



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF TRANSPORTATION  
REGISTRY OF MOTOR VEHICLES**



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REGISTRAR

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**MREP Quality Assurance Form**

Use additional paper if necessary

Name of School ..... \_\_\_\_\_  
 Address ..... \_\_\_\_\_  
 City or Town ..... \_\_\_\_\_  
 Site Coordinator Name ..... Phone .....  
 RiderCoach 1 ..... RC # .....  
 RiderCoach 2 ..... RC # .....  
 Other Staff (Role) ..... \_\_\_\_\_  
 Date ..... \_\_\_\_\_  
 Time In ..... Time Out .....

<b>CLASSROOM / RANGE</b>	<b>RANGE</b>	<b>CLASSROOM</b>
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Number of students ..... \_\_\_\_\_

Waivers signed .....	Yes	No
Copy of M/C permits .....	Yes	No

**CLASSROOM**

Type of classroom ..... **BRC** ..... **ERC**

Roster .....	Yes	No
Schedule available to students.....	Yes	No

Describe classroom set up ..... \_\_\_\_\_  
 Condition of classroom ..... \_\_\_\_\_  
 Describe Audio Visual Equipment ..... \_\_\_\_\_

Course Materials Present .....	Yes	No
RiderCoach wearing MREP uniform items .....	Yes	No

Describe activities observed ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Emergency plan posted / safety equipment present and working	Yes	No
Restrooms available, clean and working properly .....	Yes	No

