

Safety Inspection Preparation

Here is an outline of the things you will want to have prepared for your US DOT and/or PA PUC safety review.

DQ File For Every Driver – here is a list of the required documents

- Complete *Driver's Application For Employment* – yes, even if you are the owner
- Obtain a copy of your 3 page *Medical Examination Report* to keep in file
- Copy of *Medical Examiners Certificate*
- Signed *Fair Credit Reporting Act Disclosure Statement* – this gives you, the employer, permission from you, the employee, to obtain records about you, the employee.
- Signed *Certification of Compliance With Driver License Requirements*
- Copy of Driver License
- Signed *Request For Check Of Driving Record*
- Copy of MVR (driving record – available from PA DOT or local notary)
PA DOT web for MVR:
<http://www.dot4.state.pa.us/centers/OnlineServicesCenter.shtml>
- *Accident Register* - completed
- Complete and mail *Inquiry To Past Employer* form to prior employers
- Complete *Good Faith Effort Form* – showing that you made an attempt to contact prior employers.
- Complete *Controlled Substances and Alcohol Testing Policy*. Sign page 5 of this form as well.
- Complete *Record Of Road Test* form
- Complete *Passenger Policy* by writing your company name at the top of this form.
- Complete *Policy For Speeding* form by writing your company name at the top.
- Complete *Statement of On Duty Hours* for new hires. This shows hours of service for the new employee for the week prior to you hiring him.

2 Year Date book or other reminder system so that you remember:

- When driver's license expires
- When *Certification of Violations/Annual Review of Driving Record* must be done. This must be done each year on or before anniversary date of employment.
- When MVR needs to be updated (must be done every year on or before anniversary date of employment)
- When physical examination expires
- When FMCSA regulations manual needs to be replaced. It must be current within one year. Publication date is on first page of book. These can be purchased at many truck stops or at jjkeller.com

Truck maintenance records for each tractor AND trailer

- Maintenance files must include the following information about each tractor and trailer:
 - o Company Name
 - o Unit #
 - o Year
 - o Make
 - o VIN
 - o Tire Size

Safety Inspection Preparation – cont'd

You must have a pre-employment drug test result for each driver

Join random drug testing program

- Workplace Partners – New Holland and Ephrata 717-351-2419. Hours: M-F 8-4; \$52.00 per year per driver. Pre-employment test is extra
- Chris Umble – MS Labs; Cochranville PA 484-576-7621
- Foley Services in Connecticut 860-633-2660 Bruce ext. 281
- Lancaster General Occupational Medicine – 717-544-3148

Reasonable Suspicion Training – many inspectors are requiring this even if you are the only employee and the owner. This is available for approximately \$30.00 from jjkeller.com Item#282-IDC-K for online training.

6 Months of Drivers logs - if you are required to log

6 Months of Driver's Time Record sheets - if you are not required to log – I have enclosed one of these in this file

*****MCS-90** – This form is provided by your insurance company and can normally be found in your insurance policy. If there is not one included in your policy, call your insurance agent. ***This is very important.***

Some inspectors will require that you have a driver safety system in place. This would include annual driver safety meetings. This could simply require that you purchase a safety video or perhaps joining an organization such as OOIDA or PMTA.

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION Driver completes this section						
Driver's Name (Last, First, Middle)	Social Security No.	Birthdate M / D / Y	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>	Date of Exam
Address	City, State, Zip Code	Work Tel: () Home Tel: ()	Driver License No.	License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue	

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No	Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/> Any illness or injury in the last 5 years? <input type="checkbox"/> <input type="checkbox"/> Head/Brain injuries, disorders or illnesses <input type="checkbox"/> <input type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) <input type="checkbox"/> <input type="checkbox"/> Ear disorders, loss of hearing or balance <input type="checkbox"/> <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker) <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> High blood pressure <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> Muscular disease <input type="checkbox"/> <input type="checkbox"/> Shortness of breath	<input type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis <input type="checkbox"/> <input type="checkbox"/> Kidney disease, dialysis <input type="checkbox"/> <input type="checkbox"/> Liver disease <input type="checkbox"/> <input type="checkbox"/> Digestive problems <input type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> <input type="checkbox"/> medication _____ <input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness	<input type="checkbox"/> <input type="checkbox"/> Fainting, dizziness <input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring <input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis <input type="checkbox"/> <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe <input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease <input type="checkbox"/> <input type="checkbox"/> Chronic low back pain <input type="checkbox"/> <input type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. **Monocular drivers are not qualified.**

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye <input type="checkbox"/>
Left Eye	20/	20/	Left Eye <input type="checkbox"/>
Both Eyes	20/	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? Yes No

Applicant meets visual acuity requirement only when wearing: Corrective Lenses

Monocular Vision: Yes No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel. No. _____ License No./ State of Issue _____ Signature _____

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB
 Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right ear \ Feet	Left Ear \ Feet
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b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/ PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
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Driver qualified if ≤140/90.

Pulse Rate: Regular Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤140/90
≥180/110	Stage 3	6 months from date of exam if ≤140/90	6 months if ≤ 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
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Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record) _____

7. PHYSICAL EXAMINATION

Height: _____ (in.) Weight: _____ (lbs.)

Name: Last, First, Middle,

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.			10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

***COMMENTS:** _____

Note certification status here. See *Instructions to the Medical Examiner* for guidance.

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to _____
 Driver qualified only for: 3 months 6 months 1 year Other

Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- Wearing corrective lense
- Wearing hearing aid
- Accompanied by a _____ waiver/ exemption. Driver must present exemption at time of certification.
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (See 49 CFR 391.62)
- Qualified by operation of 49 CFR 391.64

Medical Examiner's signature _____

Medical Examiner's name _____

Address _____

Telephone Number _____

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the **FAIR CREDIT REPORTING ACT**, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above named company to obtain a consumer report on me for employment purposes. The authorization is on going in the event such a report is needed in the future.

Applicant Name (print)

Applicant Signature

Applicant Social Security Number

Applicant License Number (State)

Years Experience

Date of Birth

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1. POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to : 1) your employing carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Reviewed by: _____
Carrier Official (printed) Date _____

Carrier Signature Title

Carrier

Comments: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.
You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester) (Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation
Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation
Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip) Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip) Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company) (Typed Name)

(Address) (Title)

(City) (State) (Signature)

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ **DATE:** _____

Former Employer's Name _____

Mailing Address _____

City / State / Zip _____

Telephone # _____ Fax Number _____

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM:

Company: _____

Address/City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Contact Person & Title _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ___ / ___ / ___ to ___ / ___ / ___ YES or NO IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Verified positive controlled substances test results? ... YES or NO If yes, please give date(s): _____
- Refusals to be tested? YES or NO If yes, please give date(s): _____
- Was rehabilitation completed as required? YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

Good Faith Effort.....Prior Employer Check 49 CFR 382.314.40.25

Company Name:	
Address:	Phone:
City, Street, Zip	Fax

Attempt 1:

1. Call the company. Contact name: _____ Date: _____
2. Fax the required release. Fax#:
3. Call the company and ask if they received the fax. Contact name: _____ Date: _____
4. Form completed and returned: Date: _____

Attempt 2:

1. Call the company. Contact name: _____ Date: _____
2. Fax the required release. Fax#:
3. Call the company and ask if they received the fax. Contact name: _____ Date: _____
4. Form completed and returned: Date: _____

Attempt 3:

1. Call the company. Contact name: _____ Date: _____
2. Fax the required release. Fax#:
3. Call the company and ask if they received the fax. Contact name: _____ Date: _____
4. Form completed and returned: Date: _____

If the company refuses to release the information, record it and send a copy of the driver's release with the company's name on the form and a copy of this documentation to the US DOT FMCSA.

CONTROLLED SUBSTANCES AND ALCOHOL TESTING POLICY.

Company

Add

City, ST, ZIP

PHO:

FAX:

This policy follows Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382 (attached).

If you have questions about this controlled substances and alcohol testing contact _____, the designated company official to answer questions.

All drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) are subject to controlled substances and alcohol testing.

The definition of driver Safety Sensitive Function is found in 49 CFR Section 382.107 (attached). Safety sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Safety sensitive function shall include:

(1) All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;

(2) All time inspecting equipment as required by ' 392.7 and ' 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;

(3) All time spent at the driving controls of a commercial motor vehicle in operation;

(4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of ' 393.76 of this subchapter);

(5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and

(6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Driver conduct that is prohibited is found in 49 CFR Part 382 Subpart B (attached).

' 382.201 No driver shall report for duty requiring the performance of a safety sensitive function with an alcohol concentration of 0.04 or greater.

' 382.205 No driver shall use alcohol while performing a safety sensitive function.

' 382.207 No driver shall perform a safety sensitive function within 4 hours after using alcohol.

' 382.207 No driver required to take a post accident alcohol test under 49 CFR ' 382.209 shall use alcohol for 8 hours following the accident.

' 382.211 No driver shall refuse to submit to any required alcohol or controlled substances test.

' 382.213 No driver shall report for duty requiring the performance of a safety sensitive function when the driver uses controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR ' 382.107. This must not interfere with the driver's ability to perform a safety sensitive function.

' 382.215 No driver shall report for duty or remain on duty requiring the performance of a safety sensitive function, if the driver tests positive for controlled substances.

The circumstances in which the driver will be tested are incorporated and found in 49 CFR Part 382 Subpart C (attached).

' 382.301 Pre-employment testing;

' 382.307 Reasonable Suspicion testing

' 382.303 Post Accident testing;

' 382.309 Return to duty testing;

' 382.305 Random testing, Per the prevailing rate as required by U.S. DOT;

' 382.311 Follow up testing.

All definitions, regulations, and procedures used to test for controlled substances and alcohol in order to protect the integrity of the testing process, safeguard test validity, and insure results are attributed to correct driver are found in 49 CFR Parts 40 and 382. They are incorporated into this policy and are attached.

All CDL drivers who drive CMV=s are required to submit to alcohol and controlled substances testing.

Refusal to submit to an alcohol or controlled substances test is defined in 49 CFR ' 382.107 (attached).

Refuse to submit (to an alcohol or controlled substances test) means that a driver:

1. Fail to appear for any test (except a Pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner operator) to appear for a test when called by a C/TPA;

2. Fail to remain at the testing site until the testing proceeds is complete. Provided, that an employee who leaves the testing site before the testing process commences on a pre-employment test is not deemed to have refused to test;

3. Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations. Provided, that an employee who does not provide a urine specimen, because he or she has left the testing site before the testing process commences on a pre-employment test is not deemed to have refused to test;

4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the drivers provision of a specimen;

5. Fail to provide a sufficient amount of urine specimen when directed, and it has been determined that there was no adequate medical explanation for the failure;

6. Fail or declines to take a second test the employer or the collector has directed the driver to take;

7. Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;

8. Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or

9. Is reported by the MRO as having a verified adulterated or substituted test result.

Note: In reference to item 1 for the FMCSA Immediate means that the employer shall ensure that the driver ceases to perform the safety sensitive function and proceeds to the testing site as soon as possible.

The consequences for violators of Subpart B are incorporated and found in 49 CFR Part 382 Subpart E (attached.)

1. All CDL drivers will be removed from any safety sensitive position.

2. The driver must see a Substance Abuse Professional to ever drive again, anywhere.

3. The driver must take a Return To Duty test with a Negative result and/or an Alcohol test with results below .02.

The consequences for CDL drivers tested for Alcohol with results at .02 but below .04 are the driver will be removed from any safety sensitive position for 24 hours. 49 CFR Section 382.505(a) (attached).

Information concerning the effects of drug use and alcohol abuse is attached.

COMPANY POLICY

Any driver that violates 49 CFR Part 382 Subpart B shall be terminated for cause.

LIST OF SUBSTANCES ABUSE PROFESSIONALS

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This is to certify that I have received a copy of the company Alcohol and Controlled Substances policy.

CDL Driver Signature	DATE

RECORD OF ROAD TEST

Instructions to Evaluator: Check () items which the driver performs satisfactorily, use “ ” where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name _____ Home Address _____

Social Security No. _____ License No. _____ State _____ Class _____

Equipment Driven: _____
(Make & Model)

Length of Test _____ Mi. From/In _____ To _____

Start Time _____ Finish Time _____ Weather Conditions _____

PART 1 – PRE-TRIP INSPECTION AND EMERGENCY

- EQUIPMENT Checks general condition approaching unit _____
- Looks for leakage of coolants, fuel, lubricants _____
- Checks engine compartment— oil, water, general condition of engine compartment, steering _____
- Checks around – tires, lights, brake and light lines, body, doors, horn, windshield wipers _____
- Test brake action and parking (hand) brake _____
- Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses and four-way flashers _____
- Checks instruments _____
- Cleans windshield, windows, mirrors, lights, reflectors _____

PART 2 – PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. MOTOR**
 - Starts motor without difficulty _____
 - Allows proper warm-up _____
 - Understands gauges on instrument panel _____
 - Maintains proper engine speed while driving _____
 - Basic knowledge of motors - gas, diesel _____
 - Abuse of motor _____
- B. CLUTCH AND TRANSMISSION**
 - Uses clutch properly _____
 - Times gearshift properly _____
 - Shifts gears smoothly _____
 - Uses proper gear sequence _____
- C. BRAKES**
 - Understands operating principals of air brakes _____
 - Understands low air warning _____
 - Uses proper gear sequence _____
- D. STEERING**
 - Fights steering wheel _____
 - Allows vehicle to wander _____
 - Poor driving posture or poor grip on wheel _____

E. LIGHTS

- Knows lighting regulations _____
- Uses proper headlight beam _____
- Dims lights when meeting or following traffic _____
- Adjusts speed to range of headlights _____
- Proper use of auxiliary lights _____

PART 3 – BACKING AND PARKING

- A. BACKING**
 - Gets out and checks before backing _____
 - Looks back as well as uses mirror _____
 - Gets out and rechecks conditions on long back _____
 - Avoids backing from blind side _____
 - Signals when backing _____
 - Controls speed and direction properly while backing _____
- B. PARKING (City)**
 - Takes too many pull-ups _____
 - Hits nearby vehicles or stationary objects _____
 - Hits curb _____
 - Parks too far from curb _____
 - Fails to secure unit – set parking brake, put in gear, shut off motor _____
 - Fails to check traffic conditions and signal when pulling out from parked position _____
 - Parks in illegal or unsafe location _____
- C. PARKING (Rear)**
 - Parks off pavement _____
 - Avoids parking on soft shoulder _____
 - Uses emergency warning signals when required _____
 - Secures unit properly _____

PART 4 – SLOWING AND STOPPING

- Uses gears properly ascending _____
- Gears down properly descending _____
- Stops and restarts without rolling back _____
- Tests brakes at top of hills _____
- Uses brakes properly on grades _____
- Signals following traffic _____
- Avoids sudden stops _____
- Stops smoothly without excessive fanning _____
- Stops before crossing sidewalk when coming out of driveway or alley _____
- Stops clear of pedestrian crosswalks _____

Passenger Policy

Company Name

The following Passenger Policy must be complied with for all employees and Owner Operators Permanently Leased to _____ . There will be No Exceptions to this policy. Passengers will be allowed to ride with employee or Owner Operator Permanently Leased provided the following conditions are met:

- 1) Passenger must be a member of employee's or Owner Operator's immediate family.
- 2) Passengers must be 12 years of age or older.
- 3) Passenger will not be allowed inside plants where loads are being picked up or delivered.
- 4) Passenger must remain inside truck during loading and unloading process.
- 5) Passenger is not allowed to go into Canada or Mexico.
- 6) Passenger must be in good health.
- 7) Employee or Owner Operator must carry, at all times, letter of authorization from _____ allowing passenger in truck and only transport passenger during effective dates on letter of authorization.
- 8) Employee or Owner Operator agrees that the passenger has in force medical and accident insurance adequate to cover passenger.

Policy for Speeding

All citations issued to a driver, whether in a personal vehicle or a company vehicle, CDL or otherwise, must be reported to your immediate supervisor within 48 hours of issuance.

All fines levied for a speeding citation will be the sole responsibility of the driver.

Any speeding citation issued for speed in excess of 25 mph over the posted speed limit will be subject to review by company management and could result in termination of employment.

DRIVER STATEMENT OF ON-DUTY HOURS

(FOR NEWLY HIRED DRIVERS)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver information:

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

Day	1 <small>(yesterday)</small>	2	3	4	5	6	7
Date							
Hours Worked							Total Hours

I hereby certify that the information given is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.
P.M.

Time _____ On _____
Day Month Year

First Name Last Name

Driver's Signature Date

Carrier Official Title

Carrier Official Signature Date

Carrier Address: _____

ANNUAL CERTIFICATE OF VIOLATIONS AND REVIEW OF DRIVING RECORD

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Driver Name:	License #:	ST:
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ANNUAL CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. [] Violations are as listed below. [] I have had no violations.

Date of Conviction	Offense	Location	Type of Motor Vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification:

Driver Signature:

Reviewed By:	Title:
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ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewer:	Date:
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DRIVER'S TIME RECORD

Driver's Name (print) _____ Employee No. _____ Month _____ Year _____

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVERS DAILY LOG" IF THE FOLLOWING APPLIES:

- * Operates within 100 air-mile radius of headquarters.
- * Returns to headquarters and is released from work within 12 consecutive hours.
- * At least 8 consecutive hours off duty separate each 12 hours of duty.

INTERMITTENT DRIVERS
 Shall complete this form for 7 days preceding any day driving is performed.
 This includes the preceding month.

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

To be prepared monthly by each DOT certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off". Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manager of Administration.

SAMPLE ONLY

MCS-90 FORM

Your MCS-90 will be found in your insurance policy.



U.S. Department
of Transportation
Federal Motor Carrier
Safety Administration

ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

Form Approved:
OMB No.: 2126-0008

Issued to _____ of _____

Dated at _____ this _____ day of _____, 20 _____

Amending Policy No. _____ Effective Date _____

Name of Insurance Company _____

Countersigned by _____
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]," for the limits shown:

This insurance is primary and the company shall not be liable for amounts in excess of \$ _____ for each accident.

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the
limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: _____.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, water, or sea, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the

limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

Form MCS-90 (4/2000)

SCHEDULE OF LIMITS—PUBLIC LIABILITY

Type of carriage	Commodity transported	Jan. 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous).....	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) b e	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

PA IFTA RECORDS

PLEASE BE AWARE THAT PA IFTA REQUIRES THE FOLLOWING FOR ALL IFTA DECAL HOLDERS:

*** KEEP DETAILED RECORDS FOR 5 YEARS

*** RETURN ANY UNUSED DECALS TO PA DEPT. OF REVENUE

HERE ARE THE OFFICIAL RECORD KEEPING REQUIREMENTS:

X. RECORD KEEPING REQUIREMENTS

A. Mileage Records

Every IFTA licensee and PA Motor Carrier Registrant must maintain records of ALL interstate and intrastate operations of qualified motor vehicles. The carrier's records must support the information reported on the tax report or the PA Motor Carrier registrant's annual renewal application. The records, at a minimum, shall include distance data on each vehicle for each trip and be recapitulated in monthly fleet summaries. An Individual Vehicle Mileage Record (IVMR), as required for the International Registration Plan (IRP) is an acceptable source document for recording vehicle distance information. Mileage must be kept by fuel type. Another acceptable source document is a trip report, which must include:

1. Date of trip (starting and ending);
2. Trip origin and destination (including city and state);
3. Routes of travel and beginning and ending odometer readings;
4. Total trip miles or kilometers;
5. Distance by jurisdiction;
6. Vehicle unit number;
7. Vehicle fleet number; and
8. Carrier's name.

B. Fuel Receipts

Every carrier must maintain complete records of all fuel purchases. The records, at a minimum, shall include fuel data on each vehicle and be recapitulated in monthly fleet summaries. Separate totals must be compiled for each fuel type. Fuel types include, among others: gasoline, gasohol, diesel, kerosene, liquefied petroleum gas (LPG) and compressed natural gas (CNG/LNG). The fuel records must contain:

1. Date of purchase;
2. Name and address of the seller;
3. Number of gallons or liter's, converted to gallons, purchased;
4. Type of fuel purchased;
5. Price per gallon or liter;
6. Unit number of the vehicle into which the fuel was placed; and
7. Purchaser's name.

Acceptable fuel receipts include an invoice, a credit card receipt or verifiable microfilm/microfiche. Receipts, which contain alterations or erasures, may not be accepted by the Department.