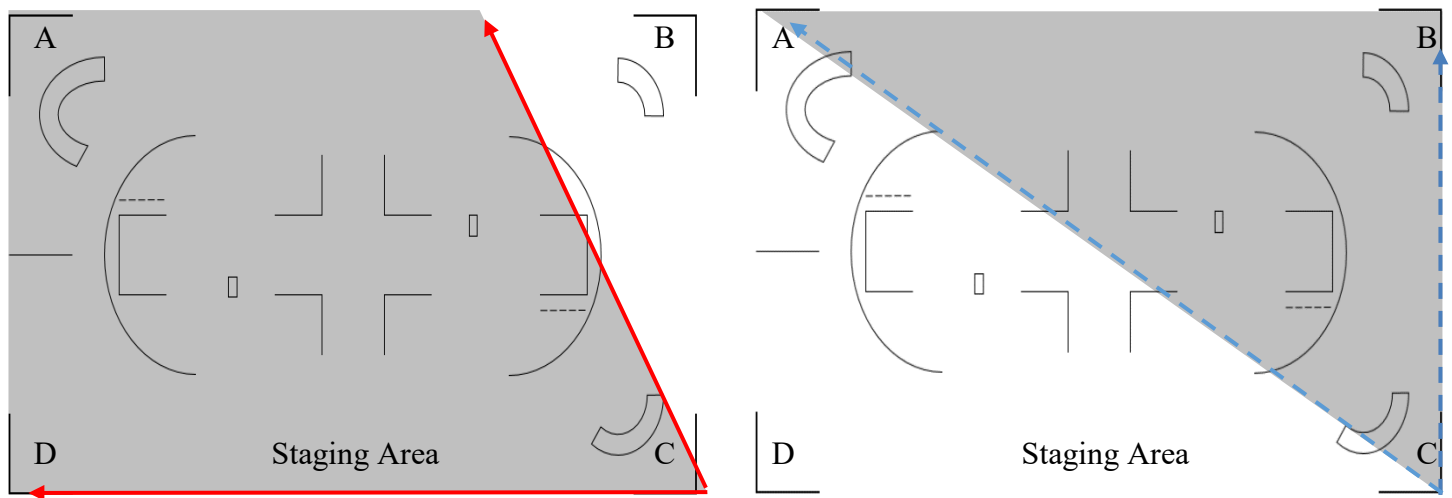
The purpose of the range photos is to provide Motorcycle Ohio with a 360-degree view of the entire range (including the middle) and the 20' run-off area, including the overall surface condition. Since it is possible that your range design may not be accepted as submitted, it is strongly suggested that you DO NOT paint your range until it has been formally recognized by Motorcycle Ohio.

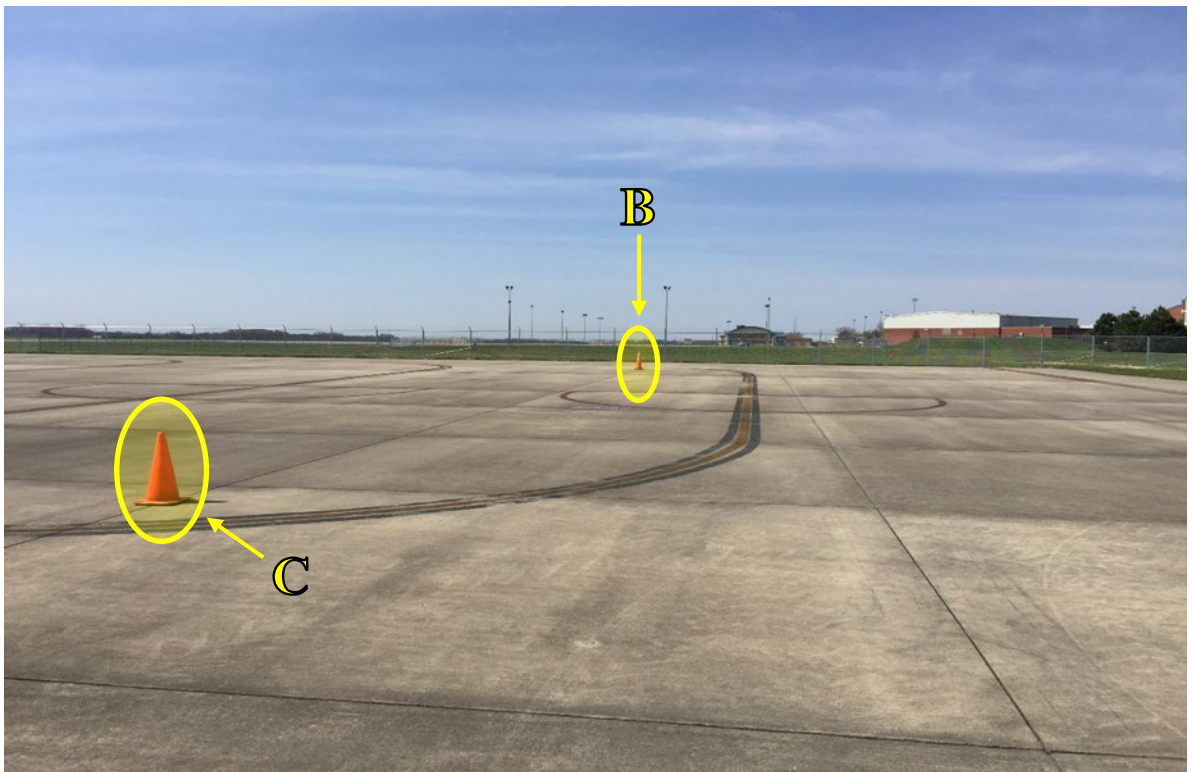
### Requirements

- Digital photographs only
- Photos must be clear and sharp
- File size limits are 10 meg per e-mail
- A minimum of 8 color photos is required
- Satellite and aerial photos are not acceptable as replacements for ground level photos

### Instructions

- 1) Before taking photos, place a **visible** marker (i.e. large traffic cones) at each corner of the range area.
- 2) Take two photos from each corner. See the diagram below and attached pictures for reference.
  - **Photo 1: Long-side View** Includes 3 corners of the range, the corner nearest the photographer and the two farthest corners (area within the red lines below).
  - **Photo 2: Short-side View** Includes 2 corners, the corner nearest the photographer and the next closest corner (area within the blue dashed lines below).
  - **Tip:** Photographer should stand approximately 20 ft. back from each corner.
- 3) Use descriptive file names for your photos (e.g., C-longside.jpg).
- 4) Include photographs of any surface conditions (e.g., drain or manhole cover) located on the range or in the run-off area.
- 5) E-mail photos to [Mogen@dps.ohio.gov](mailto:Mogen@dps.ohio.gov). *Note: file size limits are 10 megabytes per e-mail.*





**MOTORCYCLE OHIO  
RANGE AUTHORIZATION REQUEST****Instructions**

- Complete one Range Authorization Request (RAR) for each proposed range
- Include photos of the proposed range as depicted in Motorcycle Ohio Guidelines for Range Photographs
- Include diagram(s) for paths of travel
- Return the completed form & range photos to [Mogen@dps.ohio.gov](mailto:Mogen@dps.ohio.gov)
- Call (800) 837-4337 for technical assistance

**RANGE INFORMATION**

BUSINESS NAME OF TRAINING PROVIDER		RANGE NUMBER	
NAME OF RANGE LOCATION		RANGE NICKNAME	
PHYSICAL STREET ADDRESS OF RANGE		CITY	STATE ZIP
COUNTY	ENROLLMENT PHONE #	IS THIS RANGE SHARED WITH ANOTHER TRAINING PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**THIS SECTION MUST BE COMPLETED BY AN ACTIVE CERTIFIED CHIEF INSTRUCTOR OR LITE TRAINER.****RANGE TYPE** (Check only one – definitions are on page 1 of this form)

<input type="checkbox"/> <b>STANDARD RANGE</b> Length: <b>220</b> ft. Width: <b>120</b> ft. Layout is as depicted in the Instructor Guide.	<input type="checkbox"/> <b>ALTERNATE RANGE</b> Length: _____ ft. Width: _____ ft. Submit page 1 of the appropriate diagram.	<input type="checkbox"/> <b>MODIFIED RANGE</b> Length: _____ ft. Width: _____ ft. Submit diagrams for Ex 2-17. (one page per exercise)
--	--	---

**BASIC RIDER SKILLS COURSES TO BE CONDUCTED AT THIS RANGE**

<input type="checkbox"/> BRS	<input type="checkbox"/> BRS-RR	<input type="checkbox"/> Other:
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**Motorcycle Ohio requires all ranges to have a minimum of 20 feet of paved run-off.**

The Training Provider, in consultation with an active Motorcycle Ohio Certified Instructor, shall determine whether the range location and configuration is appropriate in light of any safety hazards beyond 20 feet from the range.

I affirm that I am a currently active Motorcycle Ohio Certified Instructor and have inspected the above-stated site and the proposed range layout. I affirm that the dimensions, runoff space, and photographs are accurate as indicated and that the range location and configuration is appropriate.

INSTRUCTOR NAME (Print)		MOTORCYCLE OHIO ID #
INSTRUCTOR SIGNATURE <b>X</b>	DATE	PHONE

**AUTHORIZING OFFICIAL**

NAME (Print)	PHONE
SIGNATURE <b>X</b>	DATE

**STATE OR MILITARY COORDINATOR SIGNATURE**

I am aware that this range is being applied for under:	
COORDINATOR NAME (Print)	(fill in Business Name of Training Provider above)
COORDINATOR SIGNATURE <b>X</b>	DATE

**MOTORCYCLE OHIO USE ONLY**

<input type="checkbox"/> RENEWAL	<input type="checkbox"/> CHANGE IN STATUS
----------------------------------	---

## Request to Purchase Form

### REQUEST TO PURCHASE

**Instructions:**

- All required fields are marked with an \*.
- Use the **Save** button to save text and calculate data on each page.
- Hit **Save** before you proceed to another page.
- Save at least every 30 minutes to avoid losing data.

---

**Name of Agency:**

**Grant #:**

Educational and/or promotional (including incentives) items being requested must meet the following guidelines:

1. Item(s) requested must be motorcycle awareness related.
2. Item(s) requested must contribute to meeting the objectives of the grant.
3. Request form and approval is required on all purchases.
4. All public service announcements funded with federal funds, in whole or in part, must be closed captioned for the hearing impaired.
5. A final draft of all promotional materials must be submitted to the MO for approval prior to production.
6. **All printed materials are to include the credit line: "Funded by Motorcycle Ohio".**

---

**Item(s) Requested:**

↑  
↓

\*

**Justification for need of item(s):**

↑  
↓

\*

**If revision are needed, itemize what category funds are being removed from:**

↑  
↓

Total number to be produced or purchased?

\*

Total Cost:

\*

Is item(s) in budget?

☐ Yes ☐ No \*

Supporting documentation must be attached (draft for printing, cost estimate from vendor, etc.)

 Browse...\*

To upload multiple documents, hit **SAVE** at the top and a new row will appear.

**DO NOT PURCHASE UNTIL APPROVAL IS RECEIVED FROM MO**

**MO Use Only**

Reviewed By:

\*

Date Reviewed:

\*

☐ Approved

☐ Denied

☐ Approved with needed modifications

Modifications Needed:

If denied, state reason:

## Required Personnel

### TITLE PAGE

#### Instructions:

- All required fields are marked with an \*.
- Use the **Save** button to save text and calculate data on each page.
- Hit **Save** before you proceed to another page.
- Save at least every 30 minutes to avoid losing data.

A. Title of Project:  \*

B. Project Period:  \* to:  \*

C. Budget Summary: OCJS Funds:

Cash Match:

Inkind Match:

Total Budget:

D. Financial Officer:

Prefix:  \* First Name:  \* M.I.:  Last Name:  \* Suffix:

*Please list the Financial Officer that will serve as the fiduciary agent for the grant.*

Title:  \* Agency:  \*  
 Address:  \* City:  \* Zip:  -   
 Phone:  \* Ext.  Fax:  \*  
 Email:  \* County:  \*

E. Project Director:

Prefix:  \* First Name:  M.I.:  Last Name:  \* Suffix:

*The project director listed must be the main contact for this project and the person with whom OCJS can regularly communicate.*

Title:  Agency:   
 Address:  City:  Zip:  -   
 Phone:  Ext.  Fax:   
 Email:  County:

Primary Place of Performance:

F. Authorizing Official:

Prefix:  First Name:  M.I.:  Last Name:  Suffix:

*The authorizing official is usually the head of an organization / agency. This individual must possess or have the ability to obtain the legislative authority to enter into an agreement with OCJS, should the proposal be approved for funding.*

Title:  Agency:   
 Address:  City:   
 Phone:  Ext.  Fax:  Zip:  -   
 Email:  County:

## Exhibit G

### MONTHLY GRANTEE CLAIM REIMBURSEMENT DETAILS

#### Instructions:

- All required fields are marked with an \*.
- Use the **Save** button to save text and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- This proposal form will calculate a per student cost.

MOG USE ONLY	
Final?	<input type="checkbox"/>
Refunded Amount:	<input type="text"/>
Cancellation Amount:	<input type="text"/>
Tracking Number:	MO000006

Grant Number: MO-2019-Victim Services Org-00001

Grantee Name and Address: Victim Services Org  
123 Main St.  
Columbus, OH 12345  
Phone: (123) 123-1233  
Fax: (111) 111-1111

Budget Period: 09/01/2017 \* to 09/30/2017 \*

#### Instructional Course Itemized Costs

Instructional Course Description	Date	Course Code	# of Students	Amount Requested

#### Instructional Course Budget Overview

Instructional Course Description	Approved Budget per Instructional Course Description	Current Monthly Amount Requested	Total of Previous Monthly Amounts Requested	Cumulative Total of Amounts Requested	Remaining Balance of Approved Budget
Basic Rider Skills Course Single	\$93,855.00				
Basic Rider Skills Course Double	\$138,736.80				
Basic Rider Skills Course - Returning Rider	\$144,915.00				
Basic Rider Skills Course - 2	\$95,460.00				
Advanced Rider Skills Course	\$108,270.00				
Total of Instructional Course					

#### Miscellaneous Fixed Costs & Budget Overview

Miscellaneous Fixed Costs Description	Approved Budget Per Miscellaneous Fixed Costs Description	Current Monthly Amount Requested	Total of Previous Monthly Amounts Requested	Cumulative Total of Amounts Requested	Remaining Balance of Approved Budget
Fire Extinguisher(s) ABC 10 lb.	\$600.00				
Range Paint	\$500.00				
Paint Striper	\$150.00				
Advertisement	\$800.00				
Re-test	\$2,000.00				
Community Outreach	\$300.00				
First Aid Supplies	\$500.00				
Easel Pads	\$300.00				
Storage Container	\$3,000.00				
Motorcycle Parts	\$2,500.00				
Meeting Mileage Total Mileage: <input type="text"/>	\$104.00				
Miscellaneous Item (Describe) <input type="text"/>	\$100.00				
Miscellaneous Item (Describe) <input type="text"/>	\$200.00				





## Motorcycle Training FY2022 Grant Invoicing Periods

Start Date	End Date	Due Date
7/1/2021	7/31/2021	8/31/2021
8/1/2021	8/31/2021	9/30/2021
9/1/2021	9/30/2021	10/31/2021
10/1/2021	10/31/2021	11/30/2021
11/1/2021	11/30/2021	12/31/2021
3/1/2022	3/31/2022	4/30/2022
4/1/2022	4/30/2022	5/31/2022
5/1/2022	5/31/2022	6/30/2022
6/1/2022	6/30/2022	7/31/2022



# CERTIFICATE OF COVERAGE

<b>Named Member</b>  		Policy Number			
		Carrier			
		Policy Period			
		Inception		Expiration	
<b>Certificate Holder</b> Ohio Department of Public Safety 1970 West Broad Street Columbus, OH 43223		Ohio School Plan Representative			
This is to certify that the Ohio School Plan has issued the policy shown above to the Named Member shown above for the policy period indicated.					
Interest Type	Type of Coverage		Limits		
	Educational General Liability - <i>Occurrence</i>		Bodily Injury/Property Damage Each Occurrence & Sexual Abuse Injury - Each Offense		\$3,000,000
			Personal and Advertising Injury Each Offense		\$3,000,000
			General Aggregate		\$5,000,000
			Products – Completed Operations Aggregate		\$3,000,000
	Educational Legal Liability - <i>Claims Made</i>		Errors And Omissions Injury		
			Errors And Omissions Injury Aggregate		
			Employment Practices Injury		
			Employment Practices Injury Aggregate		
	Educational Auto Liability		Combined Single Limit		
	Educational Auto Physical Damage – Collision		Buses		Not Applicable
			Other Autos		Not Applicable
			Hired Autos		
	Educational Auto Physical Damage – Other Than Collision		Buses		Not Applicable
			All Other Autos		Not Applicable
			Hired Autos		
	Educational Property		Property Damage Per Occurrence		Deductible
	Valuation		Specific Real Property Limit		Specific Personal Property Limit
<b>Description of Operations/Locations/ Exclusions</b> State of Ohio Motorcycle Grant					
<b>Disclaimers</b> This Certificate of Coverage is issued for information purposes only, grants no rights to the Certificate Holder and does not positively or negatively amend or modify the coverage afforded by the policy. Therefore, if the Certificate Holder is required to be an Additional Member or Loss Payee, the policy may need to be endorsed. Any statement on this Certificate of Coverage does not confer rights to the Certificate Holder in lieu of such endorsement.  Regardless of any requirement or condition of any contract or other document relating to the purpose for which this Certificate of Coverage may be issued, the coverage afforded by the policy shown above is subject to all the terms, exclusions and conditions of such policy. Further this Certificate of Coverage does not constitute a contract between the _____, its authorized representative, and the Certificate Holder.  The Limits shown may have been reduced by paid claims.					
<b>Cancellation</b> In the event of cancellation of the policy above, notice will be delivered in accordance with the policy provisions.					
<b>Authorized Representative</b>					<b>Date</b>



OHIO DEPARTMENT OF PUBLIC SAFETY  
MOTORCYCLE OHIO



# MOTORCYCLE INCIDENT REPORT

Instructors must complete a Motorcycle Ohio Incident Report Form in the event of an incident. **Dropping of the motorcycle while not moving is considered an incident, even if the student appears to be uninjured or bike undamaged.**

**For any occurrence when a person is injured and/or property damage is sustained,** send this completed Ohio Department of Public Safety Motorcycle Ohio Incident Report, police report (HSY 7001 OH-1 Traffic Crash Report or equivalent if available), any photos (if available), and any additional comments directly to the grantee and/or Motorcycle Ohio WITHIN 24 HOURS OF THE INCIDENT. Additional comments should be attached. Please e-mail reports to [Mogen@dps.ohio.gov](mailto:Mogen@dps.ohio.gov).

## SECTION A - STUDENT INFORMATION – fill out a separate sheet for each person involved in the crash

STUDENT NAME	PHONE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DRIVER LICENSE #	AGE
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## SECTION B - LOCATION & CURRICULUM INFORMATION

TRAINING PROVIDER NAME	CLASS CODE	INCIDENT DATE
WHEN? <input type="checkbox"/> Exercise <input type="checkbox"/> RST <input type="checkbox"/> Staging Area <input type="checkbox"/> Between Exercises		
CURRICULUM	EXERCISE / RST #	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. # OF PERSONS INVOLVED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____

## SECTION C - PROTECTIVE GEAR & NATURE / EXTENT OF INJURY

Was the person(s) wearing protective gear (as defined by Motorcycle Ohio) at the time of the incident?	
<input type="checkbox"/> Yes <input type="checkbox"/> No - If "NO", please specify _____	
Was the person injured or show injury at the time of the incident?	
<input type="checkbox"/> Yes <input type="checkbox"/> No - If "YES", check the boxes below and provide a written summary.	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Pain <input type="checkbox"/> Bruising <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Swelling <input type="checkbox"/> No Injury
Did the incident require this person to?	
<input type="checkbox"/> Need on-site first aid <input type="checkbox"/> Be admitted to a hospital <input type="checkbox"/> N/A (include any comments) _____	

## SECTION D - INCIDENT CAUSATION

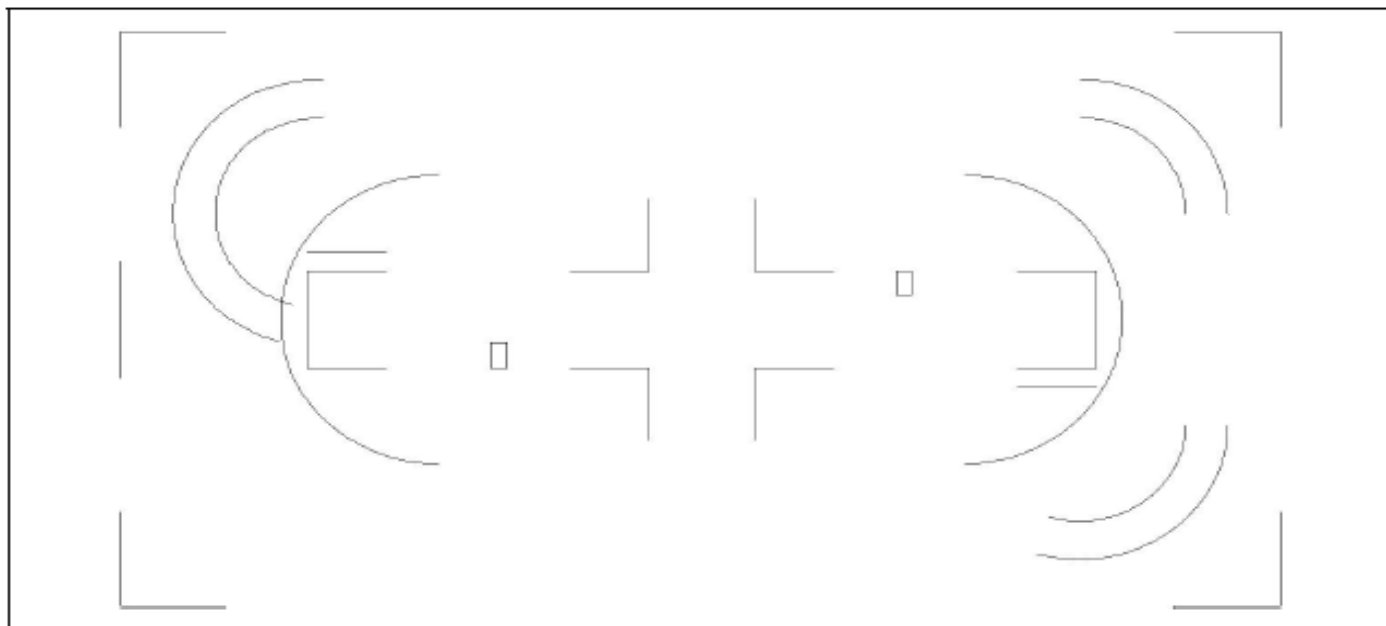
<input type="checkbox"/> Braking, While Turning	<input type="checkbox"/> Collision, Hit an Object	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Target Fixation
<input type="checkbox"/> Braking, Too Much Front	<input type="checkbox"/> Collision, Was Struck	<input type="checkbox"/> Speed, Excessive	<input type="checkbox"/> Throttle Control
<input type="checkbox"/> Braking, Too Much Rear	<input type="checkbox"/> Clutch Control	<input type="checkbox"/> Speed, Insufficient	<input type="checkbox"/> Side Stand
<input type="checkbox"/> Collision, Hit a Rider	<input type="checkbox"/> Other (please describe) _____		

## SECTION E - MOTORCYCLE INVOLVED IN INCIDENT / DAMAGE REPORT

# of motorcycles involved? If more than one motorcycle was involved please fill out another Section D and attach.			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____			
TRAINING BIKE #	PERSONAL MOTORCYCLE VIN	MAKE	MODEL
Provided by the training site? If "NO" enter owner's insurance information.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
INSURANCE COMPANY	POLICY #		
Describe damage to motorcycle: (e.g., scratched muffler, broken left foot peg, dented fuel tank, etc.)			
Pictures included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Peg <input type="checkbox"/> Tank <input type="checkbox"/> Lever <input type="checkbox"/> Light(s) <input type="checkbox"/> Handle Bar <input type="checkbox"/> Mirror(s) <input type="checkbox"/> Other _____			
Can the motorcycle be safely driven?		Was other property damaged? If "YES", please attach	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO", tag bike for report)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

STUDENT NAME

**MARK LOCATION OF INCIDENT**



**DETAILS OF INCIDENT (Be precise)**

DESCRIBE THE INCIDENT

DESCRIBE THE EXTENT OF INJURY AND CONDITION OF PERSON(S) INVOLVED

WHAT STEPS DID THE INSTRUCTORS TAKE IN RESPONSE?

**SECTION F - INSTRUCTOR(S) TEACHING AT TIME OF INCIDENT (Both must sign)**

SIGNATURE OF INSTRUCTOR(S) PREPARING REPORT	PRINTED NAME	DATE
X		
SIGNATURE OF INSTRUCTOR(S) PREPARING REPORT	PRINTED NAME	DATE
X		