

PREPARING FOR A SUCCESSFUL SAFETY AUDIT



YOUR GUIDE TO THE NEW ENTRANT SAFETY
ASSURANCE PROGRAM



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STEPHANIE BENSHOOF

CEO OF DOTPROCESSAGENTS.COM

Stephanie is a seasoned transportation consultant with over 17 years of experience in the transportation industry. With a love for helping clients navigate the complex world of transportation regulations and safety compliance, her company, dotprocessagents.com, has become a trusted authority in the field.

dotprocessagents.com's consultancy is committed to remaining at the forefront of industry knowledge. She and her team continually invest in learning, staying updated on the latest regulations, trends, and best practices. This dedication to being industry leaders translates into providing clients with the most accurate, up-to-date, and effective solutions.

By sharing insights, expertise, and a genuine desire to see transportation companies thrive, dotprocessagents.com is dedicated to helping businesses navigate the regulatory landscape with confidence. Through this eBook, we aspire to contribute to the growth and prosperity of the transportation industry, one informed decision at a time.

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HOW TO USE THIS GUIDE

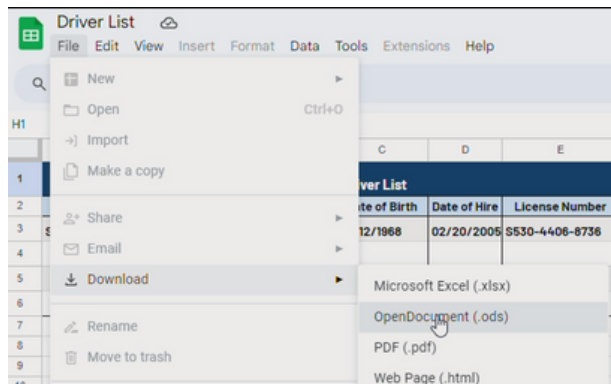
This eBook has clickable links and supporting documents to best assist and educate you. Check out these tips below on how to get the most out of your eBook.

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1. Go to the File menu and select Download, then the desired file type. You can then open and use the template in Google Sheets, Excel, or a similar program.



LINKS TO MORE INFORMATION

Websites referenced in this guide are clickable links to the source.

SAMPLE DOCUMENTS

Where you see [See Appendix] referenced, it is a clickable link that will take you to the corresponding sample document.

PLEASE NOTE

The transportation industry and regulatory landscape are subject to frequent modifications, and readers are advised to consult the most recent official sources, such as the U.S. Department of Transportation (DOT) and the Federal Motor Carrier Safety Administration (FMCSA), for the latest information and regulations. This guide is not intended as a replacement for the published FMCSRs or HMRs, and auditors may request additional documents to ensure the carrier has sufficient safety management practices in place. Regulations issued by the U.S. Department of Transportation and its Operating Administrations are published in the Federal Register and compiled in the U.S. Code of Federal Regulations (CFR). For more detailed regulatory information, you can view the Motor Carrier's Guide to Improving Highway Safety. To learn more about FMCSA's New Entrant Program, visit <https://ai.fmcsa.dot.gov/NewEntrant>, or consult the list of FMCSA Service Center phone numbers for further assistance.

SAFETY AUDIT

Checklist



DRIVER

01

- Driver List
- Driver's License
- Driver's ROD
- Driver's MVR
- Medical Certificate

VEHICLE

02

- Vehicle List
- Vehicle Maintenance
- Vehicle Inspection
- HazMat Shipping Papers

CARRIER/PROGRAM

03

- Proof of Insurance
- Accident Register
- Drug & Alcohol Program



CHAPTER

1

INTRODUCTION

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INTRODUCTION TO THE NEW ENTRANT SAFETY ASSURANCE PROGRAM

The New Entrant Safety Assurance Program is a crucial aspect of the U.S. Department of Transportation's (DOT) efforts to ensure the safety of motor carriers operating in interstate commerce. This program specifically targets new entrants, which are motor carriers that are applying for a DOT identification number to initiate operations within the United States, excluding Mexico.

A Safety Audit is a comprehensive review of a new entrant motor carrier's records to verify the presence of basic safety management controls. These controls are essential to ensure compliance with the Federal Motor Carrier Safety Regulations (FMCSRs), Hazardous Materials Regulations (HMRs), and other relevant record-keeping requirements. The primary purpose of the Safety Audit is to assess the carrier's commitment to safety before granting them permanent authority to operate.



UNDERSTANDING SAFETY AUDITS

The New Entrant Period

During the first 12 months of operation, new entrant motor carriers are required to undergo a Safety Audit. This audit is conducted to evaluate the carrier's compliance with safety regulations and ensure the carrier has established effective safety management controls. Successful completion of the Safety Audit is a pivotal step in the new entrant's journey toward permanent authority to operate.

Requirements for New Entrants

To successfully complete the New Entrant Safety Assurance Program, motor carriers must fulfill a set of requirements designed to establish a foundation of safety within their operations:

- **Operate Safely:** New entrants must prioritize safety in all their operations, ensuring that their drivers and vehicles adhere to FMCSRs and HMRs.

- **Maintain Up-to-date Records:** Accurate record-keeping is vital. Carriers must maintain records related to driver qualifications, vehicle maintenance, and other relevant safety-related information.
- **Conduct Periodic Inspections and Maintenance:** Motor carriers are responsible for regularly inspecting and maintaining their Commercial Motor Vehicles (CMVs) to prevent safety deficiencies.
- **Pass the Safety Audit:** The central requirement of the New Entrant Safety Assurance Program is to successfully pass the Safety Audit. This involves demonstrating compliance with safety regulations and management controls.

Chameleon Carriers

Carriers may not register for a new U.S. DOT number to avoid paying civil penalties or avoid previous OOS Orders. If a carrier provides false information or hides information when it applies or reapplies for a U.S. DOT number, the carrier may be issued an OOS Order, and/or be fined.

FMCSA's Role in the Program

The Federal Motor Carrier Safety Administration (FMCSA) plays a critical role in overseeing and facilitating the New Entrant Safety Assurance Program. Their responsibilities include:

- **Conducting Safety Audits:** FMCSA initiates Safety Audits on new entrant motor carriers to assess their compliance with safety regulations and management controls.
- **Monitoring Safety Performance:** FMCSA continuously monitors the safety performance of new entrants through roadside inspections, ensuring ongoing compliance with safety standards.
- **Granting Permanent Authority:** If a new entrant successfully completes the program and demonstrates a commitment to safety, FMCSA grants them permanent operating authority.

Chameleon Carrier

Chameleon carriers, also known as "Reincarnated" carriers are companies that artificially shut down their business and resurrect operations as a new legal entity.





CHAPTER 2

CONDUCTING A SAFETY AUDIT

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CONDUCTING A SAFETY AUDIT

A Safety Audit is a process designed to assess a new entrant motor carrier's adherence to safety regulations and management controls. This chapter provides insights into how a Safety Audit is conducted and the steps involved in the evaluation process.

Selection and Notification

Upon applying for a U.S. Department of Transportation (DOT) identification number, new entrant motor carriers are subject to potential selection for a Safety Audit. The Federal Motor Carrier Safety Administration (FMCSA) informs carriers of their selection via phone or mail. Carriers are notified of the type of audit they will undergo, which can either be conducted on-site at their place of business or electronically through document submission.

- **On-Site Audit:** An FMCSA-certified auditor visits the carrier's place of business to examine records and operations in person. This involves reviewing documentation, conducting interviews, and assessing physical facilities.
- **Electronic Audit:** Carriers may also undergo an electronic audit, where they submit relevant documentation to the FMCSA online, via mail, or fax. This method may be chosen by FMCSA based on the carrier's specific circumstances.

Audit Process

The Safety Audit is conducted by an FMCSA-certified auditor. The auditor verifies that the carrier has established effective safety management controls to ensure compliance with the Federal Motor Carrier Safety Regulations (FMCSRs) and related requirements. There are two primary methods through which a Safety Audit is conducted:

Documentation Review

During the Safety Audit, the auditor examines various documentation to assess the carrier's safety management controls. The carrier is required to provide records that validate their compliance with safety regulations, including:

- **Driver Records:** Documents related to driver qualifications, such as Commercial Driver's Licenses (CDLs), medical certifications, and driver training records.
- **Vehicle Records:** Records of vehicle inspections, maintenance, and repair, as well as documentation related to vehicle markings and identification.
- **Operating Procedures:** Documentation outlining the carrier's operating procedures, including safety policies, hours-of-service practices, and communication protocols.
- **Record-Keeping Requirements:** Proof of accurate and up-to-date record keeping in areas such as driver logs, maintenance records, and more.

We will cover each of these categories in detail in Chapter Three.

Assessment and Evaluation

Based on the documentation provided and the auditor's assessment, the carrier is evaluated for compliance with safety regulations and management controls.

The auditor identifies areas of non-compliance and potential safety deficiencies that need to be addressed.

Corrective Action

If any areas of non-compliance are identified, the carrier is given the opportunity to address these issues through corrective action. The carrier must rectify the deficiencies and implement measures to prevent similar issues in the future.

Audit Outcome

Following the completion of the Safety Audit and any necessary corrective actions, the auditor submits their findings to the FMCSA. The FMCSA reviews the audit results and determines whether the carrier has met the requirements of the New Entrant Safety Assurance Program. Within 45 days, the carrier will receive written notification from FMCSA confirming that they have passed or failed.



Conclusion

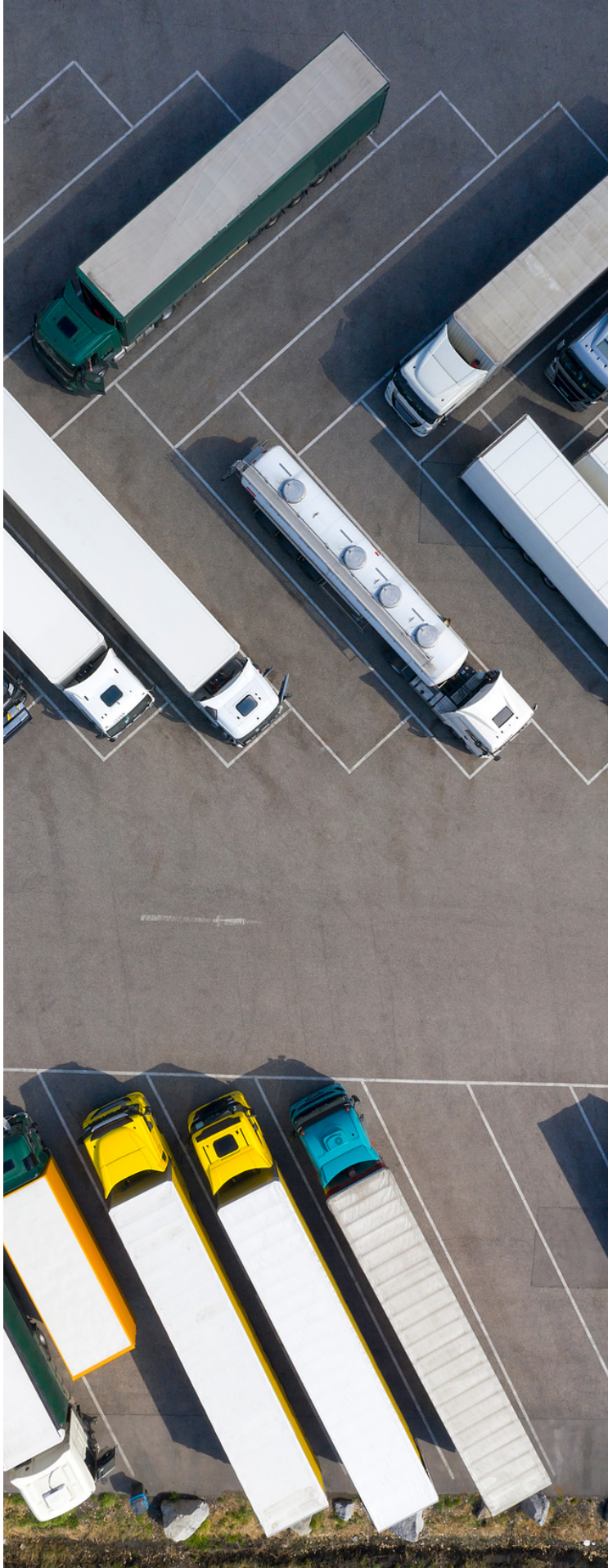
The Safety Audit is a critical step in the New Entrant Safety Assurance Program, ensuring that new entrant motor carriers establish effective safety management controls. Through careful documentation review and assessment, auditors play a pivotal role in evaluating carriers' compliance with safety regulations and management practices. By successfully passing the Safety Audit, new entrant carriers demonstrate their commitment to safety and pave the way for continued safe operations within the transportation industry.

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Who is the FMCSA?

The lead federal government agency responsible for regulating and providing safety oversight of commercial motor vehicles (CMVs), FMCSA's mission is to reduce crashes, injuries, and fatalities involving large trucks and buses.





3

CHAPTER

HOW TO PREPARE FOR A SAFETY AUDIT

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HOW TO PREPARE FOR A SAFETY AUDIT

This chapter serves as your roadmap, guiding you through the essential steps required to prepare for a Safety Audit. From driver-related requirements to vehicle-specific documentation and carrier/programmatic necessities, we'll help you ensure that your operation is not only ready for scrutiny but also poised to excel. Let's dive into the details and set the stage for your safety audit success.

Drivers List

Your drivers are the heart and soul of your operation, and their details need to be on point. All carriers will be required to submit a driver list. In your driver list, you'll want to include their **first and last names, date of birth, hire date, license number, and the state that issued their license.**

Driver

In this section, we're focusing on all things driver-related.

First things first, your driver qualification file is going to be your trusty sidekick. This file holds all the important bits and pieces about your drivers that you need to keep the wheels turning smoothly.

DRIVER QUALIFICATION FILE

- ⊙ Hassle-Free!
- ⊙ Digital Download
- ⊙ Reviewed by a Permit Specialist

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Example

Last Name	First Name	Date of Birth	Date of Hire	License Number	License State
Smith	Jane	05/12/1968	02/20/2005	S530-4406-8736	IL
Johnson	Wilbur	12/20/1985	07/18/2009	J525-8808-5361	IL

Driver's License Requirements

All commercial motor vehicle (CMV) drivers must possess appropriate licenses to operate the specific type of vehicles they drive. This can include:

- an Operator's License issued by a state or jurisdiction,
- a Commercial Driver's License (CDL) with necessary endorsements,
- a Canadian License, or
- a Licencias Federales de Conductor issued by the Mexican Government.

A copy of the applicable type of license must be provided.

Driver's Records of Duty (ROD) & Supporting Documentation

During a Safety Audit, motor carriers are required to demonstrate that they maintain accurate and up-to-date records of their drivers' duty statuses. Logs or Records of Duty Status (RODs) must be kept current, reflecting changes in the driver's duty status. These records must include the name of the city/town/village, state abbreviation, and specific information for each change in duty status. Records of each driver's status must be maintained for 6 months.

What is an ELD?

An ELD is an electronic logging device that synchronizes with a vehicle engine to automatically record driving time, for easier, more accurate hours of service (HOS) recording.

Documentation that supports the driver's record of duty may be requested during the audit, such as toll receipts, fuel receipts, trip reports, or other relevant documents.

Starting from December 18, 2017, motor carriers that fall under the ELD rule are required to automatically log their on-duty and off-duty time using an electronic logging device (ELD). The ELD Rule applies to most motor carriers and drivers who are required to maintain records of duty status (RODS). The rule applies to commercial buses as well as trucks. Canada- and Mexico-domiciled drivers are included unless they qualify for one of the exceptions to the ELD rule.

Ensure that your ELD is properly set up and recording everything required.

Ensure that the specific ELD model you are considering is on FMCSA's list of registered, self-certified ELDs. Motor carriers using a device not on this list could be cited for violation of the ELD rule.

See if your ELD is on the FMCSA's list of registered, self-certified ELDs



How to Submit Your ELD File

Compliant ELDs can electronically transfer HOS data files to safety officials upon request.

For submitting your ELD file:

- Through web service (telematics or Bluetooth): The ELD device will guide you to enter an "output file comment." This comment should be NEWS-xxxxx, where the x's represent a unique identifier given to you at the start of your audit.
- Via local data transfer: Your ELD device will produce a file that you can upload to NEWS using the provided upload button. Do not print and fax in this file; it must be uploaded.

Driver's Motor Vehicle Record

Motor carriers are required to maintain a motor vehicle record for each driver in their Driver Qualification file. This record must be requested every 12 months and retained for three years.

The carrier must review the motor vehicle records of its drivers to ensure they meet the minimum requirements for safe driving and are not disqualified to operate a CMV.

[See Appendix for Example]

Medical Certificate

All drivers are required to undergo a physical conducted by registered medical examiners to ensure they are physically and mentally fit to drive. The medical examiner will issue a Medical Examination Report upon successful completion of the examination. **The motor carrier and driver must retain copies of the current medical certificate.** Drivers must undergo medical examinations at least every two years. However, medical examiners can issue certifications for shorter duration if necessary.

[See Appendix for Example]

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Medical Exemption

An individual may apply for an exemption from the seizure and/or hearing standard.

FMCSA waivers/exemptions do not permit regulatory relief for drivers who plan to limit their operations to intrastate commerce.

Property-Carrying Drivers

11-HOUR DRIVING LIMIT

May drive a maximum of 11 hours after 10 consecutive hours off-duty.

14-HOUR DRIVING WINDOW

May not drive beyond the 14th consecutive hour after coming on-duty, following 10 consecutive hours off-duty. Off-duty time does not extend the 14-hour period.

30-MINUTE DRIVING BREAK

Drivers must take a 30-minute break when they have driven for a period of 8 cumulative hours without at least a 30-minute interruption. The break may be satisfied by any non-driving period of 30 consecutive minutes (i.e., on-duty not driving, off-duty, sleeper berth, or any combination of these taken consecutively).

60/70-HOUR LIMIT

May not drive after 60/70 hours on-duty in 7/8 consecutive days. A driver may restart a 7/8 consecutive day period after taking 34 or more consecutive hours off-duty.

SLEEPER BERTH PROVISION

Drivers may split their required 10-hour off-duty period, as long as one off-duty period (whether in or out of the sleeper berth) is at least 2 hours long and the other involves at least 7 consecutive hours spent in the sleeper berth. **All sleeper berth pairings MUST add up to at least 10 hours.** When used together, neither time period counts against the maximum 14-hour driving window.

ADVERSE DRIVING CONDITIONS

Drivers are allowed to extend the 11-hour maximum driving limit and 14-hour driving window by up to 2 hours when adverse driving conditions are encountered.

SHORT-HAUL EXCEPTION

A driver is exempt from the requirements of §395.8 and §395.11 if: the driver operates within a 150 air-mile radius of the normal work reporting location, and the driver does not exceed a maximum duty period of 14 hours. Drivers using the short-haul exception in §395.11(e)(1) must report and return to the normal work reporting location within 14 consecutive hours, and stay within a 150 air-mile radius of the work reporting location.

Vehicle

Besides getting your drivers ready, it's equally important to prepare your commercial motor vehicles (CMVs) for a successful Safety Audit. In this next part, we will cover the essential things about your vehicles that motor carriers need to take care of to make sure they're compliant and ready for the audit.

Vehicle List

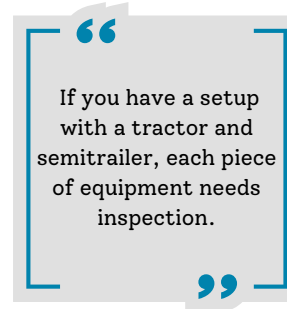
As part of the Safety Audit, motor carriers need to provide a detailed list of all the vehicles they use (tractors and trailers). This list helps determine which rules apply to their fleet. It should include important info like the **unit number, vehicle identification number (VIN), license plate number, and the state where the vehicle is registered. Include electronic logging device (ELD) or automatic onboard record device (AOBRD) make, model, year as applicable for each vehicle**

Vehicle Inspection

It's important to regularly check that your commercial motor vehicles (CMVs) are safe and working properly.

Motor carriers must have their CMVs inspected by someone qualified every 12 months. **A copy of the annual inspection will need to be provided.**

This inspection includes all parts of the vehicle, even if it's part of a larger combination. For instance, if you have a setup with a tractor and semitrailer, each of these needs inspection.



To comply with regulations, a motor carrier must not use a commercial motor vehicle unless each component has passed an inspection at least once in the last 12 months. You should have proof of these inspections in the vehicle. Remember, your state might have more inspection rules, so make sure to check your state's specific regulations. Maintaining a Vehicle Maintenance File will aid you in being prepared. [See Appendix]

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Example

Vehicle Information							
Unit Number	VIN Number	License Plate State	License Plate Number	GVWR	Make	Model	Year
1	2LMNOAPR05C046931	MA	AB1234				
2	2HSCHAJL09U046621	CT	CD9876				

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Vehicle Maintenance File

A comprehensive Vehicle Maintenance File helps you stay organized and ready to demonstrate that your vehicles are in compliance and well-maintained. The following is a list of good information to include in each vehicle's file.

- **Driver Vehicle Inspection Reports (DVIRs):** Keep records of the Driver Vehicle Inspection Reports for the last 90 days. These daily post-trip inspections are essential for identifying and addressing any issues promptly. [See Appendix]
- **Complete Records of Maintenance and Repairs:** Your records should encompass everything from receipts for parts to written documentation of work performed. Collect receipts from dealerships, garages, or repair facilities that outline the maintenance or repairs conducted. Include specifics such as part names, installation details, and the dates of service.
- **Receipts from Annual Inspections:** Federal Annual Inspections are a critical part of maintaining compliance. Keep receipts and records from these inspections to showcase your commitment to thorough vehicle checks.

- **Maintenance Schedule:** Maintain a schedule that outlines the planned maintenance tasks for each vehicle. This not only helps you stay organized but also demonstrates your proactive approach to vehicle upkeep.

[See Appendix]



Hazardous Materials Carriers

If your motor carrier operations involve transporting hazardous materials, you're navigating a realm of regulations that require specialized attention. This section is tailored to guide carriers of hazardous materials through the essential records and documentation needed to ensure compliance and readiness for a Safety Audit.

If you operate vehicles that haul Hazardous Materials (HM) as part of your safety audit, **you must submit HM shipping papers.**

People shipping hazardous materials have to give you shipping papers and emergency response info. These papers help in case of emergencies. Keep in mind that these papers should be easily reachable by the driver, even while wearing a seat belt. First responders entering the vehicle should also be able to see them.

[See Appendix]

You'll need to keep these hazardous materials (HM) shipping papers for one to three years after getting the shipment. The time varies depending on whether it's hazardous materials or hazardous wastes.

These papers need to include:

- The identification number from the Hazardous Materials Table.
- The proper shipping name from the Hazardous Materials Table.
- The hazard class.
- The packing group (if needed), written in Roman numerals.
- The total quantity of hazardous materials.
- The number and type of packages holding the hazardous contents.
- Any extra descriptions required in 49 CFR Section 172.203.

The following is a list of additional HazMat documentation you should consider having readily available (as applicable):

- **USDOT PHMSA**

Registration: A current copy of your USDOT PHMSA (Pipeline and Hazardous Materials Safety Administration) registration. This registration is a critical component of your compliance with hazmat transportation regulations.

- **HM Training Materials and Records:** Proper training of employees handling hazardous materials is essential. Keep records of your hazardous materials training materials and employee training records to showcase your commitment to safety and proper handling (continued on next page).



- **HM Safety Permit:** If applicable, ensure you have a copy of this permit to demonstrate your compliance with hazardous materials regulations.
- **Cargo Tank Test and Inspection Report:** If your operations involve cargo tanks, maintaining a copy of the cargo tank test and inspection report is essential. This report ensures that your cargo tanks are safe and compliant with regulations.

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HM Compliance BASIC

The Hazardous Materials (HM) Compliance Behavior Analysis and Safety Improvement Category (BASIC) is one of seven categories that the FMCSA uses to determine how a motor carrier ranks relative to other carriers with a similar number of safety events (i.e., inspections, violations, or crashes).

Carrier/Programmatic

In our next section, we will cover the important aspects that relate to carrier/programmatic requirements for a successful Safety Audit. By having the right documentation and following regulations, motor carriers can demonstrate their commitment to safety and compliance.

Proof of Insurance

Motor carriers must have sufficient insurance to handle costs that might come up if their operations cause injuries, damage to property, or harm to the environment.

You can meet this requirement by having insurance, surety bonds, or written permission from FMCSA to self-insure. The smallest amount of insurance needed is \$750,000, but this can change depending on things like how many passengers your vehicles can carry or how heavy they are. During a safety audit, you will be required to **provide a copy of the signed insurance form MCS-90.**

[See Appendix]

Interstate, for-hire carriers are required to have a form BOC-3 to designate a process agent, who accepts legal documents in all jurisdictions. A copy of this form should be retained at your place of business. **Be prepared to provide a copy of your BOC-3 form at your safety audit.**

Order a BOC-3



Drug and Alcohol Program

Motor carriers who have drivers with Commercial Driver's Licenses (CDLs) need to set up a thorough drug and alcohol testing program.

This program must cover testing drivers at various points of employment such as pre-employment screening, post-accident testing, reasonable suspicion testing, return-to-duty testing after a violation, and random tests for carriers with more than one driver.

At your audit be prepared to provide the following documents:

- Pre-employment drug test for each driver, which includes a copy of the Custody and Control Form as well as a copy of the Controlled Substances Test Results.
- Proof of a random testing program by proof of enrollment with a third-party administrator (TPA or Consortium).
- List of drivers enrolled in the random testing program.
- List of positive tested drivers, negative random drug or alcohol tests done in the previous year, any refusal to be tested, any reasonable suspicion drug or alcohol tests done, and any return to duty tests done.
- Certificates for supervisors

Employers of CDL drivers are required to query the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse at least once a year for each CDL driver they employ.

Employers are also required to conduct a query of the Clearinghouse for CDL driver's record as part of the employment pre-screening

You can either handle this program yourself (if you're not an owner-operator) or hire a consortium that provides testing services. Owner-operators have to join a consortium to be compliant.

[See Appendix]

**COMPLIANCE
ADD-ON**

Add our compliance add-on package to any order or order it alone and save 24%.

Includes membership in drug and alcohol consortium for the current year, DOT pre-employment drug test, and a driver qualification file.

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Accident Register

Motor carriers that had their vehicles in FMCSA reportable crashes in the past year have to provide an accident register.

Reportable crashes are those involving a towed vehicle, injury, or fatality. You need to keep these records for at least three years.

Key information to include in the accident register:

- Date of the accident.
- City or town and state where the accident occurred.
- Driver's name.
- Number of injuries.
- Number of fatalities.
- Whether hazardous materials, excluding fuel spilled from the vehicle's fuel tanks, were released.

Conclusion

To fully comply with safety rules, motor carriers need to meticulously organize both driver and vehicle documents as well as focus closely on carrier/programmatic needs for a Safety Audit. This chapter focuses on the details of what will be expected at a safety audit. Taking care of these details shows motor carriers are serious about the safety of their operations and shows their commitment to compliance and accountability.

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Example

Accident Register									
From July 1, 2022 to June 30, 2023									
Date & Hour of Accident		Location of Accident			Number of Fatalities	Number of Non-Fatal Injuries	H/M	Driver's Name	Copy of State or Insurance Report
Date	Hour	Street Address	City	State					
8/31/22	3:15 PM	123 Main Street	Anywhere	IA	0	2	<input type="checkbox"/>	John Smith	<input checked="" type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>



CHAPTER 4

SUBMITTING A CORRECTIVE ACTION PLAN

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SUBMITTING A CORRECTIVE ACTION PLAN

The Federal Motor Carrier Safety Administration (FMCSA) is dedicated to maintaining road safety by addressing carriers that pose a safety risk. This chapter outlines the intervention process employed by the FMCSA, including warning letters, investigations, corrective action plans, and penalties, to ensure carriers adhere to safety regulations and mitigate potential hazards.

FMCSA's Intervention Process

FMCSA's intervention process is designed to assess the reasons behind safety issues, suggest remedies, and impose penalties when necessary. In addition to other actions, the FMCSA often requires carriers to develop, submit, and execute a Corrective Action Plan (CAP) to rectify identified safety concerns. This plan identifies the root causes of safety problems and outlines steps the carrier will take to address them.

When to Submit

The CAP must be submitted within 15 days from the date of written notice that the new entrant failed the safety audit. This timeframe ensures the FMCSA has sufficient time to review the CAP before any revocations and out-of-service orders take effect.

Requirements for CAP Submission

- **Address Violations:** The CAP must address each violation on the Safety Audit Report that led to the audit's failure. Include the accident rate if applicable, along with the actions taken to correct the deficiencies. Provide documentation supporting these corrective actions using the CAP Template as guidance.
- **Identify Root Causes:** Explain why the violations occurred and identify the underlying reasons.
- **Prevent Recurrence:** Detail the measures taken to ensure the violations leading to the audit failure will not recur.

- **Accident Countermeasure Program:** If the accident rate indicates failure, include an accident countermeasure program. This program should encompass defensive driving training, causative factors identification, and preventive measures to reduce crashes.
- **Future Actions:** If the CAP involves actions to be conducted in the near future (e.g., training, reorganization), provide a detailed description, curriculum, and schedule.
- **Additional Documentation:** Include any documentation that supports your safety management controls and specifically relates to the Safety Audit failure.
- **Certification Statement:** Include a written statement certifying compliance with FMCSRs and Hazardous Material Regulations, signed by a corporate officer or owner.
- **Submission Deadline:** The CAP must be submitted within 15 days from the audit failure notice to allow the FMCSA adequate time for review.

[See Appendix]

Conclusion

FMCSA's intervention process ensures that carriers posing safety risks are identified and required to take corrective actions. The CAP submission process outlined in this chapter helps carriers address safety concerns promptly and effectively, contributing to improved road safety for all.



Corrective Action Plan Submission

Eastern Region

U.S. Department of Transportation,
Federal Motor Carrier Safety Administration
Eastern Service Center
31 Hopkins Plaza, Suite #800
Baltimore, MD 21201
Email: ESCCAP@dot.gov
Fax: 877-547-0379
Phone: 443-703-2269

Territory Included:
CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA,
PR, RI, VA, VT, WV

Midwestern Region

U.S. Department of Transportation,
Federal Motor Carrier Safety Administration,
Midwestern Service Center
DaVina Farmer, Service Center Director
C/O New Entrant Specialist
4749 Lincoln Mall Drive, Suite 300A
Matteson, IL 60443-3800
Email: MSCCAP@dot.gov
Fax: 877-547-0381
Phone: 708-283-3564

Territory Included:
IA, IL, IN, KS, MI, MN, MO, NE, OH, WI

Southern Region

U.S. Department of Transportation,
Federal Motor Carrier Safety Administration,
Southern Service Center
61 Forsyth Street, SW
Suite 3M40
Atlanta, GA 30303
Email: SSECCAP@dot.gov
Fax: 877-547-0380
Phone: 404-327-7351

Territory Included:
AL, AR, FL, GA, KY, LA, MS, NC, OK, SC,
TN

Western Region

U.S. Department of Transportation,
Federal Motor Carrier Safety Administration,
Western Service Center
12600 W. Colfax Ave.
Suite B-300
Lakewood, CO 80215
Email: WSECCAP@dot.gov
Fax: 877-547-0383
Phone: 303-407-234

Territory Included:
AK, AZ, CA, CO, HI, ID, MT, ND, NM, NV, OR,
SD, TX, UT, WA, WY, American Somoa, Guam,
Northern Mariana Islands

We ♥ to help!

"Preparing for a Successful Safety Audit" is your go-to guide for motor carriers gearing up for a Safety Audit. Covering driver, vehicle, and carrier/programmatic requirements, this eBook offers step-by-step insights into the necessary preparations. From driver qualifications and vehicle inspections to insurance coverage and drug testing programs, the book ensures you're well-equipped to ace your Safety Audit.

Our company would love to partner with you. With our company you gain access to over 35 years of transportation industry expertise, a genuine commitment to client success, and a reputation for industry leadership. Our services empower transportation companies to navigate regulations seamlessly, ensuring efficient and compliant operations."



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- ☎ 405-701-4173
- 🌐 www.dotprocessagents.com

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5

CHAPTER

FREQUENTLY ASKED QUESTIONS

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Who is involved in the safety audit process?

A certified U.S. federal safety investigator and state or provincial enforcement officers are typically involved in conducting safety audits. Additionally, representatives from the motor carrier, including managers, drivers, mechanics, and other staff, may participate in the audit process.

When will a Safety Audit or review occur?

A Safety Audit must take place within 12 months after a motor carrier begins its operations. This audit is designed to assess the carrier's safety management controls and compliance with federal regulations.

When will Compliance Reviews/Intervention occur?

Compliance Reviews or interventions can occur at any time when FMCSA safety data indicates potential safety problems or concerns. These reviews are conducted to ensure ongoing compliance with safety regulations.

When will Compliance Reviews/Intervention occur?

A carrier will fail a Safety Audit if it does not have basic safety management controls or fails to comply with one or more of the regulations.

Where will these audits and reviews take place?

Generally, safety audits, compliance reviews, and interventions take place at the principal place of business of the motor carrier. This location serves as the central point for evaluating the carrier's safety management practices and regulatory compliance. In some cases, the safety audit may take place at an agreed-upon location. Documents may be requested to be provided through electronic upload or fax.

What happens if a carrier refuses a Safety Audit?

If a carrier refuses to permit a Safety Audit to be performed on its operations, FMCSA will provide the carrier with written notice that its new entrant registration will be revoked and its operations placed out-of-service unless the carrier agrees in writing, within 10 days from the service date of the notice, to submit to a Safety Audit. The refusal to permit a Safety Audit to be performed may result in the carrier being placed out-of-service.

How does FMCSA decide which carriers receive an Offsite Safety Audit?

FMCSA's Offsite Safety Audit IT system will assess the motor carrier when the call center has validated the carrier, or 90 days after the carrier receives its U.S. DOT registration, whichever is first. If the motor carrier meets any of the following criteria, an Onsite Safety Audit is required:

- Carrier received an expedited action (49 CFR 385.308)
- Passenger carrier
- Household Goods (HHG) carrier
- Motor Carriers transporting amounts of Hazardous Materials requiring placards
- A recordable accident is detected
- Carrier has a Behavior Analysis and Safety Improvement Category (BASIC) percentile above threshold in the Safety Measurement System (SMS)
- Carrier was previously placed out-of-service (OOS) for a failure to submit documentation for a prior Offsite Safety Audit
- Carrier was previously placed OOS two or more times for failure to contact FMCSA or to respond to requests for information

All other carriers will be considered offsite eligible.

Where will these audits and reviews take place?

Generally, safety audits, compliance reviews, and interventions take place at the principal place of business of the motor carrier. This location serves as the central point for evaluating the carrier's safety management practices and regulatory compliance.

In some cases, the safety audit may take place at an agreed-upon location. Documents may be requested to be provided through electronic upload or fax.

What happens when a carrier fails its Safety Audit?

As soon as practicable, but not later than 45 days after the completion of the Safety Audit, FMCSA will notify the carrier in writing that its U.S. DOT new entrant registration will be revoked and its operations placed out-of-service unless it takes actions to remedy its safety management practices.

If a carrier fails to submit a written response demonstrating corrective action acceptable to FMCSA within the time specified (45 or 60 days depending on the type of carrier), FMCSA will revoke its new entrant registration and issue an Out-of-Service Order.



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CHAPTER

APPENDIX

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APPENDIX

Below is a list of sample documentation referenced in this guide.

- Driver's Motor Vehicle Record
- Medical Certificate
- Driver's Inspection Report (DVIR)
- Annual Vehicle Inspection
- Vehicle Maintenance Record
- Sample Vehicle Maintenance Schedule
- Hazardous Materials Shipping Papers
- Proof of Insurance
- Alcohol Testing Form
- Drug Testing Form
- Corrective Action Plan

Driver's Motor Vehicle Record Example

12/08/2005 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS 04:56
DIVISION OF MOTOR VEHICLES AND ADMINISTRATIVE ADJUDICATION COURT
DRIVING RECORD ABSTRACT PAGE 1 OF 1

LICENSE STATE RI
LICENSE NUMBER *****

***COURT**

LAST DOE SEX F ** LICENSE INFO ** **** CDL INFO ****
FIRST JANE MI A FT EXPIRE 09/17/2008 ISSUE 06/18/1992
STREET ***** CLASS A CLASS A STAT EXP
C/S/Z ***** 02861 STATUS VAL ENDRS X REST
SSN ***** DOB 09/17/1954 RESTR DISQUALIFIED N
ISSUE: / /2000 EXPIRE: 09/17/2008
JAIL FINE

ACT DATE	SUM/CASE#	CMV/HAZ	JURIS	REASON/OFFENSE/ACC	TYPE SEV	COURSE
N 10/16/2001	USVT	N	USRI	SURRENDERED RI LICENSE		
N 01/03/2000	USMA	N	USRI	LIC.SURR.FROM OUT-OF-ST		
N 01/03/2000	USMA	N	USRI	SURRENDERED RI LICENSE		

DRIVER'S INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13

Truck or Tractor Number

Mileage (No Tenths)

Trailer Number

Dolly Number

Trailer Number

Location

CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT

GENERAL CONDITION

- Cab/Doors/Windows
- Body/Doors
- Oil Leak _____
- Grease Leak _____
- Coolant Leak
- Fuel Leak
- Other _____

(IDENTIFY)

ENGINE COMPARTMENT

- Oil Level
- Coolant Level
- Belts
- Other _____

(IDENTIFY)

IN-CAB

- Gauges/Warning Indicators
- Windshield Wipers/Washers
- Horns
- Heater/Defroster
- Mirrors
- Steering
- Clutch
- Service Brakes
- Parking Brake
- Emergency Brakes
- Triangles
- Fire Extinguisher
- Other Safety Equipment
- Spare Fuses
- Seat Belts
- Other _____

(IDENTIFY)

EXTERIOR

- Lights
- Reflectors
- Suspension
- Tires
- Wheels/Rims/Lugs
- Battery
- Exhaust
- Brakes
- Air Lines
- Light Line
- Fifth Wheel
- Other Coupling
- Tie-Downs
- Rear-End Protection
- Other _____

(IDENTIFY)

NO DEFECTS

TOWED UNIT(S)

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Body/Doors | <input type="checkbox"/> Suspension | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Rear End Protection |
| <input type="checkbox"/> Tie-Downs | <input type="checkbox"/> Tires | <input type="checkbox"/> King Pin/Upper Plate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Wheels/Rims/Lugs | <input type="checkbox"/> Fifth-Wheel (Dolly) | _____
(IDENTIFY) |
| <input type="checkbox"/> Reflectors | <input type="checkbox"/> Brakes | <input type="checkbox"/> Other Coupling Devices | <input type="checkbox"/> NO DEFECTS |

REMARKS: _____

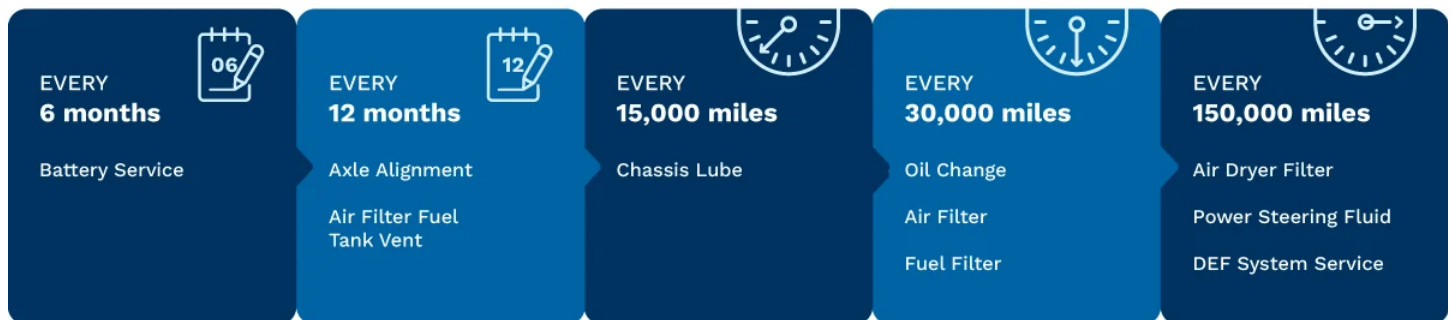
REPORTING DRIVER: Date _____ Name _____ Employee Number _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O. #S: _____ Certified By: _____ Location: _____
REVIEWING DRIVER: Date _____ Name _____ Employee Number _____	

SHOP REMARKS: _____

Sample Maintenance Schedule

Maintenance Items	Normal-Heavy Duty	Severe Duty
Classic Lube	15,000 miles	10,000 miles
Battery Service	6 Months	6 Months
3-axle Alignment	Every 12 months	Every 12 months
Oil Change/B service	4,500 miles or 1,300 hours	35,000 miles or 825 hours
Air Filter Fuel Tank Vent	12 months	6 months
Air Dryer Filter	150,000 miles	100,000 miles
Power Steering Fluid Filter	150,000 miles	150,000 miles
Valve adjustment	150,000 miles, then every 300,000 miles after the first overhead (valve adjustment)	150,000 miles, then every 200,000 miles after the first overhead (valve adjustment)
DEF System Service	150,000 miles	150,000 miles
AHI Clean/Replace	150,000 miles	100,000 miles
DPF Filter Clean/Bake	400,000 miles	250,000 miles
Coolant Filter Replace	300,000 miles	150,000 miles
Coolant Replace/Flush	750,000 miles	750,000 miles
Transmission Filter/Fluid Replace	500,000 mi or 60 months	500,000 mi or 60 months
Fan/Accessory Drive Belt Replace	300,000 miles	150,000 miles
Differential Oil Replace	250,000 miles	150,000 miles

Typical Semi Truck Maintenance Schedule



USDOT Number: _____ Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States 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 MCS-90

Issued to _____ of _____
(Motor Carrier name) (Motor Carrier state or province)

Dated at _____ on this _____ day of _____, _____

Amending Policy Number: _____ 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 for the limits shown (check only one):

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 underlying 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 all its 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 or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 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's registration 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, DC).

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

(continued on next page)

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, watercourse, or body of water, 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 anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

SCHEDULE OF LIMITS — PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 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 10,001 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 10,001 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) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 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

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

Appendix G to Part 40 - Alcohol Testing Form

The following form is the alcohol testing form required for use in the DOT alcohol testing program beginning January 1, 2011. Employers are authorized to use the form effective February 25, 2010.

[65 FR 79526, Dec. 19, 2000, as amended 75 FR 8528, February 25, 2010; 75FR 38423, July 2, 2010]

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Print Screening Results
Here or Affix with
Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____ (_____) _____
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

_____/_____/_____
Signature of Employee Date Month Day Year

Print Confirmation
Results Here or Affix
with Tamper Evident
Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result
--------	---------------------	--	-----------------	--------------	--------

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company _____ Company Street Address _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company City, State, Zip _____ Phone Number _____
_____/_____/_____
Signature of Alcohol Technician Date Month Day Year

Print Additional
Results Here or Affix
With Tamper Evident
Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

_____/_____/_____
Signature of Employee Date Month Day Year

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Print Screening Results
Here or Affix with
Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____ (_____) _____
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee _____ Date _____/_____/_____
Date Month Day Year

Print Confirmation
Results Here or Affix
with Tamper Evident
Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result
--------	---------------------	--	-----------------	--------------	--------

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company _____ Company Street Address _____ (_____) _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company City, State, Zip _____ Phone Number _____

Signature of Alcohol Technician _____ Date _____/_____/_____
Date Month Day Year

Print Additional
Results Here or Affix
With Tamper Evident
Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date _____/_____/_____
Date Month Day Year

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Print Screening Results
Here or Affix with
Tamper Evident Tape

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name _____
Street _____
City, State, Zip _____

DER Name and Telephone No. _____ (_____) _____
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susp Post-Accident Return to Duty Followup Preemployment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

_____/_____/_____
Signature of Employee Date Month Day Year

Print Confirmation
Results Here or Affix
with Tamper Evident
Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
--------	---------------------	-------------------------------------	-----------------	--------------	--------

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company _____ Company Street Address _____ (_____) _____
(PRINT) Alcohol Technician's Name (First, M.I., Last) _____ Company City, State, Zip _____ Phone Number _____
_____/_____/_____
Signature of Alcohol Technician Date Month Day Year

Print Additional
Results Here or Affix
With Tamper Evident
Tape

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

_____/_____/_____
Signature of Employee Date Month Day Year

PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 8 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

BACK OF PAGES 1 and 2

INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL TESTING FORM

NOTE: Use a ballpoint pen, press hard, and check all copies for legibility.

STEP 1 The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

NOTE: If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

STEP 3 The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the AFT. For a breath testing device capable of printing, the information may be part of the printed record.

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original printed information, or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward **Copy 1** to the employer. Give **Copy 2** to the employee. Retain **Copy 3** for BAT/STT records.

BACK OF PAGE 3

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Note: There are multiple copies of this drug testing form. A copy is retained by each of the following parties: employee, employer, testing facility, collector, medical review officer.

SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone No. and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Specify Testing Authority: HHS NRC DOT – Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

G. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark _____ Collection: Split Single None Provided, Enter Remark _____ Observed, Enter Remark _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X _____ Signature of Collector AM _____
 _____ PM _____
 (PRINT) Collector's Name (First, MI, Last) / Date (Mo/Day/Yr) Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO: _____
 Name of Delivery Service

RECEIVED AT LAB OR IITF:

X _____ Signature of Accessioner
 (PRINT) Accessioner's Name (First, MI, Last) / Date (Mo/Day/Yr)

Primary Specimen Bottle Seal Intact YES NO
 If NO, Enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

NEGATIVE DILUTE **POSITIVE** for: Marijuana Metabolite (Δ9-THCA) 6-Acetylmorphine Methamphetamine MDMA
 Cocaine Metabolite (BZE) Morphinine Amphetamine MDA
 PCP Codeine MDEA

REJECTED FOR TESTING **ADULTERATED** **SUBSTITUTED** **INVALID RESULT**

REMARKS: _____

Test Facility (if different from above) : _____
 I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X _____ Signature of Certifying Technician/Scientist (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) / Date (Mo/Day/Yr)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

Laboratory Name _____
 Laboratory Address _____

RECONFIRMED **FAILED TO RECONFIRM - REASON** _____
 I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X _____ Signature of Certifying Scientist (PRINT) Certifying Scientist's Name (First, MI, Last) / Date (Mo/Day/Yr)

 0000001 SPECIMEN ID NO.	A		0000001 SPECIMEN BOTTLE SEAL	_____ Date (Mo/Day/Yr) _____ Donor's Initials
 0000001 SPECIMEN ID NO.	B (SPLIT)		0000001 SPECIMEN BOTTLE SEAL	_____ Date (Mo/Day/Yr) _____ Donor's Initials

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

Version C 14May2010

80308

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. _____ B. MRO Name, Address, Phone No. and Fax No. _____

C. Donor SSN or Employee I.D. No. _____

D. Specify Testing Authority: HHS NRC DOT – Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

G. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark _____ Collection: Split Single None Provided, Enter Remark _____ Observed, Enter Remark _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

SPECIMEN BOTTLE(S) RELEASED TO:

X _____
Signature of Collector AM
_____ PM
(PRINT) Collector's Name (First, MI, Last) / / Date (Mo/Day/Yr) Time of Collection Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X _____
Signature of Donor (PRINT) Donor's Name (First, MI, Last) / / Date (Mo/Day/Yr)

Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth / / (Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE **POSITIVE** for: _____
 DILUTE

REFUSAL TO TEST because – check reason(s) below: **TEST CANCELLED**

ADULTERATED (adulterant/reason): _____
 SUBSTITUTED
 OTHER: _____

REMARKS: _____

X _____
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) / / Date (Mo/Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: _____ **TEST CANCELLED**

FAILED TO RECONFIRM for: _____

REMARKS: _____

X _____
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) / / Date (Mo/Day/Yr)

Instructions for Completing the Federal Drug Testing Custody and Control Form for Urine Specimen Collection

When making entries on a paper CCF, use black or blue ink pen and press firmly

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory are on the top of the Federal CCF and the Specimen Identification (I.D.) number on the top of the Federal CCF matches the Specimen I.D. number on the labels/seals.

STEP 1:

- Collector ensures that the required information is in STEP 1. Collector enters a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee I.D. number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the remarks line in STEP 2. If the Donor's conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the remarks line in STEP 2 and takes action as required.

STEP 2:

- Collector checks specimen temperature within 4 minutes after receiving the specimen from Donor, and marks the appropriate temperature box in STEP 2. If temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the remarks line in STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g. unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the federal agency, Collector takes action as required, and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the *None Provided* box, enters a remark in STEP 2, discards Copy 1 and distributes remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label(s)/seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label(s)/seal(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label(s)/seal(s) after placement on the specimen bottle(s).
- Collector instructs the Donor to read and complete the certification statement in STEP 5 on Copy 2 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

STEP 4:

- Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service) and places the sealed specimen bottle(s) in a leak-proof plastic bag.
- Paper CCF: Collector places Copy 1 in the leak-proof plastic bag. Electronic CCF: Collector places printed copy of Copy 1 in the leak-proof plastic bag and/or places package label (with Specimen I.D., test facility name and contact information, and collection site name and contact information) on the outside of the bag.
- Collector seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the Federal Drug Testing Custody and Control Form is voluntary. However, incomplete submission of the information, refusal to provide a specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the federal service or other disciplinary action.

The authority for obtaining the specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for testing. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

Public Burden Statement

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

Table of Acceptable Documentation

If the New Entrant Safety Audit Report Violation was:	Then Documentation as Proof of Remedy is:
General 1: 387.7(a) General 2: 387.7(d) General 3: 387.31(a) General 4: 387.31(d)	For Property Carriers: A copy of current insurance form MCS-90 For Passenger Carriers: A copy of current insurance form MCS-90B (Certificates of Insurance are not sufficient evidence of coverage)
Driver 10: 391.11(b)(4)	1. Copy of driver’s current, valid Medical Examiner’s Certificate 2. If applicable, proof of waiver, exemption and/or Skills Performance Evaluation (SPE) certificate issued by FMCSA
Driver 11: 391.15(a)	A current state motor vehicle record (MVR) showing that the driver is no longer disqualified. If the driver has been terminated provide a written statement providing date of termination along with payroll documentation.
Driver 2: 391.51(b)(2)	Driving records for all drivers (3 maximum) for the past 3 years
Driver 7: 391.51(b)(7)	Copy of driver’s current, valid Medical Examiner’s Certificate
Driver 12: 382.115(a) and 382.115(b)— (domestic or foreign motor carriers)	<ol style="list-style-type: none"> 1. A copy of your written Controlled Substances and Alcohol Testing Policy meeting DOT requirements. 2. Evidence that 3 drivers received a copy of your company’s written Controlled Substances and Alcohol Testing Policy. (N/A to Owner Operators). 3. Evidence that all designated supervisors have received the required supervisor training for reasonable suspicion. (N/A to Owner Operators). 4. Copies of pre-employment controlled substance test results on 3 drivers. These tests must be USDOT-compliant. 5. Copies of any random controlled substance and/or alcohol test results recently conducted on current drivers subject to 49 CFR Part 382. These tests must be USDOT-compliant. If no drivers selected for random testing, provide statement from consortium and/or random selection documentation. 6. A description of your random testing procedures, if your company has an agreement with a consortium/third-party administrator (C/TPA) including: <ol style="list-style-type: none"> a. The contract with the C/TPA; or b. A letter from the C/TPA demonstrating enrollment (on C/TPA letterhead); or c. A certificate with the C/TPA demonstrating enrollment. d. A list, provided by C/TPA, of the company’s drivers currently enrolled in the Controlled Substances and Alcohol Random Testing program. 7. A description of your company’s random testing procedures if your company <u>does not</u> have an agreement with a consortium/third-party administrator (C/TPA) including: <ol style="list-style-type: none"> a. Description of your random selection process to ensure that all drivers will have an equal chance of being tested; b. Description of your system for contacting the driver(s) selected for testing and rules on what actions the driver should take once contacted c. Description of procedures for updating the list of CDL drivers to be included before the random selection occurs. 8. The list of drivers currently enrolled in the controlled substances and alcohol random testing program 9. A driver list for all CDL required drivers. The list should include driver names and dates of hire as a CDL driver.

<p>If the New Entrant Safety Audit Report Violation was:</p>	<p>Then Documentation as Proof of Remedy is:</p>
<p>Driver 13: 382.213(b) Driver 14: 382.215 Driver 15: 382.201 Driver 25: 382.211 Driver 26: 382.503</p> <p>Operation 16: 392.4(b)-use Operation 17: 392.5(b)(1)-use Operation 18: 392.5(b)(2)</p>	<p>If the driver is going to drive:</p> <ol style="list-style-type: none"> 1. Substance Abuse Professional (SAP) evaluation 2. Evidence of return to duty test 3. SAP written follow-up testing plan 4. All follow-up test results, if applicable <p>If the driver has been terminated, or is not going to drive:</p> <ul style="list-style-type: none"> • Written statement providing date of termination along with payroll documentation, or • Written statement that the driver will not drive again in your employment
<p>Driver 17: 382.301(a)</p>	<ol style="list-style-type: none"> 1. A driver list for all CDL required drivers. The list should include the driver names and dates of hire as a CDL driver. 2. Pre-employment drug test results on three drivers hired during the previous 365 days 3. Custody and Control Forms for each pre-employment controlled substance test
<p>Driver 20: 382.305 Driver 21: 382.305(b)(1) Driver 22: 382.305(b)(2)</p>	<ol style="list-style-type: none"> 1. A driver list of all CDL drivers. 2. Evidence showing participation in a Random Testing Program. Evidence could include contract, letter, or certificate with consortium/third party administrator (C/TPA). 3. Information on how the random pool is administered. 4. Random test results and each test's Custody and Control forms (CCF), if applicable. If no drivers selected for random testing, provide statement from consortium and/or random selection documentation. 5. List provided by the Random Testing Program of all names of drivers in the random testing pool. 6. A description of your company's random testing procedures if your company <u>does not</u> have an agreement with a consortium/third-party administrator (C/TPA) including: <ol style="list-style-type: none"> a. Description of your random selection process to ensure that all drivers will have an equal chance of being tested; b. Description of your system for contacting the driver(s) selected for testing and rules on what actions the driver should take once contacted. c. Description of procedures for updating the list of CDL drivers to be included before the random selection occurs.
<p>Driver 29: 383.23(a) Driver 30: 383.37(b) Driver 31: 383.51(a)</p>	<p>If the driver is going to drive provide a copy of state motor vehicle record.</p> <p>If the driver has been terminated, or is not going to drive:</p> <ol style="list-style-type: none"> 1. Written statement providing date of termination and payroll documentation, or 2. Written statement that the driver will not drive again in your employment
<p>Operation 2: 395.8(a) Operation 3: 395.8(i)</p>	<ol style="list-style-type: none"> 1. A detailed description or report of your system for monitoring and controlling hours of service (HOS) and verifying the accuracy of drivers' records of duty status (RODS). 2. Report the titles of personnel responsible for monitoring and verifying the accuracy of RODS and checking for HOS violations. 3. Provide 30 consecutive days of records of duty status (log sheets) or time records displaying time in, time out and total hours (if applicable) on 3 drivers.

If the New Entrant Safety Audit Report Violation was:	Then Documentation as Proof of Remedy is:
Operation 4: 395.8(k)(1)	<ol style="list-style-type: none"> 1. 30 consecutive days of records of duty status or time cards for 3 drivers 2. Evidence that supporting documents are maintained - for example, fuel receipts, toll receipts, etc.
Operation 5: 395.3(a)(1) Operation 6: 395.3(a)(2) Operation 7: 395.3(b)(1) Operation 8: 395.3(b)(2) Operation 9: 395.5(a)(1) Operation 10: 395.5(a)(2) Operation 11: 395.5(b)(1) Operation 12: 395.5(b)(2) Operation 13: 395.8(e)	<ol style="list-style-type: none"> 1. A detailed description or report of your system for monitoring and controlling hours of service (HOS) and verifying the accuracy of drivers' records of duty status (RODs) 2. Report the titles of personnel responsible for monitoring and verifying the accuracy of RODs and checking for HOS violations 3. Documentation showing hours of service checks and false log checks, and the results 4. Records of duty status for all drivers (3 maximum) for 30 consecutive days
Maintenance 1: 396.3(b)	<ol style="list-style-type: none"> 1. Complete vehicle maintenance files for all vehicles – up to 3 vehicles 2. Copy of preventive maintenance plan
Maintenance 2: 396.17(a)	Vehicle annual inspections or equivalent for each vehicle – up to 3 vehicles
Maintenance 5: 396.11(a)	30 days of driver vehicle inspection reports on each vehicle for up to three vehicles.
Maintenance 6: 396.11(c)	<ol style="list-style-type: none"> 1. Driver vehicle inspection report that was in violation 2. Documentation that the out-of-service defect(s) was repaired
Maintenance 7: 396.9(c)(2)	Documentation that the out-of-service violation(s) was repaired
HM 3: 171.15 HM 4: 171.16	Submit and retain a copy of the Hazardous Materials Incident Report on DOT Form F 5800.1, which can be downloaded from www.phmsa.dot.gov under incident reporting. The form can also be submitted online.
HM 7: 172.700(a)	<ol style="list-style-type: none"> 1. Description of training plan provided to employees involved with hazardous materials. 2. Documentation that personnel received the training; up to three (3) personnel
HM 10: 177.817(a)	An example of properly prepared shipping papers for each class of hazardous material that carrier hauls and/or ships.
Driver 18: 382.303(a) Driver 19: 382.303(b)	<ol style="list-style-type: none"> 1. A copy of the carrier's Controlled Substance and Alcohol Testing Policy, 2. A statement describing how the violation was handled.
Driver 16: 382.505(a) Operation 16: 392.4(b) - possession Operation 17: 392.5(b)(1) – possession Operation 14: 392.2 Operation 15: 392.9(a)(1) HM 11: 177.817(e) HM 12: 177.841(e) HM 18: 397.13(a)	A statement describing how the violation was handled.
HM 14: 180.407(a) HM 15: 180.407(c)	Copies of the inspection and testing reports for all units (maximum of 3).
HM 16: 80.415	Evidence (e.g. pictures, video) that vehicles' inspection and testing markings are shown as required (maximum of 3)
HM 17: 180.417(a)(1)	For all DOT specification cargo tanks (maximum of 3): <ol style="list-style-type: none"> 1. Specification cargo tank's manufacturer certificate. 2. The manufacturer's ASME U1A data report, where applicable. 3. Any required related documents.

Frequently Asked Questions:

1. What is a Corrective Action Plan?

Your Safety Audit Report tells you the reason(s) for failing the safety audit. A corrective action plan is evidence that you have taken, and will continue to take, steps to correct the deficiencies that led to your safety audit failure. Your corrective action plan consists of the completed cover sheet, signed by the company officer or the owner of the company, and documents proving that you have remedied each deficiency. Use the Table of Acceptable Documentation to determine what documents to attach and submit to FMCSA.

2. Why should I prepare and submit a Corrective Action Plan?

If you do not submit an acceptable corrective action plan so that it is received within 15 days of the date of your Safety Audit Failure Notice, your new entrant registration may be revoked, and your operation placed out of service¹ for at least 30 days after the date of revocation.

3. When should I submit my Corrective Action Plan?

As a result of the safety audit, you received the Safety Audit Failure Notice. You must submit your plan so that it is received within 15 days from the date of the notice to ensure that FMCSA has time to review your plan. If you *are* a carrier of *passengers or amounts of hazardous materials requiring placards*, and your corrective action plan is received within 15 days of the date of your written notice, FMCSA will review your corrective action plan within 45 days. If you *are not* a carrier of passengers or hazardous materials requiring placards, and your corrective action plan is received within 15 days from the date of your written notice, FMCSA will review your corrective action plan within 60 days. The deadline to submit a Corrective Action plan is 45 days for passenger carriers or placardable HAZMAT carriers and 60 days for other types of carriers. We encourage carriers to submit their CAPS within 15 days so FMCSA can complete its review before the 45 day or 60 day revocation date.

4. What should I include with my Corrective Action Plan?

Your complete Corrective Action Plan should include the following:

- a. **Completed cover sheet.** Your cover sheet asks for the following information:
 - i. Provide your company's name, USDOT Number, Telephone Number and Email address (if available)
 - ii. Explain why each violation occurred, and what actions you have taken, or will take, to prevent future violations of safety regulations.
 - iii. Sign the statement certifying that your company will operate in compliance with the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations (if applicable), and that the motor carrier's operation currently meets the safety standard found in the FMCSR's, 49 CFR Sections 385.5 and 385.7. The statement must be signed by a corporate officer or owner of the company.
- b. **Documentation that demonstrates the corrective action for each violation that resulted in the safety audit failure.**
 - i. Use the attached Table of Acceptable Documentation to find the acceptable documentation that will demonstrate you have remedied the regulatory violations that caused the failure of your safety audit. You must submit the appropriate documents with your cover sheet.
 - ii. Ensure to address all of the CAP bullet points within the notice letter.
 - iii. If the Safety Audit Report includes a failed Factor 6, Accident Factor, you must include documentation supporting your accident countermeasure program.

5. What additional documentation should I include?

Any documents you believe demonstrate adequate safety management controls

6. Where should I submit my Corrective Action Plan?

Submit your signed Cover Sheet and all documentation to the address on the Cover Sheet. Submit via email or FAX for fastest delivery.

¹ Title 49 CFR section 385.319(c) and 385.325 of the Federal Motor Carrier Safety Regulations.