



Department of Transportation

KATHY HOCHUL
Governor

MARIE THERESE DOMINGUEZ
Commissioner

OPERATOR ID 1561

WADE TOURS
797 BURDECK ST.
SCHENECTADY, NY 12306

Dear Motor Carrier:

Enclosed is the annual New York State Department of Transportation Bus Inspection System Operator Profile that summarizes the results of vehicle inspections performed on your fleet by the Department during the last State Fiscal Year (April 1, 2021, to March 31, 2022). For regular inspections, the profile identifies the number and percentage of vehicles that passed or were placed Out-of-Service (OOS) due to one or more OOS defects. It is the Department's continued goal to have all operators pass at least 90% of their scheduled safety inspections. The current statewide average OOS rate is 3.6% (96.4% pass rate).

We congratulate those operators who have achieved the goal of a 90% or greater pass rate. Your commendable performance indicates a strong dedication to safety and a commitment to sound maintenance standards and practices.

Operators who have a passing rate of less than 90%, it is requested that your organization examine the enclosed profile inspection data and immediately update your maintenance program in order to achieve the Department's stated goal. Your Regional Bus Inspection Program Supervisor is available to review the actions being taken and provide assistance, if necessary, to address any needed changes.

For those operators whose OOS rate is 25% or greater and fall under the Department's enforcement program, you will be contacted shortly to address your unacceptable poor performance. Actions include, but are not limited to, civil penalties, unannounced vehicle inspections, denial of B & C privileges, and compliance reviews.

You can find contact information for the Supervising Motor Vehicle Inspector in your area at:
<https://www.dot.ny.gov/divisions/operating/osss/bus/contact-list>

Please visit <https://www.dot.ny.gov/divisions/operating/osss/bus> for program updates.

New York State Department of Transportation
Office of Modal Safety and Security
Passenger Carrier Safety Bureau



Department of Transportation

BUS INSPECTION SYSTEM OPERATOR PROFILE

April 08, 2022
Operator: 01561

Profile Period: 04/01/2021 to 03/31/2022

WADE TOURS
797 BURDECK ST.
SCHENECTADY, NY 12306
Operator Category Status: Preferred

OUT OF SERVICE RATE FOR THE PROFILE PERIOD ABOVE IS:

0.00%

(This rate reflects the results from full and critical item inspections for this operator only. Failed inspections occur when at least one "A" defect is identified)

INSPECTION PERFORMANCE

Inspection Summary of Full and Critical Item Inspections:

	<u>Total</u>	<u>Percent</u>
Inspections:	54	
Passed (With No "A" Defects):	54	100.00%
Failed (With At Least 1 "A" Defect):	0	0.00%

April 08, 2022
Operator: 01561

WADE TOURS

797 BURDECK ST.
SCHENECTADY, NY 12306

Operator Category Status: Preferred

DETAIL SUMMARY

Inspections

	<u>Total</u>
Full Inspection	28
Critical Above	10
Critical Below	16
Re-Inspection	0
Post Accident	0
Fleet	0
Random	0
New in Service	1
Distributor	1
Special	0

Non-Inspection Transactions

	<u>Total</u>
Non Present	0
Temp OOS	0
Perm OOS	2
Certificate Replacement	6
Transfer	0
Misc.	0

DEFECT SUMMARY (Full or Critical Inspections Only)

<u>Item</u>	<u>Total</u>
Maintenance Records	
52.08-1-N BRAKE TEST NOT PERFORMED:DUE TO UNSAFE ROAD CONDITIONS	4
Records Not Presented	0
PMI Exceeded	0
PM Records Incomplete	0
DVIRs Not Presented	0

PLEASE ENTER ANY UPDATED INFORMATION BELOW

NYSDOT OPERATOR INFORMATION SHEET

Date: _____

Company Name: _____ Operator ID: _____

Mailing Address: _____ Physical Address: (if different) _____

Main Contact Name: _____ Title: _____

Phone Number: _____ USDOT #: _____ NYSDOT #: _____

Email Address(es): _____

Type(s) of Service (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> District School Operator | <input type="checkbox"/> District School Contractor |
| <input type="checkbox"/> Private School Operator | <input type="checkbox"/> Private School Contractor |
| <input type="checkbox"/> Municipal Operator | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Loaner Operator | <input type="checkbox"/> Other |

OPERATOR EMERGENCY AFTER HOURS CONTACT

Contact Name: _____ Phone Number: _____