[Insert Company Logo nad/or Name]

**Fleet Safety Program**

**A Guide to Safety Policies and Procedures for Fleet Safety**

## Provided by

Summit Risk Management & Insurance

**[Insert Company Name]**

**Fleet Safety Program**

The objective of this program is to strive to eliminate motor vehicle accidents and associated injuries by following the safe practices established in this program. This program is integrated into our company’s written safety and health program and is a collaborative effort that includes all employees.

Compliance with this program is mandatory for all company drivers. There are different requirements depending on the type/size of vehicle being driven. Drivers Categories: **Category 1** = Any driver of a company vehicle or a personal vehicle used for company purposes; **Category 2** = DOT required, non-CDL (Commercial Drivers License). A driver who operates a vehicle OR combination of vehicle and trailer which has a Gross Vehicle Weight Rating (GVWR) of more than 10,000 pounds; and **Category 3** = CDL required. A driver who opersates a vehicle OR combination of a vehicle and trailer (when the trailer is over 10,000 pounds) which has a GVWR of more than 26,000 pounds.

Violations of this program may result in disciplinary action up to and including suspension of driving privileges or termination. Any deviations from this program must be immediately brought to the attention of the employee’s supervisor or the Program Administrator.

# Program Responsibilities

**Management.** Our company is responsible for providing the tools and resources necessary to implement this program and for ensuring that the provisions in this program are being followed by the Program Administrator and all employees.

**Program Administrator.**

Program Administrator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Program Administrator is responsible for the following:

* Evaluating prospective company drivers - (All drivers)
* Maintaining an accurate qualified drivers list - (All drivers)
* Maintaining accurate qualification records - (All drivers)
* Maintaining accurate substance abuse testing records - (Category 3)
* Ensuring company vehicles are maintained mechanically
* Selection/procurement of all company vehicles
* Ensuring all qualified drivers are trained in the safe operation of company’s vehicles - (All drivers)
* Monitoring drivers to ensure compliance with all elements of this program - (All drivers)

**Driver Trainers.** Driver Trainers of our company are responsible for the following:

* Conducting on-road driving tests for new employees and existing employees at least annually
* Making recommendations to the Program Administrator regarding the retention or release of employees based on driving tests

**Drivers.** Drivers of our company are responsible for conducting themselves in accordance with this program. Drivers will:

* Meet all minimum qualification criteria
* Be medically qualified to drive a commercial motor vehicle - (Category 2 & 3)
* Maintain satisfactory evaluations from our company’s Driver Trainer- (All drivers)
* Receive negative drug/alcohol tests - (Category 3)
* Maintain an acceptable motor vehicle record (MVR) – (All drivers)
* Provide our company a current motor vehicle record (MVR) annually – (All drivers)

*Note: A driver is anyone who may, in the course of their employment, operate a company-owned motor vehicle, a rented/leased motor vehicle, and/or a personal motor vehicle on company business.*

# Driver Qualification Criteria

Driver applicants will not be considered for employment unless they meet the minimum requirements listed below.

* Be at least 21 years old to operate a motor vehicle intrastate or interstate - (All drivers)
* Be able to read and speak English sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records – (All Drivers)
* Be physically and mentally qualified to drive a company vehicle and possess a valid medical certificate as defined in 49 CFR Part 391 (Category 2 & 3)
* Possess a current and valid driver’s license or chauffer’s license and proper endorsements for the type of vehicle to be driven – (All drivers)
* Must not be disqualified to drive a commercial motor vehicle under the rules and regulations set forth in 49 CFR Part 391.15 – (Category 2 & 3)
* Meets all of the requirements and be able to perform all of the tasks and essential duties of the job description – (All drivers)
* Have at least two years of verifiable driving experience with like type vehicles – (All drivers)
* Have at least five years verifiable driving experience, if required to transport hazardous materials – (Category 2 & 3)
* Has not been convicted of any of the following violations within the previous five years: (All drivers)
  + Driving under the influence of alcohol and/or drugs
  + Reckless driving/speed contests
  + Hit and run accidents
  + Vehicular manslaughter/homicide
  + Leaving the scene of an accident
  + Failure to report an accident
  + Improper or erratic lane changing
  + Distracted driving (including cell phone use [texting or talking] while driving)
  + Flee/elude police officer
  + Passing a stopped school bus
  + Refusal to submit to a alcohol and/or drug test
  + Operating with a suspended or revoked license
* Has not experienced any of the following within the previous three years:
  + Two “at fault” accidents
  + Three moving violations
  + Two moving violations and one “at fault” accident
  + Tested positive to drugs or alcohol

# Personal Vehicle Use Qualification Criteria

Employees who drive their personal vehicles on company business are subject to the requirements of this program including:

* Maintains auto liability insurance with minimum limits of $100,000 for bodily injury and $100,000 for property damage with combined single limit of $300,000. Personal Auto Liability Insurance is the primary payer.
* Maintains current state vehicle inspections when required.
* Maintains own vehicle in a safe operating condition when driven on company business.
* Proof of insurance (copy of declaration page) will be sent to the home office.
* Acceptable Motor Vehicle Report (MVR).
* No ‘business use’ exclusion on personal insurance policy.
* Seat belts are required to be worn at all times.
* Texting or any type of hands on cell phone use is not allowed while operating a vehicle.
* All state and local laws are to be observed at all times.

# Hiring Process

Our company’s employment hiring process is designed to ensure that the safest individuals are hired to operate our motor vehicles. This multi-step process shall be used for all applicants and will be administered uniformly without bias toward race, color, religion, gender, age, national origin, disability, sexual orientation or any other criteria deemed unlawful by state, federal or local law.

**Application.** All driver applicants must submit a completed, accurate, signed and dated application for employment **(Appendix D)**. The hiring/screening process will not continue until all information on the application has been verified. – (All drivers)

**Previous Employer Driver Inquiry.** The employment history will be collected and verified for every commercial driver applicant. **(Appendix F** (Category 2) **and E & F** (Category 3)**)**

**Motor Vehicle Records.** The driving record from the previous five years will be examined for all driver applicants from the appropriate agency of every state in which the applicant held a motor vehicle license or permit. The driver qualification and hiring process will not continue until all driving record information has been verified and no disqualifying items have been found (See qualification requirements above). – (All drivers)

**Drug and Alcohol History.** Following a conditional job offer,drivers will be asked if he or she has tested positive, or refused to test, on any pre-employment drug and alcohol test administered by a previous employer. If the employee admits to any of the above, without documented successful completion of DOT return-to-duty requirements, he or she will not be considered for employment. All drivers for our company are prohibited from driving under the influence of alcohol/drugs (illegal or misue of presecritption drugs).

**Background and Fair Credit Reporting Act Investigations.** All applicants must provide written approval for our company to perform a Motor Vehicle Report (MVR) checks (**Appendix O**). These checks will be made on all driver applicants and other applicants that may be required to operate a motor vehicle while conducting company business, or the applicant will be required to obtain the MVR and provide it to the employer. – (All drivers)

**Employment Eligibilty Verification.** All applicants shall be required to complete an I9 form. – (All drivers)

**Personal Interviews.** All applicants will be given an in-person interview by the Program Administrator. – (All drivers)

**Drug/Alcohol Screening.** All CDL (Category 3) required operators will submit to a drug/alcohol screening after an initial offer of employment is extended. Only drug/alcohol testing facilites designated by our company will be used/acceptable. Drug/alcohol test results from the CDL commercial driver applicant’s previous employer will not be accepted. A negative test result is a condition of employment. No driver applicant will perform any work or activity for our company until a negative test result has been obtained for the driver applicant. Be advised that marijuana remains a drug listed in Schedule I of the Controlled Substances Act.

**Driving Evaluation.** All applicants will be required to submit to a driving test to evaluate their driving proficiency. The driving test will be an on-road driving test with one of our company’s Driver Trainers. The applicant will be evaluated on pre-trip inspections, city and rural driving on two-lane and multiple-lane roads including freeway and interstate, passing, backing, and emergency procedures. This evaluation will be used in the hiring assessment and to develop portions of our company’s mandatory driver training program. This driving test will be completed before a new driver is allowed to operate a vehicle for company business. Driving evaluations will be documented on the Driver’s Road Test Examination form located in **Appendix J** and upon successful completion of the Examination, the driver will be issued a Certificate of Driver’s Road Test **(Appendix J-1**).

# Driver Training

**Company Orientation.** During orientation, drivers will be introduced to all documents, rules, procedures and policies used by drivers of our company, many of which are included in this Fleet Safety Program. During driver orientation, drivers will be introduced to company facilities and will be provided with area access security codes and keys as needed. Drivers will also be introduced to personnel they will be interacting with during the course of their employment with our company.

**Employment Documentation.** Our company uses a variety of forms and other recordkeeping documents including but not limited to: vehicle inspection reports, manifests and bills of laden, hours of service log books, fuel and other vehicle service and maintenance receipts. Drivers will be introduced to these documents by a representative from our company. The Human Resources Department will also meet with each driver to complete all employment documentation.

**Driver Safety Rules.** All Drivers are responsible for complying with all of our company rules. Driver safety rules include, but are not limited to the following:

* Do not operate the vehicle unless all occupants are wearing a seat belt
* Do not drive the vehicle without headlights illuminated
* Do not allow any unlicensed/unauthorized persons to operate a company motor vehicle
* Do not operate any vehicle while impaired, affected, or influenced by alcohol, illegal drugs, medication, illness, fatigue, or injury
* Do not engage in distracting activities while driving. This includes using a cell phone for talking or texting, eating, using a computer, GPS or MP3 player, applying makeup, reading, looking at maps, or any other activity that takes a person’s eyes or attention away from driving. Drinking non-alcoholic beverages is acceptable
* Do not use a radar detector
* Obey the posted maximum and minimum speed limits at all times
* Do not pick up hitchhikers or allow unauthorized passengers inside the motor vehicle
* Do not drive a motor vehicle that is mechanically unsafe to operate
* Do not operate a motor vehicle with unsecured cargo or equipment
* Move to another traffic lane or slow down when approaching an emergency vehicle along the side of the roadway
* Observe all state and local laws while operating the motor vehicle
* Do not accept payment for carrying passengers or materials not authorized by our company
* Do not push or pull another vehicle or tow a trailer without company authorization
* Do not transport flammable liquids and gases without prior authorization. If authorized, only DOT or UL approved containers are to be used, and only in limited quantities when necessary
* Do not use ignition or burning flares. Use only issued reflective triangles

These rules will be reviewed annually and signed by each driver (**Appendix L**). The signed copy will be

maintained in the driver’s file. Disciplinary action up to and including termination may result if drivers fail to comply with the driver safety rules.

**Driver Safety Notices.** Our company understands the importance of current information and will post safety notices, regulatory changes, procedure changes and any traffic/road condition reports.

**Individual Driver Training.** Our ompany has developed and adopted a policy that all drivers complete a mandatory training period before operating company vehicles. Training is conducted for a minimum of four weeks with a company Driver Trainer and includes both classroom and road training. The total length of the training is dependent on each driver completing all course objectives.

Upon the completion of training, the Driver Trainer will make a recommendation to the Program Administrator to either retain the new driver or release him or her. In some cases, a driver undergoing training may not be allowed to complete the training. This usually occurs if, in the opinion of the Driver Trainer, the driver poses a safety liability to our company.

Periodically a Driver Trainer may ride with each driver to evaluate his or her operation of a motor vehicle. Moving violations and/or accidents may also trigger additional training throughout the year.

**Group Driver Training.** All drivers must attend periodic training. This training will consist of a review of company procedures, updates on regulatory changes, safety topics such as defensive driving, driver fatigue, discussion of current issues, and a review of all accidents, incidents, and citations. All group training will be documented on the Training Record/Certification Form located in **Appendix B**.

**Vehicle Observation.** The Program Administrator may conduct random unannounced vehicle observations of company drivers during their operations. Evaluation items can be found in **Appendix K**.

# Maintaining Employment

Each authorized driver must comply with the criteria below in order to maintain the status as a qualified driver and be authorized to drive a company motor vehicle. Failure to comply with any of the following conditions will automatically disqualify a driver from operating a company motor vehicle.

**Licenses.** All drivers must maintain the proper driver’s license for their job duties, which could include the requirement to have a Commerical Drivers License (CDL) depending on the GVWR of the vehicles/trailers driven/pulled by the driver. Drivers will not possess more than one state-issued license.

**Traffic Violations.** Drivers must notify our company within 48 hours of the issuance of any traffic violations (except parking). Drivers must also notify the motor vehicle licensing agency in the state which issued his or her CDL within 30 days. These requirements apply to any motor vehicle the driver was operating at the time the violation was received regardless of who owns the vehicle.

**Drugs/Alcohol.** Drivers will not operate a motor vehicle with a blood alcohol concentration of 0.08% or more or while under the influence of legal or illegal drugs that impair the driver of the motor vehicle. The sale, purchase, transfer or possession of any controlled substance (except medically prescribed drugs) is strictly prohibited while using a company vehicle, while on our company premises or while engaged in company business.

**Suspensions/Revocations.** Drivers will not operate a motor vehicle if their license is suspended, revoked, or canceled, or if they are disqualified from driving. The driver must immediately notify the Program Administrator if their license is suspended, revoked or canceled.

**Motor Vehicle Records.** Our company will check the motor vehicle records (MVR) of all authorized drivers on an annual basis. This will be accomplished by our pulling the MVR directly, or requiring the employee to provide us with the MVR. All annual reviews will be documented using the form in **Appendix H** and maintained in the driver qualification file. Disciplinary action, up to and including termination, can result if a motor vehicle record indicates non-compliance with the driver qualification criteria.

# Qualification Files

Our company maintains a qualification file for all drivers. No employee shall operate a company vehicle or any vehicle operated while on company business unless they are listed on our company’s Qualified Driver List. This includes personal vehicles if used for company business. Our company maintains a current list of qualified drivers and is required to provide this list to our insurance carrier annually and anytime changes are made to the list. The Qualified Driver List form can be found in **Appendix C**. The following information is required for each driver:

* Driver application for employment **(Appendix D)**
* Copy of driver’s license
* Hire date
* Inquiry To Previous Employers in the past three years **(Appendix F for non-CDL and E&F for CDL)**
* Inquiry to State Agencies **(Appendix G)**
* Medical examiner’s certificate\* (medical waiver, if issued) – (Category 2 & 3)
* Driver’s Road Test Examination **(Appendix J)**
* Certificate of road test **(Appendix J-1)**
* Annual MVR and review of driving record
* Annual driver’s certificate of violations **(Appendix H)**
* Annual review of driving record **(Appendix H)**

\*Note: Drivers will be issued copies of these certificates from the Medical Examiner and must register them with the Drivers License Division. Drivers must have a copy of the medical examiner’s certificate in their possession while driving. **Category 2:** The DOT physical examination is conducted by a licensed medical examiner.  The term includes, but is not limited to, doctors of medicine (MD), doctors of osteopathy (DO), physician assistants (PA), advanced practice nurses (APN), and doctors of chiropractic (DC.) **Category 3:** A DOT physical can be administered only by a certified medical examiner listed on the [Federal Motor Carrier Safety Administration’s National Registry](https://www.fmcsa.dot.gov/national-registry-certified-medical-examiners-search).

Qualification records for each driver will be maintained for a minimum of five years after the driver’s employment is terminated.

# Vehicle Inspections

Our company is committed to following a rigid, daily inspection program.

**Driver Pre-Trip Inspection.** A properly performed and thorough pre-trip inspection will be conducted by each driver prior to operating the vehicle. The following seven steps must be completed for each pre-trip inspection. All vehicle inspections will be documented on the driver’s vehicle inspection report found in **Appendix I**. If anything unsafe is discovered during the pre-trip inspection, it must be fixed immediately.

1. **Review Last Vehicle Inspection Report** – The driver must review the last driver’s vehicle inspection report to verify that any needed repairs were made to the vehicle. If an authorized signature certifies that defects were corrected or that correction was unnecessary, the driver will sign the third signature line of the form. If the defects noted were not acknowledged by an authorized signature, the driver shall not drive the vehicle until the defects are corrected.
2. **Vehicle Documentation** – The driver must verify all shipping papers, vehicle registration, insurance cards and any other paperwork required by the DOT are in his or her possession.
3. **Vehicle Overview** – A general condition review of the vehicle is required. The driver will

* Look for damage or unusual wear to the vehicle. Examples include, vehicle leaning to one side, lights broken or inoperative, tire and rim condition, and suspension and break wear.
* Look under the vehicle for fresh oil, coolant, grease or fuel leaks.
* Perform a walk-around assessment to look for people, other vehicles, objects, low hanging wires or limbs.

1. **Check Engine Compartment** – After verifying the parking brake is set and/or wheels chocked, the driver will raise the hood and inspect the engine compartment. Check the following:
   * Fluid levels
   * Power steering
   * Batteries
   * Automatic transmission
   * Belts for cracks or wear
   * Tightness in alternators, water pumps and air compressor
   * Cracked, worn electrical wiring insulation
2. **Start Engine and Inspect Inside the Cab** – The driver will verify that the parking brake is set, place gearshift in neutral (or vehicle in park), start engine and listen for unusual noises. Then check the following:
   * Look at gauges (oil, ammeter/voltmeter, coolant temperature, engine oil temperature, warning lights and buzzers)
   * The condition of controls. Look for looseness, sticking, damage or improper setting (steering wheel, clutch, accelerator, brake controls [foot brake, trailer brake, parking brake, retarder controls], transmission controls, inter-axle differential lock, horn[s], windshield wiper/washer, and lights [headlights, dimmer switch, turn signal, four-way flashers, clearance, identification, marker light switches])
   * The condition of mirrors and windshield/windows
   * Location of emergency equipment (three red triangles, properly charged and rated fire extinguisher, tire chains, emergency phone number list and accident reporting kit)
3. **Check Lights** – The driver will make sure parking brake is set, engine is off and ignition key is out of the switch then check the following items:

* Headlights (low and high beams)
* Emergency flashers
* Parking, clearance, side maker and identification lights
* Turn signals
* Brake lights (a helper will be required to complete this task).
* The driver will clean all lights, reflectors, and glass needed.

1. **Test Brakes** – For hydraulic brakes, the driver will pump the brake pedal three times, then apply firm pressure to the pedal and hold for five seconds. The pedal should not move. For air brakes, verify the slack adjusters do not move more than one inch.

**During a Trip.** Once on the road, the driver must examine his or her vehicle and cargo:

* At each change of duty status
* After driving for 3 hours
* After driving for 250 miles

If a problem is found, the driver must either have the necessary repairs or adjustments made prior to operating the vehicle, or safely travel to the nearest repair facility. For vehicles transporting hazardous materials, the driver must examine its tires at the beginning of the trip and each time the vehicle is parked.

During each stop the driver will check the following items:

* Tires, wheels and rims
* Brakes
* Lights and reflectors
* Brake and electrical connections to trailer
* Trailer coupling devices
* Cargo securement devices

**Post-Trip Inspection and Report.** Each driver is required to complete a written report on each vehicle’s condition at the end of the day, or when he or she finishes driving the vehicle for that day. Vehicles include power unit and trailer(s). A copy of the inspection form can be found in **Appendix I**.

The report must be completed in its entirety and the driver must note any defects to following:

* Service brakes including trailer brake connections
* Parking (hand) brake
* Steering mechanism
* Lighting devices and reflectors
* Tires
* Horn
* Windshield wipers
* Rear vision mirrors
* Coupling devices
* Wheels and rims
* Emergency equipment

The driver must also note any other defects that could affect the safe operation of the vehicle or result in its mechanical breakdown. The report must also indicate if no defects are found. The driver must sign and submit the report to the Program Administrator.

The original copy of the inspection report and certification of repairs will be retained in the vehicle maintenance files. The original copies of inspection reports on which defects were noted and the certification of repairs will be retained for three months.

# Pulling Off to the Roadside & Vehicle Accident Reporting and Investigation Plan

**Pulling Off to the Roadside.** The following steps will be followed when pulling off to the roadside.

* Set vehicle emergency flashers when pulled off, including when setting up and taking down warning devices (reflective triangles).
* Place the warning devices: One warning device must be placed on the traffic side of the vehicle, within ten feet, in the direction of approaching traffic
* A second device must be placed facing approaching traffic approximately 100 feet away in the center of the lane or shoulder where the vehicle is stopped
* The third device must be placed about 100 feet away from the stopped vehicle, in the direction away from approaching traffic

**Vehicle Accidents.** The following steps will be followed in the event of a vehicle accident/incident.

* Stop the vehicle, turn off the engine, and protect the scene by activating the emergency flashers and safely place the reflective triangles per the above instructions
* Call for medical assistance and assist any injured people if necessary but do not move the person unless absolutely necessary to prevent further injury
* If possible, prevent waterways, storm drains, etc. from hazardous materials if spilled
* Call the police
* Call our company’s Program Administrator within 12 hours
* Locate witnesses and get important information from them including names, addresses and phone numbers
* Exchange pertinent information with other drivers
* Take photos of the accident
* Make detailed sketches/drawings of the accident scene noting the direction of travel for each vehicle involved
* Fill out the vehicle accident report form **(Appendix M)**
* Near miss accidents or incidents must be reported as well, i.e., when a driver nearly has a vehicle accident but is able to avoid injury or damage.

*Note:* Every company motor vehicle is required to have a vehicle accident reporting kit in the glove box. This kit should be used by the driver to record accident facts after the accident as soon as feasible.

**Post-Accident Actions.** Drivers involved in an accident are to comply fully with the following:

* Never admit fault or apologize. Apologies can be interpreted as an admission of fault
* Be polite and never argue with other drivers, witnesses, or the police
* Never make a statement to the media. Refer them to our company’s media contact
* Never discuss details of the incident with anyone but a our company representative
* Always report the accident/incident to the Program Administrator, regardless of severity

**Vehicle Accident Involving Employee Injury Reporting.** Our vehicle accident involving employee injury reporting procedures include the following:

* Employees injured on the job are to report the injury to the Program Administrator or Safety Director as soon as possible.
* The Program Administrator or Safety Director is to follow the established employee injury or accident investigation program.

The goal of this reporting and investigation process is to determine the root cause so that corrective actions can be made in order to eliminate future accidents or incidents.

**Vehicle Accident Report Retention/Register. (Appendix O)** Vehicle accident reports and associated information will be maintained by the Program Administrator for three years after the date of the vehicle accident. The following information will be retained:

* Date of accident
* City and state in which the accident occurred
* Driver name
* Number of injuries
* Number of fatalities
* Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicles involved in the accident, were released
* Copy of vehicle accident report
* Copies of all accident reports required by state or other governmental entities or insurers

**Post-Accident Corrective Action Procedure.** The Program Administrator will evaluate driver performance after an accident. The corrective actions below will apply if a driver experiences an accident that is judged to be preventable. Accidents will be judged on a case-by-case basis before the corrective action program is initiated.

A driver who is involved in one preventable accident in six months will be placed on monitor for 90 days. If the driver successfully completes this period without any further accidents, the driver will be taken off the monitor list. However, if the driver is involved in another preventable accident while still on monitor, the driver will be terminated.

Our company also reserves the right to impose more stringent consequences based on the circumstances and/or severity of a preventable accident. This monitor and discipline policy does NOT change the employment At-Will relationship between the employee and employer.

# Cargo Securement

Cargo securement is extremely important to the safety of the driver, his or her vehicle and other vehicles using the road. Cargo should be secure before operating the vehicle. Loads should be examined again within the first 50 miles of initial transport and again at all following stops. All tie-downs, tarps, doors, hatches, blocks/chocks, straps/chains/binders, tires, placards, lights, etc. are to be verified as secure, meaning they cannot damage the cargo or come loose and fall off the vehicle.

# Traffic and Road Reports

Our company will work to select the safest delivery routes. We will use various tools at our disposal to investigate:

* Road conditions
* Heavy traffic
* Road closures
* Dangerous intersections or roads
* Stops near crests of hills, at blind corners or on busy roads
* Tunnels, bridges and overpasses
* Road construction
* Steep grades
* Roads that may have seasonal concerns
* Heavy pedestrian areas

This information will be made available to the driver. We will also make a computer available for drivers to investigate road conditions on the route or near their trip destination. If the road conditions on the driver’s route are hazardous, the driver shall not attempt to drive that route.

# Law Enforcement Stops/Roadside Inspections/Weigh Stations

Our company expects drivers to behave in a professional and courteous manner when pulled over by law enforcement, going through weigh stations or if asked to participate in a roadside inspection. All lawful directions given by the official should be strictly followed. Failure to comply with the procedures set forth below may result in disciplinary actions up to and including termination.

**Roadside Inspection Procedures.** When a driver is required to participate in any of the above actions, he or she must pull off the road immediately to an area designated by the officer. If the driver believes that the designated area is unsafe for the driver and/or the officer, the driver will state his or her concerns to the officer in a courteous and professional manner. Once the inspection is underway, the driver shall follow the lawful directions given by the officer and act appropriately.

The results of all stops and inspection must be reported to our company during the driver’s next scheduled check-in call. The driver must turn in all inspection reports to our company upon arrival. If the driver is not scheduled to arrive at a company location within the next 24 hours, the report must be mailed to our company, Attention: Fleet Program Administrator at the home office.

If the vehicle or driver is placed in “out of service”, the driver must notify the Program Administrator immediately. A vehicle that is placed out of service cannot be operated until all repairs required by the out of service notice have been completed.

**Disposition of Report.** Upon receiving a roadside inspection report, our company will make arrangements to correct any defects still outstanding. Within 15 days of the inspection, our company will respond and certify that all defects have been corrected by completing the correct portions of the Inspection Report. The report will then be mailed to the issuing agency at the address indicated.

The driver will be notified when defects have been corrected. Roadside inspection reports will be analyzed for ways to reduce the number of violations and lower the out of service rate. A copy of the roadside inspection report will be retained for three years.

**Appendix A – Annual Evaluation Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Date of Evaluation: | Evaluated by (list all present): |
| Written Program Reviewed: Yes No | |
| Do vehicle accident records indicate a need for additional driver training on the Fleet Safety program? Yes No | |
| Have any drivers produced a high incidence of vehicle accidents? Yes No If yes, list: | |
| Is there any record of failure to report vehicle accidents in a timely manner? If yes, what corrective action is needed? | |
| The following content was added/modified/removed from the written program: | |
| Comments: | |

**Appendix B – Training Record/Certification Document**

The following individuals received training on our company’s Fleet Safety

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| --- | --- |
| **Print Name** | **Sign Name** |
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| --- | --- |
| Print Instructor’s Name |  |
| Instructor’s Signature |  |
| Instructor’s Title |  |
| Date of Training |  |

# Appendix C – Qualified Driver List

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Driver Name** | **DL #** | **DL Type** | **Endorsements** | **Hire Date** | **Date Last MVR** | **Date of Driver Training** |
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**Appendix D – Driver Application (IMPORTANT: Only use this application for drivers)**

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| --- |
| **Employment Application** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Company Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City, State, ZIP*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone number*

Position Applying for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle ` (Required for Category 2 &3 drivers)*

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*State Zip Code*

Previous

Addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: From \_\_\_\_\_

(3 Years) *Street City State & Zip Code*

To \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: From \_\_\_\_\_

*Street City State & Zip Code*

To \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: From \_\_\_\_\_

*Street City State & Zip Code*

To \_\_\_\_\_\_\_\_

Use backside of sheet for additional addresses

**Driver’s License information: List all licenses held within the previous 3 years** *(Required for Category 2 &3 drivers)*

License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_

License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_

License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_

Have you ever had any driver’s license denied, suspended, revoked, or canceled by any state agency?

YES  NO  If yes, give state of issuance and explanation of the circumstances **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Use backside of sheet if additional space is needed**

**Driving Experience**

**Types Of Equipment**  **Dates** **Approx. mileage driven**

|  |  |  |  |
| --- | --- | --- | --- |
| (Truck, tractor/trailer, tank, etc.) | To | From | (total) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**List all traffic violations convictions for the previous 3 years (write NONE, if none)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Violation | Commercial Vehicle |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

**List all accidents for the previous 3 years (write NONE, if none)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Nature of Accident | Fatalities | Injuries |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment History**

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Period of Employment | | Supervisor: |
| Address: | From: | To: |
| City, State, ZIP | Telephone: |
| Title and Duties: | | | |
|  | | | |
| Reason for Leaving: | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES  NO  Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES  NO | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Period of Employment | | Supervisor: |
| Address: | From: | To: |
| City, State, ZIP | Telephone: |
| Title and Duties: | | | |
|  | | | |
| Reason for Leaving: | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES  NO  Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES  NO | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Period of Employment | | Supervisor: |
| Address: | From: | To: |
| City, State, ZIP | Telephone: |
| Title and Duties: | | | |
|  | | | |
| Reason for Leaving: | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES  NO  Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES  NO | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Period of Employment | | Supervisor: |
| Address: | From: | To: |
| City, State, ZIP | Telephone: |
| Title and Duties: | | | |
|  | | | |
| Reason for Leaving: | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES  NO  Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES  NO | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Period of Employment | | Supervisor: |
| Address: | From: | To: |
| City, State, ZIP | Telephone: |
| Title and Duties: | | | |
|  | | | |
| Reason for Leaving: | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES  NO  Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES  NO | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: | Period of Employment | | Supervisor: |
| Address: | From: | To: |
| City, State, ZIP | Telephone: |
| Title and Duties: | | | |
|  | | | |
| Reason for Leaving: | | | |
| Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES  NO  Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES  NO | | | |

(Use additional sheet if needed)

**For Driver applicants of commercial motor vehicles that require a Commercial Driver’s License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**As a perspective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records. By signing below you authorize the company/employer, listed above, to obtain a consumer/investigative consumer report on your background as part of its pre-employment background investigation process. If you are offered employment by the company/employer listed above, you further authorize it to obtain additional consumer/investigative consumer reports on you for employment purposes at any time during your employment. By signing below you acknowledge that the company/employer has provided or offered to provide you with a summary of your rights under the federal Fair Credit Reporting Act. <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>

**Certification**

**“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Applicant’s Signature Date Signed

# Appendix E- Drug and Alcohol Previous Employer Inquiry Form (CDL Drivers Only)

|  |  |
| --- | --- |
| Drug and Alcohol Previous Employer Inquiry | |
| **PART 1:** | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE |
| |  |  | | --- | --- | | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST M.I. LAST  Do hereby authorize my:  **Previous Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_XXX\_\_ - \_\_XX\_\_ - \_\_\_\_\_\_\_  LAST FOUR OF THE SS#  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below: | | | **Perspective Employer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APPLICANT’S SIGNATURE DATE  This information is being requested in compliance with CFR 40.25(g) and 391.23(c)(1). | | | |
| **PART 2:** | **TO BE COMPLETED BY PREVIOUS EMPLOYER** |
| If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here.  Reason not subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The applicant named above was employed by us from (m/y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to (m/y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was subject to Department of Transportation drug and alcohol requirements.  1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No  2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No  3. Has this person refused to submit to a post-accident, random, reasonable suspicion, follow-up alcohol or controlled substance test?  Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_ No  4. Has this person committed any other violation of Subpart B of Part 382, or Part 40?  Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No  5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.  Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No  6. For a driver who successfully completed a SAP’s rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  Yes Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No  7. In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to application date. | |
| **Person providing information:**  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The person identified above is seeking employment with this company, as a driver who is subject to the alcohol/controlled substance testing provision of the Federal Motor Carrier Safety Regulations of 49 CFR Part 40.25 and Part 382.413. Pursuant to the aforementioned codes, with the driver’s written consent, we request the results of related testing of this individual while in your control. The Federal Regulations mandate that we receive your reply within 14 days from request. | |

|  |
| --- |
| **Previous Employer Driver Inquiry** |

|  |  |  |
| --- | --- | --- |
| **PART 1:** | **TO BE COMPLETED BY PROSPECTIVE EMPLOYEE** | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST M.I. LAST  Do hereby authorize my:  **Previous Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_XXX\_ - \_XX\_ - \_\_\_\_\_\_\_  LAST FOUR OF THE SS#  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below: | | |
| **Perspective Employer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APPLICANT’S SIGNATURE DATE | | |

|  |  |
| --- | --- |
| **PART 2:** | **TO BE COMPLETED BY PREVIOUS EMPLOYER** |
| 1. The applicant named above was employed by us from (m/y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (m/y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. What kind(s) of work did the applicant do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Did the applicant drive a motor vehicle for your? Straight Truck Tractor Semi-trailer Bus   * Passenger Vehicle Other   4. Was the applicant a safe and efficient driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Was the applicant involved in any accidents? If so, include dates (d/m/y), and brief explanation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    6. Was the driver ever placed out-of-service for hours of service violations? Yes No  Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. Did the applicant misuse alcohol or use a controlled substance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. Was the applicant’s general conduct satisfactory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. Reason for leaving your employ: Discharged Laid Off Resigned  10. Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR Part 391.23.** | |

# Appendix F – Previous Employer Driver Inquiry Form

# Appendix G – Inquiry to State Agency (Motor Vehicle/Drivers License Division)

Driver’s Name

Driver’s License #

Driver’s SS#

Dear

The above listed individual has applied for employment with us as a motor vehicle driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your state to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every state in which an applicant has held a motor vehicle operator's license or permit during those three years. Therefore, please provide the individual's driving record for the past five years, or state that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such a request, please send us the necessary items for us to complete our inquiry into the driving record of this individual.

Respectfully,

(Printed) Name of person making inquiry

Title of person making inquiry

Company Name

|  |  |  |  |
| --- | --- | --- | --- |
| **Street** | **City** | **State** | **Zip** |

# Appendix H – Annual Violation and Review Record

Driver’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(PLEASE PRINT OR TYPE)

**I. CERTIFICATION OF VIOLATIONS (Part 391.27**)

**I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Offense** | **Location** | Type Vehicle Operated |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

**(DATE OF CERTIFICATION) (DRIVER’S SIGNATURE)**

**(MOTOR CARRIER’S NAME) (MOTOR CARRIER’S ADDRESS)**

**(REVIEWED BY SIGNATURE) (TITLE)**

II. ANNUAL REVIEW OF DRIVING RECORD (Part 391.25)

**In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver’s safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months. I considered any evidence that the driver has violated applicable provisions of the FMCSR’s and the Hazardous Materials Regulations. I considered the driver’s accident record and any evidence that he/she has violated laws governing the operations of motor vehicles and gave great weight to violations such as: speeding, reckless driving, and operations while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that**

* **The driver meets the minimum requirements for safe driving, or**
* **The driver is disqualified to drive a commercial motor vehicle pursuant to Part 391.15**

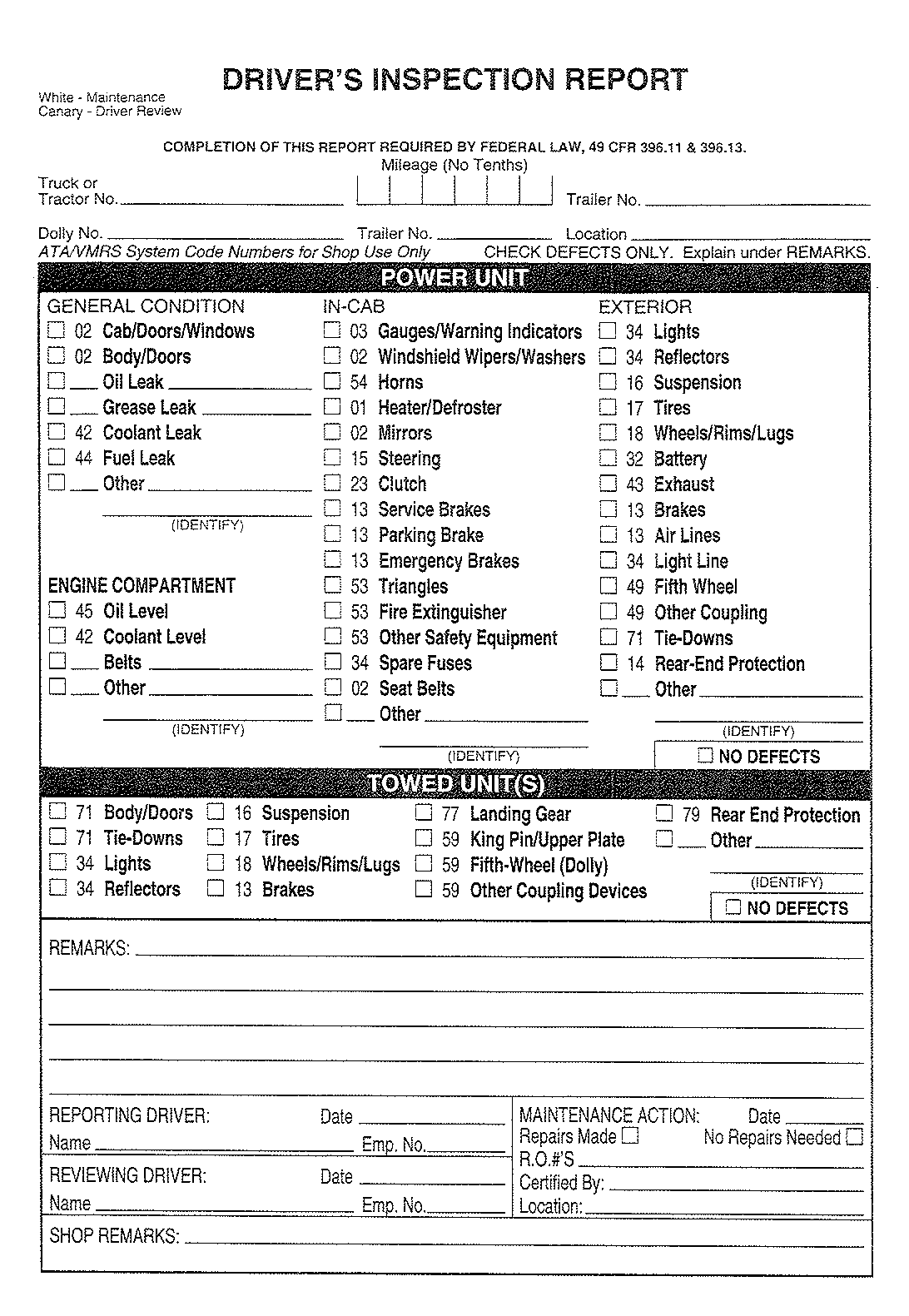
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(COMPANY NAME) (COMPANY ADDRESS)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(REVIEWED BY SIGNATURE) (PRINT NAME) (TITLE) (DATE)**

# Appendix I – Driver’s Vehicle Inspection Report



# Appendix J – Driver’s Road Test Examination

Driver’s Name:

Vehicle Driven:

The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that our company intends to assign.

## Rating of Performance

Pre-trip inspection

Coupling and uncoupling of combination units (if equipment includes combination units)

Placing the equipment in operation

Use of vehicle’s controls and emergency equipment

Operating the vehicle in traffic and while passing other vehicles

Turning the vehicle

Braking and slowing the vehicle by means other than braking

Backing and parking the vehicle

Other, explain:

Type of equipment used in giving the test:

Examiner’s Signature: Date:

Remarks:

|  |
| --- |
| If the road test is successfully completed, the person who gave it shall complete a certificate of driver’s road test and retain a copy in the drivers file and provide a copy to the driver (**Appendix J-1**). |

*Note: Immediate results of all road tests will be communicated to the Program Administrator within two hours of completion. All road tests whether passed or not will be documented on this form and forwarded to the Program Administrator within three business days.*

# Appendix J-1 – Certificate of Driver’s Road Test

***Instructions:*** If the road test is successfully completed, the person who gave it shall complete a certificate of the driver’s road test. The original or copy of the certificate shall be retained in the company’s driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e)(f)(g)

|  |
| --- |
| CERTIFICATION OF ROAD TEST |
|  |
| Driver’s Name |
| Social Security Number |
| Operator’s or Chauffeur’s License Number |
| State |
| Type of Power Unit |
| Type of Trailer(s) |
| If passenger carrier, type of bus |
| This is to certify that the above named driver was given a road test under my supervision on |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) consisting of approximately \_\_\_\_\_\_\_ miles of driving. |
| |  | | --- | | It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above. | |
|  |
| (Signature of Examiner) |
|  |
| (Title) |
|  |
| (Organization and Address of Examiner) |
|  |
|  |

# Appendix K - Vehicle Observation Form

Driver name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Time: AM / PM

Vehicle Number: Tag Number:

Highway or Street:

In or Near:

Direction of Travel: North

South

East

West

Number of Lanes: 2 3 4 5 6

Type Road: 2-Lane

Divided

Freeway

Interstate

Road Conditions: Dry

Wet

Snow

Ice

Weather Conditions: Clear

Cloudy

Rain

Snow

Actual Speed:

Posted Speed Limit:

Miles Observed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Driving Observation** | **Yes** | **No** | **Comments** |
| Failure to observe signs |  |  |  |
| Excessive speed |  |  |  |
| Follows too close |  |  |  |
| Blocks traffic |  |  |  |
| Pass on hill |  |  |  |
| Pass on curve |  |  |  |
| Pass intersection |  |  |  |
| Improper pass |  |  |  |
| Faster than traffic |  |  |  |
| Cuts in / out |  |  |  |
| Improper turn |  |  |  |
| Disregards signal |  |  |  |
| Disregards sign |  |  |  |
| Improper parking |  |  |  |
| Other (specify) |  |  |  |

# Appendix L - Fleet Safety Program Acknowledgement

I acknowledge that I have received a written copy of the Fleet Safety Program, that I fully understand the content and terms contained herein.

|  |  |  |
| --- | --- | --- |
| **Employee Signature** |  | **Date** |

Employee Name (printed)

# Appendix M –Accident Register

**ACCIDENT REGISTER** **COMPANY NAME:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number | Date | Location (City, State) | Driver Name | Number Injuries | Number Fatalities | Vehicles Towed | Hazmat Incident |
|  |  |  |  |  |  |  |  |
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| Note: This form is not mandatory, however the information contained herein is illustrative of information required in Part 390.15 | | | | | | | |

Vehicle accident reports and associated information will be maintained by the Program Administrator for three years after the date of the vehicle accident.

# Appendix N – FMCSA Pre-Employment Screening Authorization

Company name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the Federal Privacy Act, the Fair Credit Reporting Act and other applicable federal laws, you are being informed that a Federal Motor Carrier Safety Administration’s Pre-Employment Screening Program (PSP) report will be obtained on you for employment purposes.

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

Drivers Name:

Driver’s Current License Number:

License State: Date of Birth:

Applicant’s Signature: Date:

**Appendix O – Fair Credit Reporting Act Disclosure Statement**

Company name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Acknowledgment and** **Authorization:**

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

Drivers Name:

Driver’s Social Security Number:

Applicant’s Signature

Date: