SITE ASSESSMENT REPORT Part A. Site Assessment



Part A should be used for pre-visit preparation and to facilitate the Site Assessment visit. Shortcomings noted during the visit must be recorded in Part B and brought to the attention of the Responsible Person before leaving site. A copy of Part B should be given to the Responsible Person. This report must be retained on the VTS file at the VOSA Office.

SECTION A1. VTS, Staff and VE Details

| 1. VTS Number | 2. VTS Trading Name | |
|------------------------------------|-----------------------|---------------|
| 3. AE Number | 4. Date of Assessment | |
| 5. Full Name of Responsible Person | n Interviewed | |
| 6. Responsible Person's Position | | 7 RP User ID |
| 8. VE Name | | 9. VE User ID |

SECTION A2. Pre-Visit Preparation - Reports

Note: Any anomalies observed from the MOT Reports require discussion with the Responsible Person. If serious anomolies are discovered then the VTS Test Log may also be required.

| VTS Scheme Performance Report | Notes |
|--|-------|
| 1. Note the vehicle Fail rate for the VTS. (If outside norm, discuss with Responsible Person when answering question A7.15). | |
| 2. Note the QC test code. (If outside norm, discuss with Responsible Person when answering question – Ref: A7.11). | |
| 3. Note the MOT Test Times (Durations). (If outside norm, discuss when answering questions A7.12 and A9.11). | |
| 4. Note the Reasons for Failure (high or low). (If outside norm, discuss when answering questions A7.12 and A9.11). | |
| 5. Note the average throughput of the VTS. (If outside norm, discuss when answering questions A9.1 - A9.3). | |
| 6. Note the number of replacement MOT certificates issued. (If outside norm, discuss with Responsible Person when answering question A7.3). | |
| 7. Note abnormal Reason for Failure (high or low) by an NT. (If outside norm, discuss with Responsible Person when answering question A7.12). | |
| VTS Garage File Information Report | Notes |
| 8. Equipment Details – identify out of date equipment calibrations (discuss with Responsible Person when answering question A7.2). | |

SECTION A3. Pre-Visit Preparation – Disciplinary Assessment

Circle the correct number in the column headed 'Number'. If the number exceeds 3, circle 3+. If an error is made put a line through the incorrect number and circle the correct number.

| | Number | | | ∍r |
|---|--------|-----|---|----|
| | 0 | (1) | 2 | 3+ |
| 1. What is the number of unspent AE Formal Warnings at this VTS issued as a result of incorrect test standards and/or shortcomings in test procedure? | 0 | 1 | 2 | 3+ |
| 2. What is the number of unspent AE Formal Warnings at this VTS issued as a result of Scheme Administration shortcomings or other non test standard/procedural reasons? | 0 | 1 | 2 | 3+ |

Sections A4-A10 contain risk based questions which must be scored between 1 and 5 (high risk equaling 5) under columns headed L - H. These sections also include compliance reminder questions under columns headed C. These are answered either Y (Yes) or N (No). If the answer is N then a corresponding shortcoming must be noted in Section B3 and / or B4.

Please circle your answers in the specified columns. If an error is made put a line through the incorrect score and circle the correct score. For more information regarding risk question specific criteria please refer to the Site Assessment Report – Risk Scoring document.

SECTION A4. Arrival – Initial VTS Appraisal

| | L 1 | 1 2 | 3 4 | 5 | H |
|---|-----|-----|-----|---|---|
| 1. Forecourt Areas – Are the forecourt and frontage areas of the VTS well maintained and an appropriate number of MOT Parking Bays marked and available? Ask, how do you ensure the forecourt areas are appropriately maintained? | 1 | 2 | 3 | 4 | 5 |

SECTION A5. Responsible Person - Introduction and the VTS Device

| 1 Instruction: Introduce yourself to the Responsible Person. Record the name and designate section A1. Ask to be taken directly to the VTS Device and confirm; | ion | of th | e in | div | idua | al a | t |
|--|-----|-------|------|-----|------|------|---|
| | | С | L | 1 2 | 234 | 4 5 | Н |
| a. VTS device is installed in accordance with the MOT Testing Guide, in the specified position and in good working order. | Y | N | | | | | |
| 2. If there is a test(s) registered on the VTS Device then:- | | | | | | | |
| a. Is that vehicle(s) undergoing a test? | Υ | N | | | | | |
| b. Does the NT match the Smart Card that is in use? | Υ | Ν | | | | | |
| c. If the spare smart card is in use then: - Is there an adequate explanation for why? | Υ | N | | | | | |
| 3. Smart Cards – How are the smart cards looked after? | | | 1 | 2 | 3 | 4 | 5 |
| a. Are all the smart card requirements met? | Υ | N | | | | | |
| 4. Fallback and Emergency Testing Procedures - Describe the fallback and emergency testing procedures and show me any relevant documentation issued within the last eighteen months. | | | 1 | 2 | 3 | 4 | 5 |
| a. Are all the hand written documents, issued during Fallback, retained as required? | Υ | Ν | | | | | |
| b. Are all the VT20ETs and associated documents accounted for? | Υ | N | | | | | |

SECTION A6. Responsible Person - Customer and Facilities Management

| | - 1 | С | L | 1 2 | 3 4 | 5 | Н |
|---|-----|---|---|-----|-----|---|---|
| 1. Notices – Can the Responsible Person demonstrate that they conduct a regular review of VOSAs mandatory posters, notices and customer information leaflets? | | | 1 | 2 | 3 | 4 | 5 |
| a. Does VT9 and VT26 reflect current AE ownership and NT employment and do these agree with report data? | Y | N | | | | | |
| b. Are up to date company ownership, AE and NT details displayed on the VT9/9A, VT26 documents? | Y | N | | | | | |
| c. Are the required public information leaflets available? | Υ | Ν | | | | | |
| 2. Booking In and Workload Management – Show me your booking-in process, can you tell me how you manage your workshop loading to ensure that you achieve your customers' deadlines? Does this system cater for tests on demand (if applicable)? | | | 1 | 2 | 3 | 4 | 5 |
| 3. Vehicle Handover – Observe or request an explanation of the system for vehicle collection, delivery and handover. Is it professional and efficient? | | | 1 | 2 | 3 | 4 | 5 |
| 4. Feedback Procedure – How do you manage customer feedback and / or complaints? (If documented then show me). From where would you obtain a VT17 form? | | | 1 | 2 | 3 | 4 | 5 |
| 5. Facilities – Show me the facilities that you offer to your staff and customers. What do you do to keep them in good order? Do you have any plans for improvements? | | | 1 | 2 | 3 | 4 | 5 |
| a. Are the premises unchanged since approval? | Υ | Ν | | | | | |
| b. Is the viewing area or access to it usable? | Υ | Ν | | | | | |

SECTION A7. Responsible Person – Business Management

| | С | L | 1 2 | 3 | 4 5 | Н |
|---|----|---|-----|---|-----|---|
| 1. Instruction: Review MOT Data; | | | | | | |
| a. Are all the calibration certificates for the MOT test equipment available, acceptable and current? | ΥN | | | | | |
| b. Do the calibration certificate details match those on the Garage File Information Report? | ΥN | | | | | |
| 2. Garage Equipment Calibration – Show me how you ensure that all garage equipment is routinely calibrated? | | 1 | 2 | 3 | 4 | 5 |
| 3. Vehicle Documents – Show me how you ensure that all the documents relating to a specific vehicle are kept together for returning to a customer or for filing? (Compare with NT Response at A9.7). | | 1 | 2 | 3 | 4 | 5 |
| 4. Documents – Describe how you would obtain the most up to date information about the MOT Scheme standards and procedures. (Compare with NT Response at A9.8). | | 1 | 2 | 3 | 4 | 5 |
| a. Are the paper copies of The MOT Testing Guide and Inspection Manuals updated with the periodically issued permanent amendments? | ΥN | | | | | |
| 5. Special Notices – Describe any changes you have made in response to a recent Special Notice. (Compare with NT Response at A9.9). | | 1 | 2 | 3 | 4 | 5 |
| a. Are all the required paper copies of SNs available, up to date and signed if required? | ΥN | | | | | |
| 6. Access – If not obviously a mess: What routines do you have to ensure that access around the garage remains safe and unobstructed? (Compare with NT Response at A9.3 and A9.4). | | 1 | 2 | 3 | 4 | 5 |
| 7. Ownership – How do you manage and support your staff to take care of and improve their own work areas and working practices? (Compare with NT Response at A9.4) | | 1 | 2 | 3 | 4 | 5 |
| 8. Garage Equipment – Show me how you ensure that you have all the equipment you require to carry out the services you offer and that your staff are able to operate that equipment correctly. (Compare with NT Response at A9.5). | | 1 | 2 | 3 | 4 | 5 |
| 9. Garage Equipment Maintenance – Describe your approach to the maintenance and repair (NOT calibration) of equipment (including workshop equipment)? (Compare with NT Response at A9.6). | | 1 | 2 | 3 | 4 | 5 |
| a. Is the MOT test equipment in good order and available for use? | ΥN | | | | | |
| 10. Building Maintenance – What regular maintenance do you carry out on your buildings? Show me your records. | | 1 | 2 | 3 | 4 | 5 |
| 11. Responsible Person Management of NT Performance and Integrity – Do you measure the performance and integrity of NTs? If yes, ask for an explanation of the process. (Compare with A2.2). | | 1 | 2 | 3 | 4 | 5 |
| 12. Incentives – Does the VTS operate sales drives or bonus schemes? Explore abnormal statistics from the MOT Scheme Performance Report and VTS Test Log, if used (Compare with A2 and NT Response at A9.11). | | 1 | 2 | 3 | 4 | 5 |
| 13. Staff Retention – What is the VTS policy to attract and retain experienced NTs and VTS staff? (Compare with NT Response at A9.10). | | 1 | 2 | 3 | 4 | 5 |
| 14. Pricing Structure – What is your pricing policy for trade, private and repeat customers? | | 1 | 2 | 3 | 4 | 5 |
| 15. Business Relationships – To what extent are repairs carried out on site? Explore abnormal failure rates from the MOT Scheme Performance Report. Do you recommend any specific local repair agents? (Compare with A2.1). | | 1 | 2 | 3 | 4 | 5 |
| 16. Customers – Do you have any particular customers, trade for example, who represent a substantial proportion of your business? | | 1 | 2 | 3 | 4 | 5 |
| 17. Combined Sales and Testing – What percentage of your business consists of the sale of second hand vehicle? | | 1 | 2 | 3 | 4 | 5 |
| 18. MOTs from Outside the Catchment Area – Where are the majority of your customers drawn from? | | 1 | 2 | 3 | 4 | 5 |

SECTION A8. Responsible Person Questions

Select five pre-defined questions from the VT57, record question ID in the Number column and risk score the response in column headed L-H.

| | | | | | | | $\overline{}$ | |
|------------|--------|---------------|------------|--------|----|-------|---------------|-----|
| | Number | L 1 2 3 4 5 H | N | Number | L1 | 1 2(3 | 4) ! | 5 H |
| Question 1 | | 1 2 3 4 5 | Question 4 | | 1 | 2 3 | 4 | - 5 |
| Question 2 | | 1 2 3 4 5 | Question 5 | | 1 | 2 3 | 3 4 | - 5 |
| Question 3 | | 1 2 3 4 5 | | | | | | |

SECTION A9. Nominated Tester (Quality Controller), Workshop and MOT Activities

| 1. Instruction: Estimate the maximum MOT throughput per day at this VTS for Group A vehicles (class I and II); | | | | | |
|---|---|-----|-----|------------|---|
| 2. Instruction: Estimate the maximum MOT throughput per day at this VTS for Group B vehicles (all other classes): | | | | | |
| | L | 1 2 | (3) | 1 5 | Н |
| 3. Work Planning or Throughput – Is the workplace layout consistent with the level of throughput recorded on MOT Scheme Performance Report? (Compare with A2.5 and Responsible Person response at A6.2) | 1 | 2 | 3 | 4 | 5 |
| 4. Workshop Appearance – How do you ensure that the workshop areas are kept free from hazards and in a clean and tidy manner? (Compare with Responsible Person response at A6.5, A7.6 A7.7 and A7.10). | 1 | 2 | 3 | 4 | 5 |
| 5. Tool Management – Observe how garage hand tools are used and stored. Is this in a systematic fashion? (Compare with Responsible Person response at A7.7 and A7.8). | 1 | 2 | 3 | 4 | 5 |
| 6. Garage Equipment Maintenance – Describe your approach to the maintenance and repair (NOT calibration) of equipment (including workshop equipment)? (Compare with Responsible Person response at A7.9). | 1 | 2 | 3 | 4 | 5 |
| 7. Vehicle Documents – Show me how you ensure that all the documents relating to a specific vehicle are kept together for returning to a customer or for filing. (Compare with Responsible Person response A7.3). | 1 | 2 | 3 | 4 | 5 |
| 8. Documents – Describe how you would obtain the most up-to-date information about the MOT Scheme standards and procedures. (Compare with Responsible Person response at A7.4). | 1 | 2 | 3 | 4 | 5 |
| 9. Special Notices – Describe any changes you have made in response to a recent Special Notice. (Compare with Responsible Person response at A7.5). | 1 | 2 | 3 | 4 | 5 |
| 10. Staff Retention – How well does the VTS attract and retain experienced NTs and VTS staff? (Compare with Responsible Person response at A7.13). | 1 | 2 | 3 | 4 | 5 |
| 11. Incentives – Does the VTS operate sales drives or bonus schemes? Explore abnormal statistics from the MOT Scheme Performance Report and VTS Test Log, if used (Compare with A2 and the Responsible Person response at A7.12). | 1 | 2 | 3 | 4 | 5 |

SECTION A10. and A11 Nominated Tester (Quality Controller) Questions

Select five pre-defined questions from the VT57 that are applicable to the vehicle group(s) tested by the NT. Record the question ID in the Number column and risk score the response in column headed L-H.

| 10. NT (1) User ld No. | |
|------------------------|--|

| | | _ 1 | 2(3 | 4)! | 5 H | Number |
|------------|---|-----|-----|-----|-----|--------|
| Question 1 | 1 | 2 | 3 | 4 | 5 | |
| Question 2 | 1 | 2 | 3 | 4 | 5 | |
| Question 3 | 1 | 2 | 3 | 4 | 5 | |
| Question 4 | 1 | 2 | 3 | 4 | 5 | |
| Question 5 | 1 | 2 | 3 | 4 | 5 | |

| 11. | NT (2 |) User Id No. | |
|-----|-------|---------------|--|

| | L | 1 2 | 3 4 | 4 5 | (H) | Number |
|------------|---|-----|-----|-----|-----|--------|
| Question 1 | 1 | 2 | 3 | 4 | 5 | |
| Question 2 | 1 | 2 | 3 | 4 | 5 | |
| Question 3 | 1 | 2 | 3 | 4 | 5 | |
| Question 4 | 1 | 2 | 3 | 4 | 5 | |
| Question 5 | 1 | 2 | 3 | 4 | 5 | |

SITE ASSESSMENT REPORT

Part B. Conclusions



At the conclusion of the assessment, a copy of Part B must be given to the Responsible Person.

SECTION B1. VTS and Staff Details

| 1. VTS Number | | 2. VTS Tra | ading Name | | |
|---------------------|----------------------------|------------|------------|----------------|--|
| 3. AE Number | | 4. Date of | Assessment | | |
| 5. Full Name of Re | sponsible Person Interviev | ved at VTS | 1 | | |
| 6. Responsible Per | son's Position at VTS | | | | |
| 7. Responsible Per | son's MOT Role (s) | | | 8. RP User ID | |
| 9. NT (1) Full Name | 9 | | | 10. NT User ID | |
| 11. NT (2) Full Nan | ne | | | 12. NT User ID | |
| 13. Special Check | Items | | | · | |
| | | | | | |
| | | | | | |

SECTION B2. Recommendations

Record in this section a summary of the recommendations (at attribute level) for reducing the assessed risk of non-compliance identified during this visit.

| Attribute | ✓ |
|---------------------------------------|---|
| 1. AE Competence and Integrity (AE) | |
| 2. Customer Base (CB) | |
| 3. Commercial Factors (CF) | |
| 4. Customer Management (CM) | |
| 5. Documentation Management (DM) | |
| 6. Equipment Maintenance (EM) | |
| 7. Infrastructure and Facilities (IF) | |
| 8. NT Competence and Integrity (NT) | |
| 9. Visual Workplace (VW) | |

SECTION B3. Shortcomings and Education

Record in this section all shortcomings observed and education given during this visit. **Note:** These items may be carried forward for review during subsequent visits.

| Number | Description |
|--------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SECTION B4. Remedial Actions Required

Items recorded within this section **must** be brought to the attention of the Responsible Person during the visit.

| or the Admidis | ation were | not fully com | aplied with and I draw | your attention | to the following | ng; | | |
|---|--|---|--|--|---|---------------------------------|----------------------------------|--|
| Number | | , | • | Description | | <u> </u> | | |
| | | | | | | | | |
| You must info taken to rectify | rate their Vorm the VC the items one at Section | TS in accord SA Office, i listed in Sect on B5 is 'Sho | f their appointment, nance with all the require with all the require within 15 vition B4 and to ensure precomings found, the | iirements of Th working days there will be r | ne Motor Vehic of the date on no similar caus | cles (Te n this i e for c | ests) Regureport, of omplaint in | ulations. the measures in the future. If |
| 2. Responsible | | | | | 3. Print Name | | | |
| 4. Position wit | hin the Aut | horisation | | | | | | |
| SECTION B5. | Visit Ou | itcome | | | | | | |
| Mhara tha aami | alianaa aut | aama ia Cha | rtaaminga Faund date | ila muat ha ra | oordad in Cast | iono D | 2 D4 | |
| | | come is Shor | rtcomings Found deta | | | ions B | 3 – B4. | |
| Where the comp Visit Outcor VE Name | | come is Shor | rtcomings Found deta | 2. \ | corded in Sect /isit (Date) /E User ID | ions B | 3 – B4. | |
| 1. Visit Outcor | me | come is Shor | rtcomings Found deta | 2. \ | /isit (Date) | ions B | 3 – B4. | |
| Visit Outcor VE Name VE Signatu | ne re | come is Shor | rtcomings Found deta | 2. \ | /isit (Date) | ions B | 3 – B4. | |
| Visit Outcor VE Name | ne re AM or S | SVEs action | | 2. \ | /isit (Date) | ions B | 3 – B4. | |
| Visit Outcor VE Name VE Signatu SECTION B6. | ne re AM or S | SVEs action | | 2. \ | /isit (Date) | ions B | 3 – B4. | |
| Visit Outcor VE Name VE Signatu SECTION B6. | ne re AM or S | SVEs action | | 2. \ | /isit (Date) | ions B | 3 – B4. | |
| Visit Outcor VE Name VE Signatu SECTION B6. Briefly description | re AM or Seribe the ac | SVEs action | | 2. \ | /isit (Date) /E User ID | ions B | 3 – B4. | |
| Visit Outcor VE Name VE Signatu SECTION B6. Briefly desc Signature Print Name | re AM or Seribe the ac | SVEs action | sen. | 2. \ | /isit (Date) /E User ID | ions B | 3 – B4. | |
| Visit Outcor VE Name VE Signatu SECTION B6. Briefly desc Signature Print Name SECTION B7. | AM or Scribe the acc | SVEs action tion to be take ter System F | sen. | 2. \ | /isit (Date) /E User ID | | 3 – B4. | |
| Visit Outcor VE Name VE Signatu SECTION B6. Briefly desc Signature Print Name SECTION B7. Site Assess | Compute Sment visit on by (User sment score | ter System Foutcome enter ID) | Reminders ered onto MOT | 2. \ | /isit (Date) /E User ID 3. Date | ute) | 3 – B4. | |