MOST Vendor Appendix 2
(Sites)

MOST Vendor: _____

Name of Individual Preparing this Report_____

1. Vendor Mailing Address: _____
   a. Is this a home office: **(please circle): Yes   No**

2. Training Site Location (City): If only one, site please fill here. **Vendors with multiple locations please skip #2, as you will fill this question in at the end.**

   _____

   a. Who is the Training Manager at this site?

   _____

3. Curriculum and Course Types offered: If only 1 site please fill here. **Vendors with multiple locations please skip #3, as you will fill this question in at the end.**
   a. _____
   b. _____
   c. _____

4. Days of the week classes are offered (please circle): Mon Tues Wed Thurs Fri Sat Sun

5. Does this company conduct regular updates, workshops, meetings, or other events for your Instructor team? **(please circle): Yes   No**

   a. If yes, what information is presented? (please attach agenda/itinerary from the most recent meeting)

   _____

   _____

6. Name of Person(s) who maintains this company's motorcycles and other equipment?

   _____

   _____

7. Are maintenance records kept? **(please circle): Yes   No**
   a. If yes are the records kept on site or at the headquarters: _____
   b. For vendors with more than one site… Are the records kept on site and/or at the headquarters: **(please circle): Onsite   Headquarters   Both**

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8. Does this company have an internal QA program? **(please circle): Yes   No**
   a. If Yes, name of the individual(s) who is responsible for it?

   _____

   b. Where are internal QA reports kept? _____

9. Does this company have a new Instructor mentoring policy? **(please circle): Yes   No**
   a. If yes, please state your policy or attach it to this survey

   _____

   _____

10. What registration system does this company use? **(Please circle)**
    a. RES
    b. REMS
    c. HDRA
    d. Company's own registration system

11. About how many Incident Reports did this company file in Calendar year 2020? _____
    **NOTE: Incidents happen and MOST does not penalize for them. **

12. Are any non-certified personnel used on the Range (i.e. Range Rats) to communicate information to the students? **(please circle): Yes   No**

13. Is the student liability waiver posted on this company's website for review prior to class? **(please circle): Yes   No**

14. **A)** How does the company ensure the security of the MOST completion cards? **B)** Address of where non used completion cards are secured? **Vendors that have multiple locations please skip #17 as you will fill this question in at the end.**

    _____

    _____

    _____

    _____

Vendors with Multiple Training Sites:

15. Headquarters address: _____

16. Does this company have one or multiple training managers? **(please circle): One   Multiple**
    Please list manager(s) and the site(s) they over see:
    a. _____
    b. _____
    c. _____
    d. _____

17. Please provide the following on the lines provided below:
    a. Location **(City)** of each range
    b. Curriculum and Course Types offered at each range:
    c. Site Manager
    d. How does the company ensure the security of the MOST completion cards at each location?

1. _____

   b. _____

   c. _____

   d. _____

2. _____

   b. _____

   c. _____

   d. _____

3. _____

   b. _____

   c. _____

   d. _____

4. _____

   b. _____

   c. _____

   d. _____

5. _____

   b. _____

   c. _____

   d. _____

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6. _____

  b. _____

  c._____

  d. _____

7. _____

  b. _____

  c._____

  d. _____

8. _____

  b. _____

  c._____

  d. _____

9. _____

  b. _____

  c._____

  d. _____

10. _____

  b. _____

  c._____

  d. _____

11. _____

  b. _____

  c._____

  d. _____

Any additional information that you would like to supply MOST to run more efficiently:

_____

_____

_____

_____

_____