

2007 AVR Survey Information

I will not sit in traffic.
I will not sit in traffic.
I will not sit in traffic.
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I will not sit in traffic.



Metro

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Welcome

On behalf of Metro, I would like to welcome you to the Survey Briefing. Today, you will find out how to successfully conduct a South Coast Air Quality Management District (SCAQMD) approved Commuter Transportation Survey at your worksite and how to use the output reports to complete your Rule 2202 Plan. You'll also discover how to use RideGuides to improve your company's average vehicle ridership (AVR) by making it easy for solo commuters to transition to carpool, vanpool or transit commute options.

You will also learn about our three survey options: paper, electronic or a combination of paper and electronic. If you select the electronic survey option, you'll spend less time processing and filing, and be able to review your final survey results on CD-ROM. Employers using the electronic survey option report better return rates, improved accuracy and higher AVRs. You'll also have direct Internet access to your database so you can provide your employees with exclusive worksite ridematching and custom transit itineraries; or you can expand your search for rideshare partners by accessing our entire state-of-the-art database that includes Los Angeles, Ventura, Orange, Riverside and San Bernardino County registrants. And best of all, we provide the electronic survey absolutely free.

If you still decide to choose the paper-only survey option, Metro will assess a nominal charge of \$1.50 per employee surveyed or a minimum of \$500 for survey processing. However, the fee will be waived if you subscribe to one of Metro's Employer Pass Programs, or you elect to survey using a combination of the paper and electronic methods.

Completing a SCAQMD Rule 2202 Plan can be overwhelming at times, even for the seasoned Employee Transportation Coordinator (ETC). Rest assured knowing that Metro Commute Services is ready to help you through each step. If at any time you have questions or need further assistance, please call us 213.922.2811. We look forward to assisting you with your survey needs and helping you meet your AVR goal.

David Sutton
Director
Metro Commute Services



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ETC FORMS

10 Steps to Complete the Survey Process

☒ When Complete

1. Become a South Coast Air Quality Management District (SCAQMD) Certified ETC by attending their training session. Upcoming sessions are posted at www.aqmd.gov. Also, refer to Rule 2202 Employee Commute Reduction Program Guidelines on their web site to make sure you don't survey during a SCAQMD excluded week. ☐
2. Call Metro Commute Services (MCS) at 213.922.2811 to ensure that you have a current MCS Annual Service Agreement. If not, request an appointment to update it. ☐
3. Four weeks prior to conducting your survey:
 - For paper, electronic or a combination of both options, complete a Survey Reservation Form (sample on page 7) and fax it to Metro at 213.922.5640 to reserve a processing time slot and to update your rideshare incentive information that will appear on employee Rideguides. ☐
 - If your company has a vanpool program, call 213.922.2811 to update vanpool route information that will appear on employee Rideguides.
4. Two weeks prior to conducting your survey:
 - For the electronic survey option or a combination of electronic and paper surveys, complete and fax the Employer Database Access Request (sample on page 10) and the Electronic Survey Processing Request (sample on page 9) to 213.922.5640. ☐
5. Conduct your survey (paper, electronic or combination). Use the latest survey forms provided to you by Metro Commute Services or use Metro's electronic survey. Do not use SCAQMD survey forms, as Metro is not equipped to process these forms. Remember the minimum response rate is 60%, but strive for 90% to ensure an optimal AVR. ☐
6. For paper surveys, complete a Paper Survey Processing Request (sample on page 8) and attach it to the surveys before sending them in for processing. ☐
7. Send your completed forms to Metro either electronically or using a trackable shipping method (for paper surveys). ☐
8. While the electronic survey collection period is open, e-mail garciana@metro.net to check on your survey status and you'll receive a list (via e-mail) of employees who have completed the survey. If necessary, request an extension via e-mail. ☐
9. Your AVR results will be faxed to you within five business days of the date your paper surveys are received. If you are conducting an electronic survey, your AVR results will be faxed to you within five business days of the close of your survey collection period. Your RideGuides will be delivered to you within four to six weeks. ☐
10. Submit your completed Rule 2202 Annual Program to SCAQMD on time. Don't forget to include the appropriate filing fees. ☐



Metro

Los Angeles County
Metropolitan Transportation Authority

One Gateway Plaza
Los Angeles, CA 90012-2952

213.922.2000 Tel
metro.net

METRO COMMUTE SERVICES (MCS) ANNUAL SERVICE AGREEMENT

For companies (or building managers) choosing to cover more than one worksite under an umbrella Service Agreement, please attach a list of worksite names, addresses, contact names, telephone numbers and number of employees for each site included.

Total Employees at Worksite: _____ SCAQMD Rule 2202 Plan Due Date (if applicable): _____ Site #: _____

Business Name (i.e. L.A. County Health Services): _____

Worksite Name (if applicable; i.e. Alhambra Health Center): _____

Employer Address: _____ City: _____ Zip: _____

Employer Representative (+Alt.) _____ Tel. #: (____) _____ Ext: _____

Fax #: (____) _____ E-mail: _____

Your Supervisor's Name: _____ Tel.# (____) _____ Ext: _____

1) Will you need Metro Commute Services (MCS) AVR/Commuter Transportation Surveys? YES ☐ NO ☐

If **YES**, initial here _____ to authorize MCS to process your worksite's annual AVR/Commuter Transportation Surveys. Metro will assess \$1.50 per employee surveyed or a minimum of \$500 for AVR calculation. Metro Commute Services will provide Transportation Demand Management (TDM) and marketing assistance in support of this effort. **The fee will be waived if at least one of the following criteria is met:**

- Employer subscribes to a Metro Employer Pass Program Yes ☐ No ☐
- Employer selects electronic survey (may include a combination of electronic and paper surveys) Yes ☐ No ☐

If **NO**, please provide the following information for your worksite:

of transit riders: _____ # of carpoolers: _____ # of vanpoolers: _____

2) For each of the Commute Services your company has agreed to provide as listed on the reverse side of this form, please indicate whether the Commute Service is a *Current* incentive being offered, an *Enhancement* to an existing service, or a *New* incentive.

3) Initial here _____ to enroll in Metro Rewards. Your initials indicate that you have received and read the Metro Rewards Program Requirements, and agree to the terms as stated. Please select the primary method this worksite will use to enroll employees in Metro Rewards. Metro Rewards records must be kept for three years.

☐ Paper Application ☐ Web-based Online Application ☐ MS Excel Spreadsheet Application

4) Initial here _____ to enroll in the regional Guaranteed Ride Home (GRH) program. Your initials indicate that you have received and read both the GRH Program Guidelines and the Guaranteed Ride Home Employer Participation Requirements, which define eligibility requirements, and agree to the terms as stated.

Employer and employee participation in these programs is voluntary. Metro assumes no responsibility or liability for claims arising from participation in these programs. By participating in these programs, the employer agrees to defend, indemnify and hold Metro, its officials, employees, agents and contractors free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, arising out of or incident to employer's or employees' participation in these rideshare programs or services.

Employer Representative Signature: _____ Date: ____ / ____ / ____

Account Executive Signature: _____ Fax #: 213-922-5640

Account Executive Name (Printed) _____

Commute Services		Current		Enhancement		New					
	Promotion & Incentive Programs	Yes ✓	Quantity	Amount	Quantity	Amount	Yes ✓	Quantity	Amount	Pend ✓	Date
	Direct Strategies to Encourage Ridesharing										
A	B-TAP		/yr	total\$ /yr	/yr	\$		/yr	total\$ /yr		
	A-TAP		/yr	total\$ /yr	/yr	\$		/yr	total\$ /yr		
	I-TAP		/sem qtr	total\$ /sem or qtr	/sem qtr	\$		/sem qtr	total\$ /sem or qtr		
	Corporate Pass		/mo	total\$ /mo	/mo	\$		/mo	total\$ /mo		
	Pass-by-Mail/Online		/mo	total\$ /mo	/mo	\$		/mo	total\$ /mo		
	Metrolink Pass-by Mail		/mo	total\$	/mo	\$		/mo	total\$ /mo		
	TransitChek/Wage Works		/mo	total\$ /mo	/mo	\$		/mo	total\$ /mo		
	Commuter Benefits		/mo		/mo			/mo			
	Transit/Rail Subsidy*		/mo	\$ or %		\$ or %		/mo	\$ or %		
	Bike/Walk Subsidy*		/mo	\$ or %		\$ or %		/mo	\$ or %		
	Carpool Subsidy*		/mo	\$ or %		\$ or %		/mo	\$ or %		
	Vanpool Subsidy*		/mo	\$ or %		\$ or %		/mo	\$ or %		
	Metrolink Subsidy*		/mo	\$ or %		\$ or %		/mo	\$ or %		
	Vanpools (non MSRC)		/yr		/yr			/yr			
	MSRC Vanpools		/yr					/yr			
	School Pool										
	Muni Transit Pass										
B	Go to Work Free Pass										
	Option/Advantage										
	Bike-To-Work Event										
	Lockers/Racks/Showers										
	Flexcar										
	Telecommuting										
	Employees Pay to Park *			\$ or %		\$ or %			\$ or %		
	Time Off With Pay										
	Start up Incentive			\$ or %		\$ or %			\$ or %		
	Gift Cards/Drawings*			\$ /mo		\$ or %			\$ /mo		
	Points Program										
	Off-peak surveys										
	Compressed Work Week		/mo		/mo			/mo			
	Discounted/Free Meals		/mo	\$ /mo	/mo	\$ /mo		/mo	\$ /mo		
	Employee C F Vehicles										
	Auto Service Discount										
	Basic Support Strategies to Encourage Ridesharing										
C	C C Leadership										
	Flex Time		/mo		/mo			/mo			
	Regional GRH										
	Personalized Assistance										
	Preferential Parking		spaces		spaces			spaces			
	Ridematching										
	Rideshare Info Brochure										
	Transit Info Center										
Marketing Strategies											
D	Marketing Workshop										
	CEO Communications										
	Newsletter/Web site										
	Rideshare Events										
	Letters, Memos, Flyers										
	New Hire Orientation										
	Rideshare Bulletin Board										

* = \$ or %amount/employee/month

Comments: _____

New Client? ☐ Yes ☐ No

Survey Reservation Request

Please fax completed Survey Reservation Request to 213.922.5640

1. Employer Name: _____ Today's date: ____/____/____
2. ETC Name: _____
3. ETC Phone Number: _____ ETC Fax Number: _____
4. ETC e-mail Address: _____
5. Date you will submit your completed survey forms to Metro Commute Services*: ____/____/____
6. SCAMD Rule 2202 Employee Commute Reduction Program due date: ____/____/____

* Failure to submit completed forms to Metro by the date indicated will result in processing delays for your AVR results and RideGuides.

Select ☒ five incentives your company offers that you want listed on your employees' RideGuides

<input type="checkbox"/> Carpool Subsidies (CS)	<input type="checkbox"/> Employer Pass (EP)
<input type="checkbox"/> Vanpool Subsidies (VP)	<input type="checkbox"/> Annual Pass (AP)
<input type="checkbox"/> Transit Subsidies (TS)	<input type="checkbox"/> Metro Rewards (CM)
<input type="checkbox"/> Walk/Bicycle Bonus (WB)	<input type="checkbox"/> Compressed Workweek Schedules (CW)
<input type="checkbox"/> Employer-Sponsored Subsidy/Incentives (EMPSUB)	<input type="checkbox"/> Telecommuting Program (TELPRO)
<input type="checkbox"/> Transportation Allowance (TA) i.e. cash to be used for any mode	<input type="checkbox"/> Flexible Work Hours/Days (FLEX)
<input type="checkbox"/> Tax-Free Vanpool/Transit Savings (TAX)	<input type="checkbox"/> Transportation Fair/Event for RS (FAIRS)
<input type="checkbox"/> Time-Off with Pay for Ridesharing (TAP)	<input type="checkbox"/> Bike Lockers/Racks (BIKE)
<input type="checkbox"/> Preferential Parking for Carpools (PREFER)	<input type="checkbox"/> Showers (SHOWER)
<input type="checkbox"/> Preferential Parking for Vanpools (PV)	<input type="checkbox"/> Clothes Lockers (CLOTHE)
<input type="checkbox"/> Discounted Parking/Paid Parking for RS (DISCPK)	<input type="checkbox"/> Rideshare Matching Services (MATCH)
<input type="checkbox"/> Drop Off Area for Carpoolers (DO)	<input type="checkbox"/> Carpool Formation Meetings (CF)
<input type="checkbox"/> Gifts or Gift Certificates (GC)	<input type="checkbox"/> Vanpool Formation Meetings (VF)
<input type="checkbox"/> Prize Drawings for Ridesharers (PRIZE)	<input type="checkbox"/> Rideshare Info Center/Bulletin Board (RSINFO)
<input type="checkbox"/> Special Discounts (SD)	<input type="checkbox"/> On-Site ATM/Credit Union (ATM)
<input type="checkbox"/> Discounted/Free Cafeteria Meals (DISCAF)	<input type="checkbox"/> On-Site Automotive Service (AUTO)
<input type="checkbox"/> Guaranteed Emergency Ride Home (GRH)	<input type="checkbox"/> On-Site Day Care Center (DCARE)
<input type="checkbox"/> Company Car for Business Use (COMCAR)	<input type="checkbox"/> On-Site Transit Pass Sales (TRANS)
<input type="checkbox"/> Car Sharing (RS)	<input type="checkbox"/> On-Site Fitness Center (FITCTR)
	<input type="checkbox"/> Transit Stops/Shelters (TS S)

Paper Survey Processing Request

ETCs: Please fill out this form completely, attach it to your paper surveys and return to:
Metro Commute Services, One Gateway Plaza, Los Angeles, CA 90012-2932, Attn:99-19-05

MCS Office Use Only	
Submitted by:	_____
Form count received from KP:	_____
Batch #:	_____ Job #: _____
Export date:	_____ Fax Date: _____

1. First Day of Survey Week (mo/d/yr): ____/____/____
2. Metro Commute Services Client Number: _____
3. _____
Employer Name
4. _____
Employer Address
5. _____
ETC Name
6. _____
ETC Phone Number
7. _____
ETC e-mail Address
8. _____
ETC Fax Number
9. _____
Name of person AVR results should also be faxed to (if applicable) Fax Number

10. Provide street address where Survey Forms, Output Reports and RideGuides should be shipped (No P.O. Boxes please):

Number/Street	City	Zip Code
---------------	------	----------

11. The address provided in question #11 is (check one): ☐ the Actual Site Address ☐ the Headquarter Site Address
12. Have you included company mailing labels for Metro to return: Processed Surveys ☐ Yes ☐ No RideGuides ☐ Yes ☐ No
13. Provide the name and contact telephone number of the ETC or other staff member employees may contact if they need rideshare assistance. This name and phone number will appear on employee RideGuides.

Contact Name	Contact Phone Number
--------------	----------------------

14. Provide number of bundles of 50 surveys _____ + number of additional surveys _____ = total surveys submitted _____
If there is a discrepancy between the number of surveys listed above and the actual number of surveys Metro receives, Metro should (check appropriate box): ☐ Continue processing surveys based on actual number of surveys received ☐ Contact ETC before processing survey forms
15. If you meet the terms of one or both of the following, check the appropriate box(es) and Metro will waive the paper survey processing fee: ☐ My company subscribes to a Metro Transit Pass Program ☐ My company will be conducting a combination of electronic and paper surveys

Answers to question 16 & 18-22 must match entries on your SCAQMD Rule 2202 Employee Commute Reduction Program forms

16. Total number of employees at this worksite: _____
17. Check one: ☐ Process surveys for both RideGuides and AVR Reports. (If checked ☒, continue to answer questions 19-23) ☐ Process surveys for RideGuides only. (If AVR Report is not requested, please stop here! Thank you)
18. Rule 2202 Employee Commute Reduction Program due date: ____/____/____
19. AVR Target: ☐ 1.30 ☐ 1.50 ☐ 1.75

When answering the following questions, you must use 6am to 10am, Monday through Friday (or Monday through Sunday for a seven-day survey) as your survey "window" unless you receive prior permission from SCAQMD to use alternate days or times

20. Number of employees scheduled to report to work *within* the "window" during the survey week: _____
21. Number of employees scheduled to report to work *outside* the "window" during the survey week: _____
Do you want to receive an off-peak AVR Report: ☐ Yes ☐ No
22. Has your company been given permission by SCAQMD to use alternate times? ☐ Yes ☐ No
If yes, enter the alternate four-hour peak window or PM window (if applicable): _____am/pm to _____am/pm

Electronic Survey Processing Request

Please fax completed Electronic Survey Processing Request, together with the Employer Database Access Request, to 213.922.5640

1. Metro Commute Services Client Number: _____
2. Employer Name: _____
3. Worksite Street Address: _____
Number/Street City Zip Code
4. Worksite Mailing Address: _____
Number/Street City Zip Code
5. ETC Name: _____ ETC Phone Number: _____
6. ETC e-mail Address: _____ ETC Fax Number: _____
7. Provide the name and contact telephone number of the ETC or other staff member employees may contact if they need rideshare assistance. This name and phone number will appear on employee RideGuides.

Contact Name Contact Phone Number
8. First Day of Survey Week (mo/d/yr): ____/____/____ Survey Collection Period: ____/____/____ to ____/____/____
9. For this survey period, will your company be sending paper surveys in addition to electronic surveys?
☐ Yes ☐ No If yes, Metro must receive completed paper survey forms no later than one week prior to the end of the electronic survey collection period. Provide a copy of the Paper Survey Processing Request with the surveys.
10. SCAMD Rule 2202 Employee Commute Reduction Program due date (mo/d/yr): ____/____/____
11. AVR Target: ☐1.30 ☐1.50 ☐1.75

Answers to questions 11 through 15 must match entries on your SCAQMD Rule 2202 Employee Commute Reduction Program forms. You must use 6am to 10am, Monday through Friday (or Monday through Sunday for a seven-day survey) as your survey "window" unless you receive prior permission from SCAQMD to use alternate days and times.

12. Total number of employees at this worksite: _____
13. Number of employees scheduled to report to work within the "window" during the survey week: _____
14. Number of employees scheduled to report to work outside the "window" during the survey week: _____
Do you want to receive an off-peak AVR Report: ☐ Yes ☐ No
15. Has your company been given permission by SCAQMD to use alternate times? ☐ Yes ☐ No
If yes, enter the alternate four-hour peak window or PM window (if applicable): ____am/pm to ____am/pm
16. Will your company be using a seven-day survey instead of the usual 5-day, Monday through Friday survey? ☐ Yes ☐ No

Employer Database Access Request

Please fax this completed Employer Database Access Request, together with the Electronic Survey Processing Request, to 213.922.5640. Once received, Metro will e-mail your Username and Password.

- ☐ Yes, I would like to obtain access to my company's survey data on RideMatch.info.
By checking ☒ "yes" you will be permitted to review, input and edit surveys, as well as produce exclusive worksite ridematches for your employees.

ETC Name: _____

Employer Name: _____

ETC E-mail Address: _____

ETC Phone Number: _____

Does your employer have multiple worksites? ☐ Yes ☐ No

If you checked ☒ "yes", please list all worksite addresses and/or Metro Commute Services Client Numbers for which you will need survey data access.

_____ Address	_____ Metro Commute Services Client Number
_____ Address	_____ Metro Commute Services Client Number
_____ Address	_____ Metro Commute Services Client Number
_____ Address	_____ Metro Commute Services Client Number
_____ Address	_____ Metro Commute Services Client Number
_____ Address	_____ Metro Commute Services Client Number

AVR SURVEY

Sample Paper Survey Cover Memo

Date:

To: All Staff

From: (Name of CEO or high-ranking official)

Re: Mandatory AVR/Transportation Survey

Attached is the Commuter Transportation Survey that (Name of Company) is required to conduct in compliance with South Coast Air Quality Management District regulations. It is mandatory for all employees to complete and submit the survey by (date).

When you complete the survey, you will also have the opportunity to receive free, personalized commute information. By checking the first box on question #9, you will receive a RideGuide filled with commute options and resources, including potential carpool partners, vanpool and transit information, and Park & Ride lot locations. In addition, the guide includes company benefits and incentives that are offered to employees who share the ride, as well as rideshare incentives offered by Metro.

I encourage you to request a RideGuide and discover new ways to get to work. Even if you are not currently interested in ridesharing, this information could prove useful in the event of an emergency or if your car is in the shop for repairs.

Thank you for your cooperation. Please contact (ETC name/phone number) should you have any questions regarding this survey.

PLEASE RETURN THE COMPLETED COMMUTER TRANSPORTATION SURVEY TO (NAME OF PERSON) AT (LOCATION) BY (DUE DATE).

Commuter Transportation Survey Form

1. Name

Last
First
Initial
 2. Home Address (Address is confidential per state law*)

Number (No PO Boxes)
Street
Apt. #

City
Zip Code
 3. Closest Major Intersection to Your Home

 &

 Provide both intersecting street names
 4. Contact Phone Number

 -

 -

Area Code
Extension

Is this number:
☐ Work ☐ Home
 5. What are Your Normal Work Hours? (Circle am or pm)

 :

 am
 Start Time Leave Time

a. If your work hours vary from day to day please check here ☐
 b. If you have up to one hour flexibility in your start and leave times, please check here ☐
 6. Your Department Name Employee ID
 7. How do you normally travel to work? (Check one box)

D ☐ Drive alone
C ☐ Carpool
V ☐ Vanpool
P ☐ Public Bus
R ☐ Rail

W ☐ Walk
B ☐ Bicycle
T ☐ Telecommute
M ☐ Motorcycle
 8. Estimated One-Way Miles to Work
 9. **Thank you** for completing this survey. You will soon be receiving information on regional transportation options and resources. Which type of information would you like to receive?
☐ Free PERSONALIZED information on commuting alternatives tailored to your commute. Your RideGuide will contain contact names and telephone numbers of people like yourself who are interested in carpooling or vanpooling as well as other resources. *
OR
☐ General information on ridesharing including available incentives, bus and Metrolink information, park-n-ride lot locations and helpline telephone numbers offering personalized assistance.

*Per California Penal Code section 637.6, this information will only be used for ridesharing purposes. Home addresses are never disclosed.

Instructions:

(1) Write the Time you Began Work. (2) Circle am or pm. (3) Place one check mark in each column as to your commute mode or day off. (4) There should only be five (5) check marks on the form. One check mark for each day.

You must enter a Began time, even for days off.

SAMPLE

Survey Week Dates

3/14

Time you Began Work

Circle am or pm



Monday
8:30
AM PM

Monday	Tuesday	Wednesday	Thursday	Friday
AM PM	AM PM	AM PM	AM PM	AM PM

COMMUTER MODE

- A. Drive Alone
- B. Motorcycle
- C. 2 Persons in Vehicle
- D. 3 Persons in Vehicle
- E. 4 Persons in Vehicle
- F. 5 Persons in Vehicle
- G. 6 Persons in Vehicle
- H. 7 Persons in Vehicle
- I. 8 Persons in Vehicle
- J. 9 Persons in Vehicle
- K. 10 Persons in Vehicle
- L. 11 Persons in Vehicle
- M. 12 Persons in Vehicle
- N. 13 Persons in Vehicle
- O. 14 Persons in Vehicle
- P. 15 Persons in Vehicle
- Q. Bus
- R. Rail/Plane
- S. Walk
- T. Bicycle
- U. Electric Vehicle/
Zero Emission Vehicle
- V. Telecommute (reduction of
More than 50% of trip)
- W. Noncommuting

S
A
M ✓
P
E

**COMPRESSED WORK WEEK DAY(S)
OFF**

- X. 3/36 work week days off (2 days)
Y. 4/40 work week day off (1 day)
Z. 9/80 work week day off (1 day)



OTHER DAYS OFF

- AA. Vacation
BB. Sick
CC. Regular Day Off, Jury Duty, etc.



Signature _____

Date _____

Thank you for your cooperation!

INSTRUCTIONS FOR COMPLETING THE COMMUTER TRANSPORTATION SURVEY

The following information is required for completing the survey:

- Side 1 **Last Name, First Name** (or first initial)
Side 1 **Home Zip Code**
Side 2 Indicate the **Time you Began Work** each day of the designated survey week **and** Circle **a.m. or p.m.** as applicable. **For days off, enter your scheduled start time**
Side 2 Place only one checkmark in each column to indicate your **Commuter Mode** (Rows A – W), **Compressed Work Week Day(s) Off** (Rows X – Z, if applicable), or **Other Days Off** (Rows AA-CC, if applicable). There should only be five checkmarks on the form; one checkmark for each day
Side 2 **Signature and Date**

In addition to the above, the following information is required if you wish to be included in the ridematching program and receive a RideGuide, a free personalized resource list of available commute options and company incentive information for regular and emergency use.

- Side 1 **Closest Major Intersection to Your Home**
Side 1 **Contact Phone Number** (either work or home)
Side 1 - **What are Your Normal Work Hours?**
Side 1 For question 9, place a checkmark in the box indicating you would like to receive **free PERSONALIZED information on commuting alternatives**

Definitions

- Persons in Vehicle** Number of people sharing your ride to work for more than 50% of the trip (including children, drop-offs, working or non-working spouses)
- Noncommuting** Worked for your company, but did not travel to or from work, on one or more days, including:
- Overnight stay at workplace such as firefighters, hospital employees, etc.
 - Worked outside the SCAQMD jurisdiction (SCAQMD jurisdiction includes: non-desert portions of Los Angeles County, non-desert portions of San Bernardino County, all of Orange County and all of Riverside County)
- Compressed Work Week Days Off** If you worked a compressed work week and had day(s) off during the survey week, indicate your scheduled days off in the appropriate row (X – Z) and column (day):
- 3/36 – Work 3 days/12 hours each day – Place two checkmarks in row X for the two days you were off
 - 4/40 – Work 4 days/10 hours each day - Place one checkmark in row Y for the one day you were off
 - 9/80 – Work 9 days/80 hours - Place one checkmark in row Z for the one day you were off

- *Per California Penal Code sección 637.6, esta información sera usada solamente para informes de compartimentos de paseos. Domicilio se mantendrá confidencial.

INSTRUCCIONES PARA COMPLETAR LA ENCUESTA SOBRE LA TRANSPORTACION PARA TRABAJADORES QUE VIAJAN DIARIAMENTE

La siguiente información es requerida para completar la encuesta:

- Lado 1 **Apellido, Nombre** (o Inicial)
Lado 1 **Zona Postal** de su domicilio
Lado 2 Indique **la hora que comenzó el trabajo** cada día de la semana designada en la encuesta y haga un círculo alrededor de **a.m. o p.m.**, cual sea adecuado. **Para días de descanso, indique la hora que típicamente comienza a trabajar.**
Lado 2 Ponga solamente una marca en la columna adecuada para indicar el modo de transportación usado (Filas A-W), Días de descanso comprimidos (Filas X-Z, si son pertinentes), u Otros Días de Descanso (Filas AA-CC, si son pertinentes). Solamente deben haber cinco (5) marcas en este formulario, una marca por cada día de semana de trabajo.
Lado 2 **Firma y fecha**

Además de la información previa, la siguiente información es requerida si quiere ser incluido/a en el programa de ridematching y para recibir el RideGuide, una lista personalizada de recursos que están disponibles para trabajadores que viajan diariamente al igual que información sobre iniciativas para compañías para uso regular o de emergencia.

- Lado 1 **La Intersección Mayor más Cercana a su Domicilio**
Lado 1 **Número Telefónico de Contacto** (de domicilio o de trabajo)
Lado 1 **¿Cuál es su horario típico de trabajo?**
Lado 1 En la pregunta número 9, marque una casilla para indicar si quisiera recibir **información gratuita y personalizada sobre alternativas para trabajadores que viajan diariamente**

Definiciones

- Personas en Vehículo** Número de personas compartiendo su viaje al trabajo por más de 50% del viaje (incluyendo niños, personas que lleva y deja, o parejas trabajando o no trabajando)
- Días No-Viajeros** Trabajó para su compañía pero no viajó hacia el ni desde el trabajo, uno o más días, ya que:
- Se quedó la noche en el trabajo (como los bomberos, empleados de hospitales, etc.)
 - Trabajó fuera de la autoridad de SCAQMD (La autoridad de SCAQMD incluye: porciones del condado de Los Angeles no-desierto, porciones del condado de San Bernardino no-desierto, todo el condado de Orange y todo el condado de Riverside)
- Días de Descanso Comprimidos** Si Ud. trabajó una semana comprimida y tuvo un(os) día(s) de descanso durante la semana de la encuesta, indique su(s) día(s) de descanso en la fila (X-Z) y bajo la columna (día) adecuadas:
- 3/36 – Trabaja 3 días/12 horas cada día – Ponga dos marcas en la fila X para los dos días que descansó
 - 4/40 – Trabaja 4 días/10 horas cada día – Ponga una marca en la fila Y por el día que descansó
 - 9/80 – Trabaja 9 días/80 horas – Ponga una marca en la fila Z por el día que descansó



Common Survey Errors to Avoid

It is very important to check your Commuter Transportation Survey Forms for completeness and accuracy before you send them to Metro for processing. Survey errors may affect your survey response and lower your AVR. To help ensure that the surveys you send to Metro for processing are as accurate as possible, we have compiled a list of the most common survey errors. Use this list as a guide when reviewing your paper surveys. These tips are listed in the order that they appear on the survey form.

- **Time you Began Work** – Employees must enter the time they began work for each day of the survey week. If the employee is on vacation, out sick or on a regular day off, they should enter the time they would have been scheduled to start if they had worked. Start time errors are treated as drive alone trips. Survey forms without start times on all days will be included in your No Survey Returned (NSR) count.
- **Commuter Mode** – Employees must check ☒ the commuter mode that describes how they arrived at work each day of the survey week. There should be only one checkmark for each day.
- **Noncommuting** – Noncommuting is the “W” row on the survey form. Employees who are not generating a vehicle trip on a given day(s) will place a checkmark in the “W” row for those days that they are not arriving at or leaving the worksite. Examples include employees who may be working outside the South Coast Air Basin (SCAQMD regulated area) on business, firefighters, cruise ship or airline personnel and other types of employees who may stay over at their job during the survey week. The day that the employee arrives at work to leave town or stay over at their job is considered a regular work trip. The day that the employee returns and makes the commute trip home is entered in the “CC” Other Days Off row. The following is an example of Noncommuting:
 - A firefighter drives alone to work on Monday. The Monday column should have a checkmark in the “A” row for Drive Alone.
 - The firefighter remains at work on Tuesday and does not generate a work trip. The Tuesday column should have a checkmark in the “W” row for Noncommuting.
 - The firefighter returns home on Wednesday. The Wednesday column should have a checkmark in the “CC” Other Days Off row.
- **Compressed Work Week Day(s) Off** – The Compressed Work Week checkmark refers to the day(s) that the employee is off, not the days that they work. Employees working a 3/36 work schedule should mark no more than 2 days in the “X” row. Employees working a 4/40 or a 9/80 schedule should mark only one day in the “Y” or “Z” row. Entering this information incorrectly causes the survey to be in error.
- **Signature and Date** – The SCAQMD requires employees to sign and date their completed surveys. If your company is using the electronic survey, employees must enter their Employee ID Number on the electronic survey as a proxy for their signature. The Employee ID Number must be a unique identifier that can be tracked to an individual employee. If you are conducting a combination of electronic and paper surveys, the Employee ID Number must also be included on the paper surveys. This ensures that no employee is surveyed twice.

Paper Survey Checklist

- ☐ Distribute survey forms to all employees.
- ☐ Monitor participation to guarantee a minimum response rate of 60%, but strive for a 90% response rate to ensure an optimal AVR. If your company's response rate is between 60% and 89%, non-returned surveys or surveys with missing information will be counted as No Survey Response/Drive Alone, and may negatively impact your company's AVR. A 90% response rate or higher ensures that non-responses will be reported in the "other" category and will not impact your AVR.
- ☐ Separate survey forms from internal cover sheets. Remove all staples.
- ☐ Review each survey for completeness and accuracy.
- ☐ Make sure forms are completed in ink. – no felt-tip pens.
- ☐ Make sure employees do not use military time on their surveys.
- ☐ Bundle or band your survey forms in increments of 50. Do not use paper clips, as they may fall off during shipping.
- ☐ Complete the Paper Survey Processing Request (sample on page 8). Don't forget to complete question #14 (enter the number of bundles of 50 surveys; the number of additional surveys; and the total number of surveys submitted).
- ☐ Make copies of your completed survey forms for your files before sending the originals to Metro Commute Services for processing.
- ☐ Send completed survey forms, Paper Survey Processing Request and return shipping labels to Metro Commute Services via registered mail, UPS, FED EX, or other trackable method. Remember, survey batches submitted without a Paper Survey Processing Request cannot be processed.

Once you have checked ☒ all the items listed above, please deliver your completed package to:

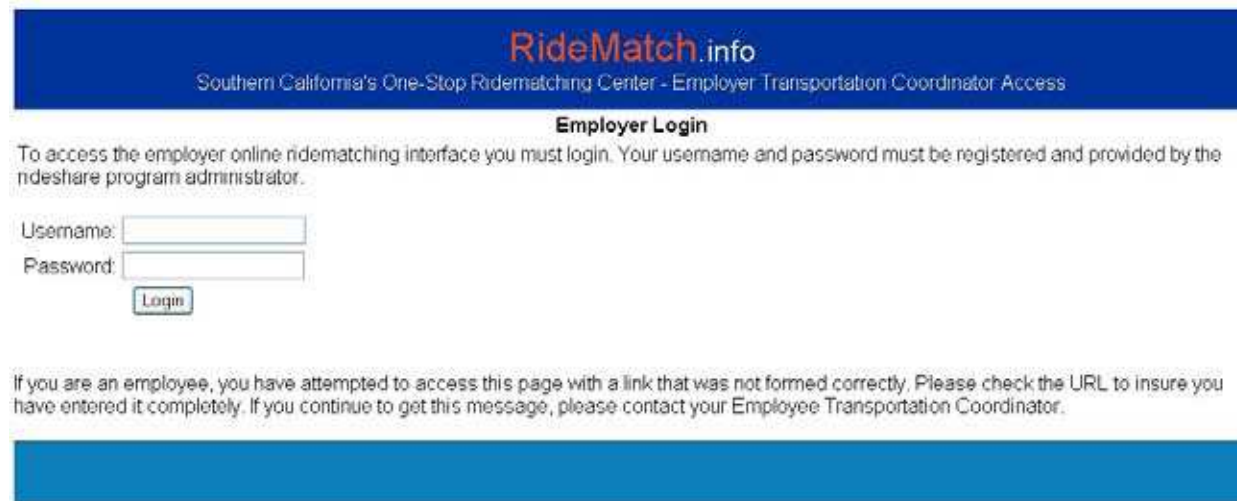
**Metro Commute Services,
One Gateway Plaza, 99-19-05
Los Angeles, CA 90012-2952**

Your company's processed survey forms will be returned to you within four to six weeks of receipt by Metro Commute Services.

To Access the ETC login page go to the following link:

<https://www.ridematch.info/employ.asp>

This is the screen that will appear...



Enter your username and password and then click Login.



The next screen that appears will be the menu screen:

- [Find Commuters by Company](#)
- [Find Commuters by CommuterID](#)
- [Find Commuters by Name](#)
- [Find Commuters by Date](#)
- [Add Commuters by Company](#)
- [Get AVR Summaries](#)
- [Logout](#)

Choose "Get AVR Summaries" by clicking on it once.

Restricted Access - ETC Only - Microsoft Internet Explorer

Address: <https://www.ridematch.info/ridepro3employerinterface.asp?rp3Action=GetAVRSummary>

RideMatch.info

Southern California's One-Stop Ridematching Center - Employer Transportation Coordinator Access

- Find Commuters by Company
- Find Commuters by CommuterID
- Find Commuters by Name
- Find Commuters by Date
- Add Commuters by Company
- Get AVR Summaries
- Logout

AVR Summaries

The program administrator has provided access for the following site groups:

AVR Summary Records for year: 2007

Site Group Name:	2007 Metro Test Site	Owning Agency:	LAMTA
Survey Start Date:	1/8/2007	Survey End Date:	1/12/2007
Survey Type:	Arrive Time	Survey Period Type:	Five Day
Survey Collection Start Date:	1/10/2007	Survey Collection End Date:	3/1/2007
Start Window:	6:00 am	End Window:	10:00 am
Current AVR	0	AVR Target:	15
Expected Employees in Window:	189	Actual Employees in Window:	0
Survey Year:	2007	Number Returned:	0
No Response:		Survey Errors:	0

AVR Results:

[View AVR Verification Process \[printer friendly version\]](#)
[View Weekly Employee Survey Summary \[printer friendly version\]](#)
[Off Peak Weekly Employee Survey Summary \[printer friendly version\]](#)
[View Vehicle Calculation \[printer friendly version\]](#)
[Off Peak View Vehicle Calculation \[printer friendly version\]](#)
[View AVR Planning \[printer friendly version\]](#)
[Off Peak AVR Planning \[printer friendly version\]](#)

Sites in Group:

Metro Test Site (260001) [\[View Existing Surveys\]](#) [\[Survey Collection Count\]](#) [\[Add New Surveys\]](#)

Survey Collection Link: <https://www.ridematch.info/ridepro3employerinterface.asp?rp3Action=ClientCollection&C=D&SummaryId=10723&CompanyCode=260001&FD=True&AD=1>

The first section, titled “AVR Summary Records for year: 2007”, is your latest survey information. It contains the information you supplied on the Electronic Survey Processing Form. If you scroll down and see other years, that means that you or a former ETC used Metro’s electronic survey in the past. The current and two previous years’ AVR Summary Records are retained on this site.

The second section, titled “AVR Results”, provides links to your AVR survey reports (once your survey has been run).

The third section, titled “Sites in Group”, provides access to view existing surveys, access to survey collection counts, and the ability for you, as ETC, to add data from paper surveys.

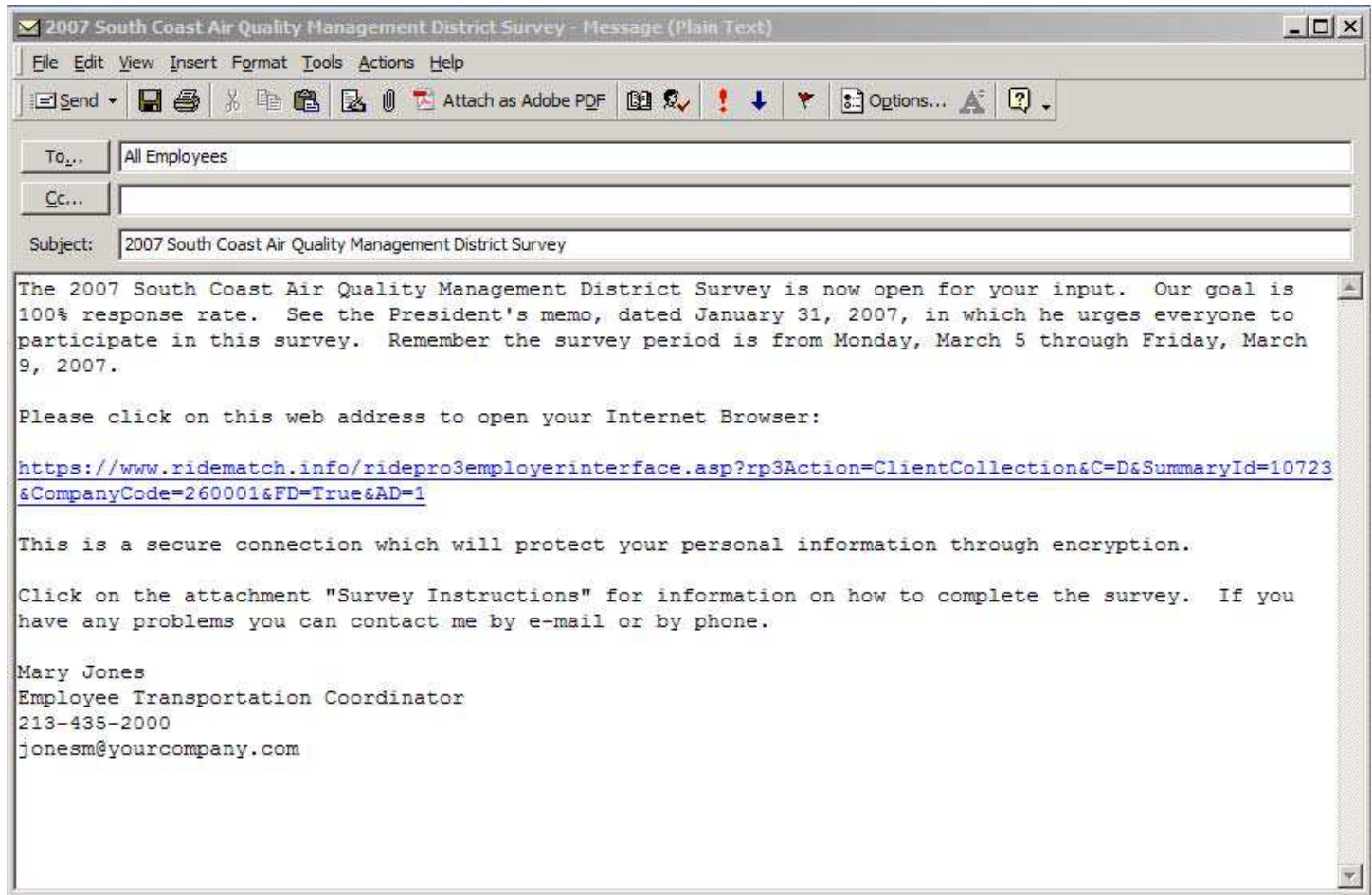
To run your electronic survey, send an e-mail message to your employees, providing them with the survey collection link (include any special instructions).

Survey Collection Link: <https://www.ridematch.info/ridepro3employerinterface.asp?rp3Action=ClientCollection&C=D&SummaryId=10723&CompanyCode=260001&FD=True&AD=1>

- On the AVR Summary Records page, scroll down to the section labeled **Sites in Group**
- Highlight the entire **Survey Collection Link**

- This is a unique link for your company site and if part of the link is missing, the survey will not be accepted
- Copy and paste the link into an e-mail for your employees
 - When you initially paste the link, it will appear in black with no underline. Then, when you press return, the pasted link will be underlined and the color will change. If it does not, the link is not active. If this happens, check to see if you are still connected to the Internet. Then, try copying and pasting it again

Here is an example of an e-mail message to employees. Use the example to create a similar e-mail message appropriate for your company.



The next page shows how the survey will look when the employee clicks on the link.

This is the screen that will appear when the employee clicks on the Survey Collection Link and presses Enter. Your employer name will appear in red, where you see Metro Test Site

RideMatch.info
California's One-Stop Ridematching Center - AVR Online Survey Collection

Please complete the following form. All fields marked with a red asterisk (*) are required and may not be omitted. For inclusion in the rideshare matching program and incentives offered by your employer, please complete the entire form.

If you are not an employee of **Metro Test Site (260001)** please close this form and contact your Employee Transportation Coordinator for further instructions.

Step 1: Name

First Name:*
Last Name:*
Middle Initial:
Employee ID: (required)*

Step 2: Home Address *

(Address is confidential per state law)

Address (street number & name):
Second Address Line (Apt# etc.):
City:
State:
Zip Code:(required)*
Home Cross Street:

Step 3: Phone Number

Area Code, Phone Number and ext.:
This is my

Step 4: Work Hours and Commute Information

Department:
Typical Commute Mode:
Estimated One-Way Miles to Work:
Typical Work Hours:
If your work hours vary from day to day please check here:
If you have up to one hour flexibility in your start and leave times, please check here:

Step 5: Survey Form*

This section must be completed in full!

Instructions: Please select a time and mode for each day that appears below. You should fill out the time you began work.

Day	Date	Mode	Time You Began Work
Monday	1/8/2007		
Tuesday	1/9/2007		
Wednesday	1/10/2007		
Thursday	1/11/2007		
Friday	1/12/2007		

Step 6: Commuter Information

Which of the two free information options below would you like to receive as a result of completing this survey?

☐ RideGuide: A personalized matchlist including contact information for people like you who are interested in carpooling or vanpooling, and which also includes general commuter information for Metrolink, public bus, park and ride locations, and helpline information.*
OR
☐ RideSmart Tips: Basic commuter information about ridesharing, Metrolink, public bus, park and ride locations, and helpline information.

Submit Form Reset to Blank Form

* Per California Penal Code section 637.6, this information will only be used for ridesharing purposes. Home addresses are never disclosed. Regional ridematching services are offered by a joint partnership of a four county region: Los Angeles County Metropolitan Transportation Authority, Orange County Transportation Authority, Riverside County Transportation Commission and San Bernardino Associated Governments.

- Each employee may complete only one survey
- Beginning the last day of the survey week, the electronic survey will be available for employee data input. Employees may only fill out the survey at the end of the survey week or later. The survey may not be filled out on a day-to-day basis
- All mandatory fields appear with red asterisks (*) next to them. They must be completed, and may not be omitted. The mandatory fields are:
 - **Step 1: Name**
 - First Name
 - Last Name
 - Employee ID
 - The **Employee ID** should be a unique identifier traceable to a particular employee. For example, Badge Number or Payroll ID can be used as the Employee ID.
 - **Step 2: Home Address**
 - Zip Code
 - **Step 5: Survey Form**
 - Entire section must be completed
- To obtain a **RideGuide**, in addition to the mandatory fields above, at a minimum employees must complete:
 - **Step 2: Home Address**
 - Home Cross Street
 - **Step 3: Phone Number**
 - Either work or home number
 - **Step 4: Work Hours and Commute Information**
 - Typical Work Hours
 - **Step 6: Commuter Information**
 - Place a checkmark in the RideGuide box
- Once all the information is completed, employees must click on the “**Submit Form**” button to transmit their survey information. If the survey was completed correctly, they will receive the following message:

RideMatch.info

California's One-Stop Ridematching Center - AVR Online Survey Collection

Thank you for completing the AVR Survey. Please close your browser.

- If the employee closes the web browser at any time prior to clicking the “**Submit Form**” button, all information will be lost
- Employees must close the browser after the survey is completed and the **Submit Form** button has been pressed. If employees are sharing a computer to complete their surveys, each employee must close the browser after completing their individual surveys, otherwise the original survey will be written over and the information will be lost
- If an employee misses some information or fills out the **Step 5 Survey Form** (AVR section) incorrectly, the survey will be returned to the employee with an error message stating the problem. If the error is not corrected and resubmitted, their survey will not be accepted and their information will not be included in your company's AVR

Please complete the following form. All fields marked with a red asterisk (*) are required and may not be omitted. For inclusion in the rideshare matching program and incentives offered by your employer, please complete the entire form.

If you are not an employee of **Metro Test Site (260001)** please close this form and contact your Employee Transportation Coordinator for further instructions.

Please complete times for the following days:

- Mon Start time

Step 1: Name

First Name:*

Last Name:*

Middle Initial:

Employee ID: (required)*

Step 2: Home Address *(Address is confidential per state law)

Address (street number & name):

Second Address Line (Apt# etc.):

City:

State:

Zip Code:(required)*

 -

Home Cross Street:

 and

When the employee corrects the errors and clicks the “ Submit Form” button. The “Thank you for completing the AVR Survey” message will appear.

AVR Summaries
The program administrator has provided access for the following site groups:

AVR Summary Records for year: 2007

Site Group Name:	2007 Metro Test Site	Owning Agency:	LAMTA
Survey Start Date:	1/8/2007	Survey End Date:	1/12/2007
Survey Type:	Arrive Time	Survey Period Type:	Five Day
Survey Collection Start Date:	1/10/2007	Survey Collection End Date:	3/1/2007
Start Window:	6:00 am	End Window:	10:00 am
Current AVR:	0	AVR Target:	1.5
Expected Employees in Window:	189	Actual Employees in Window:	0
Survey Year:	2007	Number Returned:	0
No Response:		Survey Errors:	0

AVR Results:

[View AVR Verification Process](#) [\[printer friendly version\]](#)
[View Weekly Employee Survey Summary](#) [\[printer friendly version\]](#)
[Off Peak Weekly Employee Survey Summary](#) [\[printer friendly version\]](#)
[View Vehicle Calculation](#) [\[printer friendly version\]](#)
[Off Peak View Vehicle Calculation](#) [\[printer friendly version\]](#)
[View AVR Planning](#) [\[printer friendly version\]](#)
[Off Peak AVR Planning](#) [\[printer friendly version\]](#)

Sites in Group:

Metro Test Site (260001)

[\[View Existing Surveys\]](#) [\[Survey Collection Count\]](#) [\[Add New Surveys\]](#)

Survey Collection Link: <https://www.ridematch.info/ridepro3employerinterface.asp?rp3Action=ClientCollection&C=D&SummaryId=10723&CompanyCode=260001&FD=True&AD=1>

To search for a specific AVR Survey enter the first few letters of the employee's last name. You may also enter the first few letters of the first name. Alternately you can search by employee id or department, by entering the complete employee id or the first few letters of the department name.

last name: <input style="width: 80%;" type="text"/> first name: <input style="width: 80%;" type="text"/> <div style="text-align: center; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Find Surveys by Name</div>	Employee ID: <input style="width: 80%;" type="text"/> <div style="text-align: center; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Find Surveys by Employee ID</div>	Department: <input style="width: 80%;" type="text"/> <div style="text-align: center; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Find Surveys by Department</div>
---	--	--

After the survey week is completed, and during the survey collection period, you will be able to view your survey entries in progress. Go to the third section of the **AVR Summary Records** titled, “**Sites in Group.**”

- Click on [View Existing Surveys](#) to receive a list of **Surveys by Name**, **Surveys by Employee ID**, or **Surveys by Department** that you may view or edit
- For example, if you type in the last name of the employee and press **Find Surveys by Name**, every survey that has been submitted with that last name will appear
- Once you have identified what you are looking for, highlight either [Edit](#) or [View](#), and you will have access to view or edit that person’s information as needed
- Press the **Submit** button to complete the task

After the survey week is completed and the reports have been compiled, the items in the **AVR Results** section will be available to preview. Here are some of the items you can click on:

- [View Weekly Employee Survey Summary](#) to preview a report of employee trips by commute mode
- [View Vehicle Calculation](#) to preview the total number of vehicles arriving at your worksite during the survey period
- [View AVR Planning](#) to preview AVR results

Metro will provide you with a faxed copy of the reports (in the proper format) that you will need to include in your SCAQMD Rule 2202 Program.

Electronic Survey Process

Frequently Asked Questions

Here are a few questions that have been asked regarding the electronic-Survey. If you have any further questions, please do not hesitate to contact your representative for help.

1. Can I access the survey from any computer?

Yes. The survey is conducted over the Internet so any computer with an Internet connection can reach the survey.

2. Can I use any browser to access the survey?

Yes, but it must be an updated version of the browser. Our survey can be used with Internet Explorer, Netscape Navigator, Opera, Firefox and Mozilla, but not Apple Mac's Safari.

3. What information on the survey is required?

Per instructions from the South Coast Air Quality Management District, the required elements are: First and Last name, Employee ID, Zip Code and your commute information for the survey week. Those areas are marked with an asterisk on the survey so you will know they must be filled in.

4. Why do my employees have to provide an Employee ID?

On a paper survey there is a line for the employee's signature that ties them to that survey. On the e-Survey there is no way to include a signature so the SCAQMD allows the Employee ID to be used as the signature that will tie that survey to the employee.

5. Can I use any number for the Employee ID?

Yes, but it must be unique. No two employees can have the same ID number. If your employees have an ID it is best to use it. You are allowed to create unique numbers for the employees if the number can be tied back to the specific employee at any time.

6. Do I have to provide my home address?

No. If you want to be matched for a carpool or vanpool then you must at least include your cross streets. If you are not looking for matching results then you do not have to provide your address.

7. Why am I required to put times in for my days off?

The SCAQMD requires that a time be entered for every commute mode, even the modes that signify your days off. If you do not enter a time, the survey will not be accepted until you do.

8. Can employees use the same computer to complete the survey?

Yes, but they must close the browser after each submission to clear the cache. If they do not clear the browser then they will write over the survey from the previous employee.

Electronic Survey Process Frequently Asked Questions

9. Why can't I enter my commute information daily?

The survey is designed to have all commute information collected after the survey week is over. There can be only one survey per person and if you were to enter it daily, there would be five surveys per person and that would throw off the AVR calculations.

10. Can the survey be customized for my company?

No. The survey is generic and is used by Los Angeles County, Orange County, Riverside County and San Bernardino County. If changes were to be made to the survey it would affect all four counties.

OUTPUT REPORTS

Site Group Name Edwards.com Hq-100001

Worksites in this Site Group:

100001: Edwards.com Hq

Survey Type and Options:

- Five Day Survey
- Employee ID Required During Survey Collection
- Peak Report
- Arrival Time Survey

Survey Data:

Survey Year 2006

Owning Agency LAMTA

Survey Start Date 12/11/2006

Survey End Date 12/15/2006

AVR Target	1.50
Total Employees	300
Expected Employees in Window	300
Actual Employees in window	218
Actual Surveys Returned	222
Percent Returned	73%
No Response	82
Last Import Date	

Total Errors On All Surveys Returned 0

Note: Total includes all submitted errors in count;
In the case of 7-day survey this number includes those that may not appear on the following reports.

Off Peak Report Not Run

Section IV - Employee Commute Reduction Program (ECRP) Option

Section IV-1. AVR Verification Process

A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument. See Rule 2202 - Employee Commute Reduction Program Guidelines for additional information.

☒

District Approved AVR Survey

(If selected, complete Section B. The 7-day survey form is available on our Website at www.aqmd.gov/trans.)

☐

Other

(Alternative methods require prior AQMD approval; e.g., Random Sample, or Record-Keeping)

Certification Number: **RK-060607**

Date: **June 7, 2006**

B. District Approved AVR Survey

Survey Week:

First day of survey

12/ 11/ 2006

Last day of survey

12/ 15/ 2006

Survey Response Rate (Peak Window)

Number of surveys returned from employees reporting to work within the designated peak window.

218

divided by

Total number of employees reporting to work within the designated peak window.

300

equals

Survey response rate (60% minimum response rate required.)

72.7%

NOTE: This number cannot be greater than 100% .

Survey Response Rate (Off-Peak Period, if applicable)

NOTE: Reporting Off-Peak data is optional. See ECRP Guidelines for additional information.

Number of surveys returned from employees reporting to work during the off-peak period.

Total number of employees reporting to work during the off-peak period.

Survey response rate (60% minimum response rate required.)

divided by

equals

Specific location where AVR verification data are stored at your worksite

C. Police/ Sheriff/ Federal Field Agents Exclusion

If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, please indicate the total number of agents excluded:

Note: Partially surveying these employees is not acceptable

Site Group Name: Edwards.com Hq-100001

Section IV-1: D. Weekly Employee Survey Summary Form (Peak)

See Instructions on Page 9.

Percent Response: 72.7%

Summarize the commute modes of employees reporting to work within the standard 6-10 a.m., Mon-Fri window only.
Days of the Week: _____ Hours: _____ through: _____
If different than Monday through Friday, and/or 6:00 AM to 10:00 AM, identify the 5 consecutive days and/or the 4 consecutive hours above

Mode	Mon	Tue	Wed	Thu	Fri	Total
NSR. No Survey Response (60-89%)	82	82	82	82	82	410
Surveys With Errors	0	0	0	0	0	0
A. Drive Alone	160	144	150	151	147	752
B. Motorcycle	3	2	3	3	4	15
C. 2 persons in vehicle	13	18	21	21	18	91
D. 3 persons in vehicle	1	4	2	6	1	14
E. 4 persons in vehicle	2	1	2	0	2	7
F. 5 persons in vehicle	1	1	1	1	2	6
G. 6 persons in vehicle	2	2	2	1	0	7
H. 7 persons in vehicle	0	0	0	0	0	0
I. 8 persons in vehicle	0	0	0	0	0	0
J. 9 persons in vehicle	0	0	0	0	0	0
K. 10 persons in vehicle	0	0	0	0	0	0
L. 11 persons in vehicle	0	0	0	0	0	0
M. 12 persons in vehicle	0	0	0	0	0	0
N. 13 persons in vehicle	0	0	0	0	0	0
O. 14 persons in vehicle	0	0	0	0	1	1
P. 15 persons in vehicle	0	0	0	0	0	0
Q. Bus	2	2	1	2	2	9
R. Rail/plane	0	0	0	0	0	0
S. Walk	6	7	6	6	5	30
T. Bicycle	4	4	3	4	3	18
U. Electric Vehicle	0	0	0	0	0	0
V. Telecommute	5	7	4	6	10	32
W. Noncommuting	5	7	7	5	4	28
Compressed Work Week Day(s) Off						
X. 3/36 work week	0	0	0	0	0	0
Y. 4/40 work week	0	0	0	0	0	0
Z. 9/80 work week	0	0	0	0	0	0
Other Days Off						
AA. Vacation	7	8	6	5	11	37
BB. Sick	3	2	0	0	1	6
CC. Regular Day Off, Jury Duty, etc.	4	9	10	7	7	37
DD. NSR (90% or higher response)	0	0	0	0	0	0
OO. Off-Peak Trips (mixed schedule)	0	0	0	0	0	0
Daily Totals	300	300	300	300	300	1500

Section IV-1 (cont): E. Weekly Employee/ Vehicle Calculation (Peak)**Weekly Employee Trips****Weekly Vehicle Trips**

Mode	Column I		Column II
NSR. No Survey Returned (if 60%-89%)	410	NSR. divided by 1	410.00
Survey Errors	0	Survey Errors divided by 1	0.00
A. Drive Alone	752	A. divided by 1	752.00
B. Motorcycle	15	B. divided by 1	15.00
C. 2 persons in vehicle	91	C. divided by 2	45.50
D. 3 persons in vehicle	14	D. divided by 3	4.67
E. 4 persons in vehicle	7	E. divided by 4	1.75
F. 5 persons in vehicle	6	F. divided by 5	1.20
G. 6 persons in vehicle	7	G. divided by 6	1.17
H. 7 persons in vehicle	0	H. divided by 7	0.00
I. 8 persons in vehicle	0	I. divided by 8	0.00
J. 9 persons in vehicle	0	J. divided by 9	0.00
K. 10 persons in vehicle	0	K. divided by 10	0.00
L. 11 persons in vehicle	0	L. divided by 11	0.00
M. 12 persons in vehicle	0	M. divided by 12	0.00
N. 13 persons in vehicle	0	N. divided by 13	0.00
O. 14 persons in vehicle	1	O. divided by 14	0.07
P. 15 persons in vehicle	0	P. divided by 15	0.00
Q. Bus	9	Q. Bus	0.00
R. Rail/plane	0	R. Rail/plane	0.00
S. Walk	30	S. Walk	0.00
T. Bicycle	18	T. Bicycle	0.00
U. Electric Vehicle	0	U. Electric Vehicle	0.00
V. Telecommute	32	V. Telecommute	0.00
W. Noncommuting	28	W. Noncommuting	0.00
Compressed Work Week Day(s) Off		TV. Total Vehicles (NSR through P.)	1231.36
X. 3/36 work week	0		
Y. 4/40 work week	0	* DD: No Survey Response for employers	
Z. 9/80 work week	0	that have achieved a 90% or higher survey	
ET Employee Trips (total NSR thru Z)	1420	response rate.	
Other Days Off			
AA. Vacation	37		
BB. Sick	6		
CC. Regular Day Off, Jury Duty, etc.	37		
*DD. NSR (90% or higher)	0		
EE. Total (ET + AA + BB + CC + DD)	1500		
FF. Number of employees in window	300		
GG. Multiply box FF by 5	1500		

Note: Numbers in boxes EE & GG must be the same.

Section IV-1: (cont.) AVR Planning Form (Peak)

- | | | |
|---|----|---------|
| 1. Total employee trips generated within window. (Section IV-1-E Line ET) | 1. | 1420 |
| 2. Total vehicles arriving at the worksite within the window (Section IV-1-E, Line TV) | 2. | 1231.36 |
| 3. Divide line # 1 of this page by line # 2 of this page for current AVR | 3. | 1.153 |
| 4. Enter AVR performance zone here (1.3, 1.5, or 1.75). To determine correct performance zone refer to map on Appendix B. | 4. | 1.50 |
| 5. AVR of last submittal. | 5. | _____ |
| 6. Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete the corresponding Appendix(ces). | 6. | _____ |

☐**Off-Peak Credits (Complete Appendix C)**☐**Reduced Staffing (Complete Appendix D)**☐**Non-Regulated Sites (Complete Appendix E)**☐**Multiple Adjustment Worksheet (Complete Appendix F)**

Site Group Name Hills Creek Medical Center- 100011

Worksites in this Site Group:

100011: Hills-Creek Medical Ctr.

Survey Type and Options:

- Five Day Survey
- Employee ID Not Required During Survey Collection
- Peak Report
- Arrival Time Survey

Survey Data:

Survey Year 2006

Owning Agency LAMTA

Survey Start Date 10/30/2006

Survey End Date 11/03/2006

AVR Target	1.50
Total Employees	7037
Expected Employees in Window	5305
Actual Employees in window	5282
Actual Surveys Returned	6698
Percent Returned	100%
No Response	23
Last Import Date	01/24/2007

Total Errors On All Surveys Returned 179

Note: Total includes all submitted errors in count;
In the case of 7-day survey this number includes those that may not appear on the following reports.

Off Peak Report Not Run

Section IV - Employee Commute Reduction Program (ECRP) Option

Section IV-1. AVR Verification Process

A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument. See Rule 2202 - Employee Commute Reduction Program Guidelines for additional information.

<input checked="" type="checkbox"/>	District Approved AVR Survey (If selected, complete Section B. The 7-day survey form is available on our Website at www.aqmd.gov/trans .)
<input type="checkbox"/>	Other (Alternative methods require prior AQMD approval; e.g., Random Sample, or Record-Keeping)

Certification Number: **RK-060607**

Date: **June 7, 2006**

B. District Approved AVR Survey

Survey Week:

First day of survey

10/ 30/ 2006

Last day of survey

11/ 03/ 2006

Survey Response Rate (Peak Window)

Number of surveys returned from employees reporting to work within the designated peak window.

Total number of employees reporting to work within the designated peak window.

Survey response rate (60% minimum response rate required.)

5282

divided by

5305

equals

99.6%

NOTE: This number cannot be greater than 100% .

Survey Response Rate (Off-Peak Period, if applicable)

NOTE: Reporting Off-Peak data is optional. See ECRP Guidelines for additional information.

Number of surveys returned from employees reporting to work during the off-peak period.

Total number of employees reporting to work during the off-peak period.

Survey response rate (60% minimum response rate required.)

divided by

equals

Specific location where AVR verification data are stored at your worksite

C. Police/ Sheriff/ Federal Field Agents Exclusion

If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, please indicate the total number of agents excluded:

Note: Partially surveying these employees is not acceptable

Site Group Name: Hills Creek Medical Center- 100011

Section IV-1: D. Weekly Employee Survey Summary Form (Peak)

See Instructions on Page 9.

Percent Response: 99.6%

Summarize the commute modes of employees reporting to work within the standard 6-10 a.m., Mon-Fri window only.
Days of the Week: _____ Hours: _____ through: _____
If different than Monday through Friday, and/or 6:00 AM to 10:00 AM, identify the 5 consecutive days and/or the 4 consecutive hours above

Mode	Mon	Tue	Wed	Thu	Fri	Total
NSR. No Survey Response (60-89%)	0	0	0	0	0	0
Surveys With Errors	39	31	26	38	45	179
A. Drive Alone	2953	2915	2942	2892	2828	14530
B. Motorcycle	28	34	25	34	34	155
C. 2 persons in vehicle	729	730	715	731	697	3602
D. 3 persons in vehicle	92	103	106	92	88	481
E. 4 persons in vehicle	21	25	25	27	24	122
F. 5 persons in vehicle	9	10	10	8	9	46
G. 6 persons in vehicle	6	5	4	5	5	25
H. 7 persons in vehicle	12	13	14	11	11	61
I. 8 persons in vehicle	18	13	13	18	16	78
J. 9 persons in vehicle	9	6	6	6	8	35
K. 10 persons in vehicle	5	8	7	6	5	31
L. 11 persons in vehicle	26	28	28	27	25	134
M. 12 persons in vehicle	3	3	3	3	2	14
N. 13 persons in vehicle	1	1	1	1	1	5
O. 14 persons in vehicle	0	0	0	0	0	0
P. 15 persons in vehicle	3	6	5	5	3	22
Q. Bus	256	264	275	255	251	1301
R. Rail/plane	22	21	24	25	23	115
S. Walk	102	95	100	93	89	479
T. Bicycle	27	27	26	27	25	132
U. Electric Vehicle	4	3	4	4	4	19
V. Telecommute	12	9	12	12	10	55
W. Noncommuting	12	9	12	7	14	54
Compressed Work Week Day(s) Off						
X. 3/36 work week	163	203	183	215	211	975
Y. 4/40 work week	39	24	45	47	80	235
Z. 9/80 work week	5	3	5	3	16	32
Other Days Off						
AA. Vacation	148	145	130	119	149	691
BB. Sick	92	88	86	72	71	409
CC. Regular Day Off, Jury Duty, etc.	446	460	450	499	538	2393
DD. NSR (90% or higher response)	23	23	23	23	23	115
OO. Off-Peak Trips (mixed schedule)	0	0	0	0	0	0
Daily Totals	5305	5305	5305	5305	5305	26525

Section IV-1 (cont): E. Weekly Employee/ Vehicle Calculation (Peak)**Weekly Employee Trips****Weekly Vehicle Trips**

Mode	Column I		Column II
NSR. No Survey Returned (if 60%-89%)	0	NSR. divided by 1	0.00
Survey Errors	179	Survey Errors divided by 1	179.00
A. Drive Alone	14530	A. divided by 1	14530.00
B. Motorcycle	155	B. divided by 1	155.00
C. 2 persons in vehicle	3602	C. divided by 2	1801.00
D. 3 persons in vehicle	481	D. divided by 3	160.33
E. 4 persons in vehicle	122	E. divided by 4	30.50
F. 5 persons in vehicle	46	F. divided by 5	9.20
G. 6 persons in vehicle	25	G. divided by 6	4.17
H. 7 persons in vehicle	61	H. divided by 7	8.71
I. 8 persons in vehicle	78	I. divided by 8	9.75
J. 9 persons in vehicle	35	J. divided by 9	3.89
K. 10 persons in vehicle	31	K. divided by 10	3.10
L. 11 persons in vehicle	134	L. divided by 11	12.18
M. 12 persons in vehicle	14	M. divided by 12	1.17
N. 13 persons in vehicle	5	N. divided by 13	0.38
O. 14 persons in vehicle	0	O. divided by 14	0.00
P. 15 persons in vehicle	22	P. divided by 15	1.47
Q. Bus	1301	Q. Bus	0.00
R. Rail/plane	115	R. Rail/plane	0.00
S. Walk	479	S. Walk	0.00
T. Bicycle	132	T. Bicycle	0.00
U. Electric Vehicle	19	U. Electric Vehicle	0.00
V. Telecommute	55	V. Telecommute	0.00
W. Noncommuting	54	W. Noncommuting	0.00
Compressed Work Week Day(s) Off		TV. Total Vehicles (NSR through P.)	16909.85
X. 3/36 work week	975		
Y. 4/40 work week	235	* DD: No Survey Response for employers	
Z. 9/80 work week	32	that have achieved a 90% or higher survey	
ET Employee Trips (total NSR thru Z)	22917	response rate.	
Other Days Off			
AA. Vacation	691		
BB. Sick	409		
CC. Regular Day Off, Jury Duty, etc.	2393		
*DD. NSR (90% or higher)	115		
EE. Total (ET + AA + BB + CC + DD)	26525		
FF. Number of employees in window	5305		
GG. Multiply box FF by 5	26525		

Note: Numbers in boxes EE & GG must be the same.

Section IV-1: (cont.) AVR Planning Form (Peak)

- | | | |
|---|----|----------|
| 1. Total employee trips generated within window. (Section IV-1-E Line ET) | 1. | 22917 |
| 2. Total vehicles arriving at the worksite within the window (Section IV-1-E, Line TV) | 2. | 16909.85 |
| 3. Divide line # 1 of this page by line # 2 of this page for current AVR | 3. | 1.355 |
| 4. Enter AVR performance zone here (1.3, 1.5, or 1.75). To determine correct performance zone refer to map on Appendix B. | 4. | 1.50 |
| 5. AVR of last submittal. | 5. | _____ |
| 6. Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete the corresponding Appendix(ces). | 6. | _____ |

☐

Off-Peak Credits (Complete Appendix C)

☐

Reduced Staffing (Complete Appendix D)

☐

Non-Regulated Sites (Complete Appendix E)

☐

Multiple Adjustment Worksheet (Complete Appendix F)

COMMUTER ID	COMMUTER NAME	HOME CITY	HOME ZIP CODE	HOME AREA CODE	HOME PHONE	WORK PHONE NUMBER	Start Time	END TIME 1	CURRENT TRANS MODE
1359158	Acoba, G	Los Angeles	90041		-	5464	900 A	1000 P	D
1359210	Aguirre, R	Glendale	91205		-	06356	800 A	500 P	C
1359209	Allen, M	Santa Clarita	91387			-	800 A	445 P	R
1359197	Allin, J	Santa Clarita	91350		-	6176	630 A	330 P	D
1359411	Alonso, N	Sylmar	91342			-	900 A	600 P	D
1359208	Alvarado, M	Los Angeles	90065	323		-	800 A	500 P	C
1359436	Andersen, D	West Hollywood	90069	323		-	900 A	700 P	D
1359160	Anumba, F	Castaic	91384		-	6270	830 A	430 P	C
1359216	Anumba, R	Castaic	91384		-	6237	830 A	430 P	C
1359406	Armendariz, E	Los Angeles	90028	323	654-1611	-	800 A	500 P	D
1359205	Arredondo, C		91506		-	-	800 A	500 P	C
1359204	Asfaw, Y	North Hollywood	91606		-	6042	800 A	430 P	D
1359232	Attardo, C	Glendale	91201		-	06174	900 A	530 P	D
1359200	Avakian, S	Glendale	91202	818		-	800 A	500 P	D
1359201	Avena, E	Alhambra	91801		-	6178	800 A	500 P	D
1359202	Baez, Tina.	Burbank	91502		-	729-6430	800 A	500 P	C
1359203	Baikov, Boris	Los Angeles	90046		-	309-7740	800 A	500 P	D
1359218	Balete, Fred	Burbank	91501		-	955-6148	900 A	600 P	C
1359226	Banzuela, Paloma	Los Angeles	90065		-	955-6217	900 A	1000 P	C
1359219	Baptist, Ellen	Reseda	91335	818	41	-	900 A	1000 P	D
1359192	Barbello, Dorothy	Burbank	91506		-	955-6076	700 A	245 P	D
1359220	Barela, Willie	Studio City	91604		-	955-6084	900 A	1000 P	D
1359221	Barlow, Kathy	Pasadena	91103	626	999-9819	-	900 A	1000 P	D

HOME ZIP CODE	COMMUTER ID	COMMUTER NAME	HOME AREA CODE	HOME PHONE	WORK AREA CODE	WORK PHONE NUMBER	Start Time	END TIME 1	CURRENT TRANS MODE
HOME ZIP CODE:		90006							
90006	1359298	Huerta, T		-	818	955-6348	800 A	500 P	D
Totals for HOME ZIP CODE:		90006							
records in group		1							
HOME ZIP CODE:		90016							
90016	1359296	Moore,	-		818	729-6449	800 A	500 P	C
Totals for HOME ZIP CODE:		90016							
records in group		1							
HOME ZIP CODE:		90019							
90019	1359440	Reese, 323		-			930 A	630 P	D
Totals for HOME ZIP CODE:		90019							
records in group		1							
HOME ZIP CODE:		90022							
90022	1359399,		818			955-6081 06081	800 A	500 P	D
Totals for HOME ZIP CODE:		90022							
records in group		1							
HOME ZIP CODE:		90024							
90024	1359349	Richards, Pernell M.	310	-			1000 A	700 P	D
Totals for HOME ZIP CODE:		90024							
records in group		1			42				
HOME ZIP CODE:		90025							



Radius	Dist_Units	Total Employees
5 miles		77
10 miles		87
20 miles		63

Metro Test Site



Destination

Employees

Origin

Highway

Line

5-10-20

Miles

Counties

Cities

Company: Metro Test Site
Company ID: 260001
Population: 246

Map created on: December 8, 2004

Site Group Name:

Year: 2006

Site ID#

Inconsistencies and Invalid Responses Report (Details with Errors and Inconsistencies Only)

Survey Dates: 09/22/2006 - 09/26/2006

Time Window 6:00 AM - 10:00 AM

Name	One Way Miles	Normal Mode	Company Code	Error	Day	Error	Arrive Time	Departure Time	Commute Mode
Albaum,	4	D	196901	x					
					Mon		7:30 A		A
					Tue	x			A
					Wed	x			A
					Thu	x			A
					Fri	x			A
Hsu,	47	D	196901	x					
					Mon		9:00 A		A
					Tue		9:00 A		A
					Wed		9:00 A		A
					Thu	x			A
					Fri		9:00 A		A

USING YOUR INCONSISTENCIES AND INVALID RESPONSES REPORT

The Inconsistencies and Invalid Responses Report provides you with the employee names and specific errors detected during the processing of your paper surveys.

You can avoid an Inconsistencies and Invalid Responses Report by using the Electronic Survey which checks for errors and omissions during the input process. You can also avoid receiving this report by thoroughly checking and correcting paper surveys before sending them to Metro for processing.

▪ What to do When You Receive a Report

The Inconsistencies and Invalid Responses Report will be faxed to you. If you want to correct the errors using RideMatch.info, e-mail your request to garciama@metro.net. Ask her to hold the system for you to input your corrections. Metro will then be able to rerun the AVR Survey Output Reports with those corrections and produce a revised set of reports for you.

▪ Making Corrections

Login to RideMatch.info, click **View Existing Surveys**, then click **Find Surveys by Name** to locate the employee whose record needs correction, highlight the record, then click Edit and proceed to correct the employee record.

Document your survey records to indicate that you made a correction to the employee's record. Continue this process until all the inconsistent and invalid responses are corrected.

GETTING RESULTS

Rule 2202

Good Faith Effort Determination Elements

Employers submitting an annual program, who have not attained their target AVR, must select at least five (5) strategies from each of the following three categories: Marketing Strategies; Basic/Support Strategies; and Direct Strategies. Thus, employers will select and implement a total of at least 15 unique strategies. Employers selecting more than five strategies in any category, shall maintain a record on-site for which five strategies are implemented and shall make records available upon request to SCAQMD personnel.

Marketing Strategies – Must include at least five of the following strategies:

- Attendance at a Marketing Class, at least annually (must submit proof of attendance)
- Direct Communication by CEO, at least annually (written)
- Employer Newsletter, distributed at least quarterly, or Rideshare Website with Notices to Employees, at least quarterly (can use the monthly CommuteSmart News – Employee Edition)
- Employer Rideshare Event(s), at least annually
- Flyer/Announcements/Memo/Letter to Employees, at least quarterly
- New-Hire Orientation, as needed
- Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks
- Rideshare Meetings/Focus Group(s), at least semi-annually
- Other Marketing Strategies which have been approved by the SCAQMD

Basic/Support Strategies - Must include at least five of the following strategies:

- Commuter Choice Programs
- Flex Time Schedules
- Guaranteed Return Trip (sign-up for the regional Guaranteed Ride Home program)
- Personalized Commute Assistance
- Preferential Parking for Ridesharers
- Rideshare Matching Services (RideGuides)
- Transit Information Center
- Other Basic Support Strategies which have been approved by the SCAQMD

Direct Strategies - Must include at least five of the following strategies:

- Auto Services
- Bicycle Program
- Carpool Program
- Compressed Work-Week
- Direct Financial Awards
- Discounted or Free Meals
- Employee Clean Vehicle Purchases
- Gift Certificates
- Off-Peak Rideshare Program
- Parking Charge/Subsidy
- Points Program
- Prize Drawings
- Start-up Incentives
- Telecommuting
- Time-Off with Pay
- Transit Subsidy
- Vanpool Program
- Other Direct Strategies which have been approved by the SCAQMD

Sample Marketing Plan

Compelling employees to give up their solo commute doesn't stop with the completion of the SCAQMD Rule 2202 Employee Commute Reduction Program submittal. Employers who are serious about improving their AVR, develop an annual rideshare marketing plan. This gives them an opportunity to establish goals and objectives for the coming year and provides performance standards, which can be used to evaluate program successes and failures.

- **ONGOING MARKETING EFFORTS**

- Meet with upper management regarding your commute management program. Maintain an ongoing relationship with upper management and report on program successes quarterly
- Establish a monthly column in the company newsletter or distribute the monthly employee version of CommuteSmart News via e-mail
- Distribute flyers on a monthly basis
- Distribute a "vanpool seats available list" monthly, if appropriate
- Participate in new-hire employee orientation meetings and include rideshare information in new-hire packets ("Go Metro to Work-Free"; Metro Rewards, RideGuide)

- **MONTH 1**

- Establish a Transportation Information Center (bulletin board) and update it monthly
- Hold an "Open House" to introduce the new office, services, and personnel to employees – send out invitations to management, and memos to employees
- Establish a pre-commute survey marketing strategy geared at getting a high response rate. Issue a challenge to each department to get a 100% survey return rate. Incorporate a letter from the CEO and offer prizes for the department(s) that returns all survey forms. Organize department or floor "captains" to collect the surveys and ensure that they are filled out correctly and submitted on-time

- **MONTH 2**

- Make presentations at departmental meetings. Report on survey results and programs that are designed to respond to commuters' needs
- Distribute RideGuides at a zip code party (display your Density Map)
- Kick-off preferential parking program for carpoolers and vanpoolers
- Hold a Bike-to-Work Day

- **MONTHS 3 & 4**

- Establish a High Occupancy Vehicle Lane in the cafeteria, which allows ridesharers to get in line first for lunch. Offer ridesharers a free lunch in the cafeteria
- Advertise in the lunchroom with posters, newsletters and memos
- Begin your preparations for California Rideshare Week

- **MONTH 5**

- Host a car/vanpoolers luncheon picnic. Award certificates and t-shirts. Offer a "One Week Free" ride to the group who forms the first new vanpool. Advertise in the company newsletter and by memos

Sample Marketing Plan (Continued)

- **MONTH 6**
 - Organize and publicize the upcoming California Rideshare Week campaign. Contact local merchants and restaurants to donate prizes for that week
 - Provide subsidized monthly or annual transit passes and begin transit pass sales promotion
 - Identify employees and/or departments that might benefit from telecommuting
- **MONTH 7**
 - Host a Transportation Fair in conjunction with California Rideshare Week. Award prizes, certificates, etc. for ridesharers
 - Prepare a brief “State of Rideshare Report” for your boss, demonstrating the effectiveness of your program, plans for next year, and funding requirements
- **MONTHS 8 & 9**
 - Have a drawing for a free turkey or a gift card to reward new carpoolers and vanpoolers, or offer gas cards, periodic free car washes and car detailing
- **MONTH 10**
 - Remind employees about the Guaranteed Ride Home Program available for those employees who share the ride. Use department meetings, a brochure, newsletter, and support memo from CEO to convey the message
- **MONTHS 11 & 12**
 - Review results of various marketing activities for the past year and identify those that have been successful and those that should be changed
 - Begin preparations for annual employee surveys. Consider an anniversary theme for your commute management program