



## **FLEET SAFETY PROGRAM POLICY**

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In part prepared by:



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07/15/2025	H&A, Fleet Manager & Safety Administrator	New manual	Implementing required DOT policies

**TABLE OF CONTENTS**

**COMMERCIAL MOTOR VEHICLE SAFETY POLICY..... 4**  
**DEFINITIONS..... 4**  
**DOT MARKINGS ..... 5**  
**MOTOR CARRIER REGISTRATION ..... 5**  
**UNIFIED CARRIER REGISTRATION (UCR) ..... 5**  
**RECORDS RETENTION ..... 5**  
**MOTOR VEHICLE RECORD REVIEW..... 5**  
**COMMERCIAL MOTOR VEHICLE DRIVER ROAD TEST ..... 7**  
**PREVIOUS EMPLOYER DRIVING PERFORMANCE REVIEW AND ALCOHOL & CONTROLLED  
SUBSTANCES HISTORY ..... 7**  
**MEDICAL EXAMINATION REPORT AND CERTIFICATE ..... 8**  
**DRIVER QUALIFICATION FILES (DQF) ..... 9**  
**HOURS OF SERVICE ..... 9**  
**HOURS OF SERVICE RECORDKEEPING ..... 10**  
**PREVENTIVE VEHICLE MAINTENANCE AND INSPECTIONS ..... 11**  
**RESPONSIBILITIES..... 11**  
**VEHICLE INVENTORY AND MAINTENANCE SCHEDULE..... 12**  
**ACCIDENT HANDLING AND REPORTING ..... 14**  
**DOT POST-ACCIDENT ALCOHOL AND CONTROLLED SUBSTANCES TESTING..... 15**  
**ACCIDENT REGISTER ..... 15**  
**CARGO SECUREMENT..... 16**  
**REQUIRED EQUIPMENT ..... 17**  
**ALL CMVs MUST BE EQUIPPED WITH THE FOLLOWING EMERGENCY ITEMS:..... 17**  
**DRIVER REQUIREMENTS ..... 17**  
**SAFE DRIVING RULES..... 18**  
**ALCOHOL AND CONTROLLED SUBSTANCES ..... 19**  
**ROADSIDE INSPECTIONS..... 19**  
**IN THE EVENT OF A ROADSIDE INSPECTION, REMEMBER THE FOLLOWING STEPS: ..... 20**  
**TELEMATICS POLICY AND PROCEDURES ..... 21**  
**GPS EQUIPMENT REPAIRS..... 23**  
**APPENDICES..... 24**  
**APPENDIX A - FMCSR RECORD RETENTION REQUIREMENTS ..... 25**  
**APPENDIX B - ANNUAL REVIEW OF DRIVING RECORD ..... 26**  
**APPENDIX C - ROAD TEST EXAMINATION & CERTIFICATE OF ROAD TEST ... 27**  
**APPENDIX D - SAFETY PERFORMANCE HISTORY INVESTIGATION ..... 28**  
**APPENDIX E - DRIVER FILE CONTENTS CHECKLIST ..... 29**  
**APPENDIX F - INSPECTION, REPAIR, & MAINTENANCE RECORD ..... 30**  
**APPENDIX G - INSPECTOR QUALIFICATIONS..... 31**  
**APPENDIX H - DRIVER VEHICLE INSPECTION REPORT ..... 32**  
**APPENDIX I - SUPERVISOR DRUG AND ALCOHOL CHECKLIST ..... 33**  
**APPENDIX J - VEHICLE ACCIDENT CHECKLIST & INVESTIGATION FORM ... 34**  
**APPENDIX K - ACCIDENT REGISTER ..... 35**  
**APPENDIX L - FLEET SAFETY PROGRAM VIOLATION COACHING FORM..... 36**

## **Commercial Motor Vehicle Safety Policy**

Cross Country Infrastructure Services, Inc. (hereinafter referred to as CCIS) has implemented this policy to ensure compliance with the Department of Transportation (DOT) and the Federal Motor Carrier Safety Administration (FMCSA) rules, as well as all applicable state and local laws.

The company's Fleet Manager and Safety Administrator will oversee this policy.

### **Definitions**

#### **Commercial Motor Vehicle (CMV)**

Any motor vehicle used on a highway in interstate commerce to transport property or passengers when the vehicle:

- Has a gross vehicle weight rating (GVWR) of 10,001 pounds or more,
- Is single or a combination of vehicles with a gross vehicle weight rating (GVWR) of 26,001 pounds or more,
- Is designed or used to transport more than eight passengers (including the driver) for compensation, or more than fifteen passengers if not receiving compensation for the transportation.
- Any size vehicle that transports hazardous materials that require federal placarding.

#### **Commercial Driver's License (CDL)**

The requirement for a driver who operates any of the following vehicles:

- Power units with a GVWR of 26,001 pounds or more, or
- Combination units with a GCWR of 26,001 pounds or more, inclusive of a trailer with a GVWR of 10,001 pounds or more, or
- Any vehicle that carries quantities of hazardous materials must be placarded.

#### **Curb Weight**

Curb weight refers to the total weight of the vehicle, including a full tank of fuel and all standard equipment, as specified by the manufacturer. It does not include the weight of any passengers, cargo, or optional equipment.

#### **Gross Vehicle Weight Rating (GVWR)**

The gross vehicle weight, or GVW, of a vehicle is the total weight of the vehicle, including the driver, passengers, and cargo placed in or secured on top of the vehicle. Unlike the curb weight of a vehicle, which stays constant, the GVW varies depending on the items or passengers added or subtracted from the vehicle.

#### **Gross Combined Weight Rating (GCWR)**

The maximum allowable weight of both the loaded tow vehicle and the loaded trailer that the tow vehicle can manage safely. The manufacturer decides this maximum combined weight rating and can be found on your vehicle's placard.

### **Recordable Accident**

A DOT-recordable accident is one involving a commercial motor vehicle that results in:

- a fatality
- personal injury to any person that requires immediate medical attention away from the scene of the accident,
- disabling damage to any vehicle that requires it to be towed from the scene.

### **DOT Markings**

Vehicles shall be marked on both sides of the power units (trucks) with “USDOT # 573610.”

### **Motor Carrier Registration**

CCIS is registered as a motor carrier with the Department of Transportation (DOT). The registration will be updated at least every other year. At a minimum, this registration must be completed by October of odd-numbered years, unless updates are needed before that time.

The Fleet Manager is responsible for completing the registration.

### **Unified Carrier Registration (UCR)**

The Unified Carrier Registration (UCR) is a federally mandated program that requires certain commercial motor carriers to register annually within their home state. The UCR requires an annual fee based on the number of commercial vehicles in a carrier’s fleet. CCIS maintains a current UCR and renews every year between October 1 and December 31. More information can be found at:

<https://plan.ucr.gov/>

The Fleet Manager will manage the renewal of the UCR on an annual basis.

### **Records Retention**

CCIS maintains all relevant documentation for the specified periods as required by federal, state, and local authorities. See **Appendix A - FMCSR Record Retention Requirements** for a list of mandatory record retention periods.

### **Motor Vehicle Record Review**

CCIS reviews the motor vehicle record (MVR) of all drivers operating company vehicles. Upon hire, the company will inquire into each state where the driver currently holds or previously held a motor vehicle operator’s license (driver’s license), Commercial Driver’s License (CDL), or permit, during the preceding three years and obtain the driver’s MVR(s).

A copy of the MVR(s) obtained for newly hired drivers will be placed in the driver qualification file within 30 days of the date that the driver’s employment began. If no MVR is received from the state(s), the Safety Administrator will document the good-faith efforts taken to obtain such information.

Thereafter, the company will rely on third-party administrator platforms, currently Embark and Foley, to continuously assess the driving records of drivers. This will involve automatic notifications from states with push notification systems in place, as well as at least annual checks of MVRs in states without such systems. The Safety Administrator will document the annual driver reviews on the Annual Review of Driving Record form (as found in **Appendix B - Annual Review of Driving Record**).

The review consists of:

- Reviewing the driver's status compared to any push notifications received throughout the year or pulling MVRs from the states in which they were licensed.
- Deciding if the conclusion of the review is satisfactory or unsatisfactory.
- Denoting any action taken; and
- Ensuring the name and signature of the person reviewing the driver's record are noted, and the date of the review.

Continued employment in a position with driving duties requires the driver to keep an MVR meeting CCIS's standard for violations. Promptly reporting any vehicle accidents, traffic infractions, or moving violations, suspension, loss, or revocation of a driver's license, and cancellation of bodily injury and property damage liability insurance for personal vehicles to management is a requirement, including those that happen off duty. Incidents will be reviewed on a case-by-case basis.

Everest, CCIS's current underwriter, requires all drivers to have a valid driver's license and considers the following MVR results during the past three years to be unsatisfactory:

- One or more "Major Violations" as defined below
- Three or more "Minor Violations" as defined below
- Any combination of three or more "Minor Violations" and/or accidents
- Two or more accidents, regardless of fault

Please note that the definitions for major and minor violations are provided for illustrative purposes only. There are many types of violations that are not included, which are considered by Everest when underwriting a motor vehicle policy.

### **Major Violations**

- Careless driving
- Reckless driving
- Excessive speeding
- Conducting a speed contest or racing
- Driving under the influence of drugs or alcohol
- Eluding an officer
- Failure to report an accident
- Failure to leave name and address at the scene of an accident
- Fraudulent use of license or registration
- Operating a motor vehicle during a period of license suspension or revocation
- Operating a motor vehicle without the owner's authority to do so
- Hit and run felony

- School bus violation
- High-risk failure to stop or yield
- Carrying unsecured passengers in the open area of the vehicle
- Driving with defective brakes
- Making a false accident report
- Manslaughter or homicide arising out of the use of a motor vehicle
- Use of a motor vehicle in the commission of a felony
- Illegal possession of drugs or alcohol, or a firearm
- Theft of a motor vehicle
- Shooting from a motor vehicle
- Throwing harmful objects on the highway or roadway
- All other violations similar in nature to those listed above or considered a felony in the applicable State of the driver

### **Minor Violations**

Any violation not listed in the “Major Violations” category above, including but not limited to other moving violations, distracted driving, seatbelt violations, or cell phone violations.

### **Commercial Motor Vehicle Driver Road Test**

Before operating a CMV, all non-CDL and CDL drivers must undergo a road test (a current CDL can be used in place of a road test for CDL-licensed employees). Road test certificates that are currently within 3 years of hire are also accepted in place of a road test.

Road tests are conducted by persons appointed by the company who are competent to evaluate and decide whether the driver being assessed has proven the ability to run the CMV and associated equipment assigned by CCIS.

At a minimum, drivers will be evaluated on their skills at performing each of the following operations:

- Pre-trip equipment inspections.
- Coupling and uncoupling of combination units (if applicable).
- Placing the CMV in operation.
- Using the CMV’s controls and emergency equipment.
- Operating the CMV in traffic and passing other motor vehicles.
- Braking and slowing the CMV by means other than braking; and
- Backing and parking the CMV.

Persons conducting the road test shall rate the performance of drivers at each part of the test using the **DQF3-Cert of Road Test** form as either satisfactory, needs training, or unsatisfactory. After the form is completed, it will be signed and sent to the Safety Administrator, who will then place it in the driver’s qualification file (DQF). See **Appendix C** for a copy of the **DQF3-Cert Road Test** form.

### **Previous Employer Driving Performance Review and Alcohol & Controlled Substances History**

CCIS requires CMV drivers to provide a list of names and addresses of their employers from the 3 years preceding the application date, along with the dates of employment and the reason for leaving each employer. The company requests this information even when applicants were not subject to FMCSA rules while employed or, for CDL-licensed drivers, when applicants were not subject to alcohol and controlled substance testing requirements.

Applicants will be asked to provide this when completing their driver's application for employment. Applicants will mark whether they were subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and/or to DOT alcohol and controlled substances testing for their previous employers, so that CCIS knows which employers need to be contacted to obtain information on the applicant's driving performance, alcohol and controlled substances history, and safety performance history.

CDL-licensed drivers must also list the names and addresses of their employers during the 7 years preceding the 3 years noted above for which applicants were an operator of a CMV, together with the dates of employment and the reasons for leaving such employment.

CCIS reaches out to previous employers using the Previous Employer Inquiry form or by telephone, letters, fax, or any other method that the company considers proper for investigating.

CCIS is enrolled in the DOT Drug and Alcohol (D&A) Clearinghouse to verify if CDL drivers have violated DOT drug and alcohol rules and if they are prohibited from driving. Before hiring a CDL driver, the company will perform a limited pre-employment query of the Clearinghouse (after getting the driver's electronic consent through the Clearinghouse system) to find out whether a drug and alcohol violation is on the driver's record. If any violation is detected during the limited pre-employment query, CCIS will continue with a full query.

If the driver has violated drug and alcohol rules in the past, the company will look to verify that the driver has fully completed the Return to Duty Substance Abuse Professional (SAP) process. If the driver has not completed the Return to Duty SAP process, they may not be eligible for a position that requires driving.

The company keeps a written record of each previous employer contacted. If contacting previous employers proves unsuccessful, a good-faith effort to obtain the information is documented. CCIS also documents situations where employees are assigned driving responsibilities after being hired. See **Appendix D** for a copy of the **Safety Performance History Investigation** form used by Foley for this purpose.

## **Medical Examination Report and Certificate**

As required by FMCSA, all CCIS CMV drivers will undergo DOT Medical Examinations from Certified Medical Examiners who send all exam results directly to the FMCSA and state driver's licensing agencies through the National Registry of Certified Medical Examiners. If a CMV driver has a current, valid medical card at the time of hire, they do not have to undergo another medical exam until it is due for recertification.

Drivers must obtain medical certification at least once every 24 months. Effective June 23, 2025, the rule requiring the electronic submission of medical certifications, which eliminates the requirement for drivers to present a paper copy of their Medical Examiner's Certificate (MEC) to prove they meet the physical qualifications to operate a commercial vehicle, took effect. Results of exams must be sent by midnight of the calendar day following the exam, according to the rule. If provided with a copy of their MEC, Drivers should continue to carry a paper copy in case of any issues with the implementation of the online system.

## **Driver Qualification Files (DQF)**

The company maintains a complete Driver's Qualification File (DQF) for all company CMV drivers and ensures that all necessary documents are present for the required period by regulations. All required items are readily accessible and can be obtained within two days if requested by an FMCSA inspector. These are currently kept within Foley.

The following items are kept in all driver qualification files:

- Complete, driver-specific application for employment.
- MVR(s) obtained at application.
- Road test or photocopy of valid CDL.
- Completed Safety Performance History.
- Annual MVR and Review of Driving Record.
- Annual list of violations.
- Medical Card (before June 23, 2025)
- Verification medical examiner used is listed in the National Registry of Medical Examiners (before June 23, 2025)

Added records kept for CDL-licensed drivers are as follows:

- Written authorization from drivers on the application to obtain alcohol and controlled substances testing history from a previous employer(s).
- Alcohol and controlled substances history from previous employer(s) **OR** documentation of good-faith effort to obtain the information (through 2023).
- Authorization from the driver to query the D&A Clearinghouse (electronic consent for full queries and written consent for limited queries).
- Full pre-employment query and annual limited queries of the D&A Clearinghouse.
- Negative DOT pre-employment alcohol and controlled substances test results.
- Signed certificate of receipt of alcohol and controlled substances educational materials and company policy.

See **Appendix E** for a **Driver's File Contents Checklist**.

## **Hours of Service**

All CMV drivers shall follow Federal Motor Carrier Safety Regulations (FMCSR) 49 Code of Federal Regulations (CFR) Part 395 requirements concerning hours of service. **PLEASE NOTE: CCIS drivers are not typically involved in long-haul trips but instead fall under the "short-haul" exception. Federal short-haul exceptions are outlined below. CCIS branches should refer to State-specific exceptions, as necessary.**

### **Short-haul**

CDL drivers can use the 150-mile short haul exception if all the following requirements are met:

- The driver must operate within a 150 air-mile radius of the normal work reporting location.
- The driver must return to the work reporting location and be released from work within 14 consecutive hours.
- The driver must have at least 10 consecutive hours off duty separating each 14 hours on duty; and
- The driver cannot exceed 11 hours maximum driving time during a single on-duty period.

Non-CDL drivers can use the 150 air-mile short-haul exception if all the following requirements are met:

- The driver must operate within a 150 air-mile radius of the regular work reporting location, and does not drive:
  - After the 14<sup>th</sup> hour after coming on duty on 5 days of a period of 7 consecutive days; and
  - After the 16<sup>th</sup> hour after coming on duty on 2 days of any period of 7 consecutive days.
- The driver must have at least 10 consecutive hours off duty separating each on-duty period of 14- or 16-hours on duty; and
- The driver cannot exceed 11 hours maximum driving time during a single on-duty period.

Short-haul drivers do not have to take a 30-minute break every 8 cumulative hours of driving, but they are still subject to the 60/70-hour limit.

### **Long haul**

Long-haul drivers of CMVs must adhere to the following hours of service rules:

- 10 hours off duty – A driver may not drive a CMV without first taking 10 consecutive hours off duty and/or in a sleeper berth.
- 8 hours on duty/30-minute breaks – A driver may not drive a CMV after the 8<sup>th</sup> cumulative hour since the end of the driver’s last rest break of 30 consecutive minutes spent off duty or on duty, not driving.
- 11 hours driving – A driver may not drive a CMV for more than 11 total hours during a single on-duty period.
- 14 hours on-duty – A driver may not drive a CMV after 14 hours on-duty (including driving time)
- 60/70 hours on duty – A driver may not drive a CMV after having been on duty 60 hours in any 7 consecutive days or, when CMVs are operated 7 days per week, 70 hours in any 8 consecutive days. These accumulated hours may be “reset” if a driver has a qualifying break of at least 34 consecutive hours off.

### **Hours of Service Recordkeeping**

Drivers claiming a “short haul” exception are not required to use a standard grid log (either paper or electronic). Instead, the company keeps an accurate and true Record of Duty Status (RODS) of the time the driver reports for duty, is released from duty, and total hours on duty each day.

Per 395.8 (k), a record of duty status and all supporting documents, and time records must be kept for 6 months. For drivers used for the first time or intermittently, the time record must also include the driver’s total time for the preceding 7 days.

CCIS maintains the following supporting documents, as applicable to company operations:

- Bills of lading, itineraries, schedules, or equivalent documents that show the origin and destination of each trip.

- Dispatch records, trip records, or equivalent documents.
- Expense receipts (for meals, lodging, fuel, etc.).
- Fleet management system communication records; and
- Payroll records, settlement sheets, or equivalent documents showing payment to a driver.

## **Preventive Vehicle Maintenance and Inspections**

To ensure the safety, efficiency, and longevity of our fleet, CCIS is committed to the ongoing maintenance of all company-owned vehicles. All vehicles must meet the standards outlined in this section on preventive maintenance and inspections.

The goals and objectives of the CCIS preventive maintenance are:

- Ensure the safety of passengers, operators, and the public.
- Minimize service disruptions from vehicle or equipment failures.
- Promote cost-efficient vehicle operations; and
- Maintain compliance with all relevant local, state, and federal regulations.

Elements of the preventive maintenance and inspections program include:

- **Pre-Trip Inspections** - Drivers perform daily inspections using a standardized checklist.
- **Routine Maintenance Schedule** - Scheduled maintenance at set mileage or time intervals per manufacturer guidance.
- **Vehicle Repairs** - Timely completion of repairs found through inspections or breakdowns.
- **Vehicle Records** - Accurate documentation of inspections, maintenance, and repairs.

## **RESPONSIBILITIES**

### **Fleet Manager**

- Ensure drivers and mechanics are trained and qualified.
- Monitor documentation and compliance.
- Maintain records and schedule updates.
- Review fleet performance and maintenance logs monthly/quarterly.
- Regularly audit vendor invoices and work quality.

### **Drivers**

- Conduct pre/post-trip inspections.
- Report defects and vehicle issues.
- Avoid operating unsafe vehicles.

### **Mechanics (3<sup>rd</sup> Party)**

- Perform scheduled maintenance and repairs.
- Ensure compliance with manufacturer specifications.
- Document all services performed.

## **Vehicle Inventory and Maintenance Schedule**

CCIS systematically inspects, repairs, and maintains all CMVs under the company's control. CCIS has developed a schedule for regular and required maintenance of the CMVs (see **Appendix F** for a blank **Inspection, Repair, and Maintenance schedule**).

Each vehicle file must include:

- Vehicle ID, make, model, year.
- VIN and fleet number.
- Fuel type, age, service life estimate.
- Maintenance history.
- Replacement cost estimate.

CCIS uses qualified third parties to maintain its CMVs and to complete the required annual inspections. The company has received written assurances that the third party has qualified individuals to perform the maintenance work (see **Appendix G** for **Inspector Qualifications forms**).

All maintenance records required by this section are kept where the vehicles are either housed or maintained for at least 1 year, and for 6 months after CMVs leave the company's control. At a minimum, these records include:

- An identification of the vehicle, including company number, if so marked, make, serial number, year, and tire size.
- A means to show nature and due date of the various inspection and maintenance operations to be performed; and
- A record of inspection, repairs, and maintenance showing their completion date and nature.

### **Pre-Trip Inspections**

Drivers shall follow the requirements of FMCSR 49 CFR Part 392.7 for daily pre-trip inspections. In general, this includes but is not limited to checking the following for vehicle defects:

- Air conditioner
- Battery, belts, and hoses
- Brakes and brake accessories (including parking and service brakes and trailer brake connections)
- Clutch (if applicable)
- Coupling devices
- Defroster/heater
- Drive line
- Engine
- Exhaust
- Fifth wheels
- Fluid levels
- Frame assembly
- Front axle
- Fuel tank(s)
- Horn

- Lights and reflectors
- Mirrors (including rear-view mirrors)
- Muffler
- Oil pressure
- Radiator
- Rear end
- Safety equipment
- Starter
- Suspension
- Tires
- Trailer (automatic breakaway trailer brakes, if installed, and attachment of the breakaway mechanism)
- Transmission
- Wheels and rims
- Windows; and
- Windshield wipers.

Drivers must also ensure that the truck and trailer registration and insurance documentation are on board the vehicle.

### **On-The-Road Inspections**

During normal operations, drivers should perform spot inspections of their vehicles every time the vehicle makes a stop. Spot inspection items should include:

- Visually inspecting tires.
- Looking for fluid leaks on the truck or trailer.
- Looking for mechanical failures on the truck or trailer; and
- Checking cargo securement and the condition of securement devices, as applicable.

The frequency of other cargo securement inspection activities is specified in the cargo securement section below.

If a problem is found, the driver will either have the necessary repairs or adjustments made before continuing to operate the vehicle or, if applicable, safely travel to the nearest repair facility.

### **Post-Trip Inspections**

Drivers shall follow the requirements of FMCSR 49 CFR Part 396.11-.13 for daily post-trip inspections. Each driver must prepare a written report (Driver Vehicle Inspection Report or DVIR) after each day's shift on each CMV operated. The report should identify the vehicle and list any defects or deficiencies discovered by or reported to the driver that would affect the safe operation of the vehicle or result in a mechanical breakdown. The report must be completed even if no defect or deficiency is discovered by or reported to the driver.

CCIS maintains the original DVIR, the certification of repairs, and the certification of the driver review for 3 months from the date the DVIR was prepared. These records may be kept in the vehicle or the vehicle maintenance file.

At a minimum, DVIRs should include the same or similar criteria as those covered in the pre-trip inspection. See **Appendix H** for an example of a **Driver's Vehicle Inspection Report**.

## **Accident Handling and Reporting**

In the event a driver or CMV is involved in an accident, the driver must notify the proper authorities (911) and company representatives as soon as it is safe to do so. In the event a driver becomes severely impaired or incapacitated, a management team member will be responsible for notifying the proper authorities to respond to the scene of the accident.

Drivers and/or branch managers should use the Vehicle Incident Checklist as a reference to ensure all necessary steps are taken as soon as emergency procedures have been completed or turned over to qualified emergency personnel.

CCIS expects drivers and/or management to take the following actions and collect the following information, as applicable:

- Check to make sure no one is injured. If so, call 911 immediately.
- If your vehicle is drivable, move it off the road's traveled portion as soon as possible. If not, turn on hazard lights and set up flares or reflector triangles to warn traffic.
- Call the police immediately, even if it appears minor.
- Call Axiom at 877-502-9466 if an employee has injuries & follow the nurses' instructions.
- Ask the police officer where & when you can get a copy of their report.
- Do not admit fault or discuss the accident with anyone except the police.
- Get the other drivers' info (name & license), vehicle info (year, make, model, & plate), & insurance info (agent, insurance carrier, & policy number).
- Gather as much information as possible. Get witness info (name, address, & phone number).
- Photograph the scene from four directions & the damage to each vehicle.
- Complete the Vehicle Incident Form & submit it to [safety@crosscountryis.com](mailto:safety@crosscountryis.com) for review within 24 hours.

The Safety Administrator will contact the investigating agency within 10 business days and request a copy of the comprehensive accident report. All documents related to the crash will be filed, and the accident will be listed on the accident register when appropriate.

In the event FMCSA conducts an in-depth investigation into the accident, CCIS will provide all reasonable assistance in fulfilling the agency's requests or inquiries and send all records and information about the accident. See **Appendix J** for copies of the **Vehicle Accident Checklist** and **Vehicle Incident Report** forms.

## **DOT Post-Accident Alcohol and Controlled Substances Testing**

Certain accidents require the driver to be tested for alcohol or controlled substances:

- An alcohol test is required within 8 hours of the accident, if a citation was received; and
- A drug test is required within 32 hours of the accident if a citation is received.

Type of Accident	Was a citation issued to the CMV driver?	Must a test be performed on the CMV driver?
Human Fatality	Yes	Yes
	No	Yes
Bodily injury with immediate medical treatment away from the scene of the accident	Yes	Yes
	No	No
Disabling damage to any motor vehicle requiring a tow away	Yes	Yes
	No	No

Alcohol tests must be administered within 2 hours of the accident. In all cases, if the driver has not submitted to an alcohol test within 8 hours, CCIS will consider the driver to have refused to submit to testing. If the test is not completed within 2 hours, the reason for the delay must be documented.

Controlled substances tests should be completed as soon as possible but *must* be administered within 32 hours of the accident. If the driver has not submitted to a controlled substances test within that time, CCIS will consider the driver to have refused to submit to testing.

## **Accident Register**

CCIS maintains an accident register for at least 3 years after the date of each accident. The register includes the following information:

- Date of the accident.
- City/town and state in which or near where the accident occurred.
- Driver's name.
- Number of injuries.
- Number of fatalities, and
- Whether hazardous materials were released, but not including fuel spilled from the fuel tanks of vehicles involved in the accident.

An accident is defined as something that results in the following:

- A fatality.
- Bodily injury to a person who, because of the injury, immediately receives medical treatment away from the accident; or
- One or more motor vehicles incurring disabling damage because of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.
  - Disabling damage does not include:
    - Damage that can be fixed temporarily at the scene without special tools or parts.
    - Tire disablement without other damage (even if no spare is available).

- Headlamp or taillight damage; or
- Damage to turn signals, horns, or windshield wipers, which makes them inoperative.

See **Appendix K** for a blank **Accident Register**.

## **Cargo Securement**

CCIS has made the *Drivers Handbook on Cargo Securement* available electronically and readily accessible to employees at: <https://www.crosscountryis.com/safety>

Drivers must ensure that cargo is properly distributed and secured, and that it does not obstruct the driver's view, prevent easy access to emergency equipment, or impede a quick exit from the cab.

Drivers are not allowed to operate a vehicle if the load has not been properly secured and loaded.

Drivers must inspect all cargo securement systems before use. No cargo securement system shall be used if it is damaged or improperly repaired.

Drivers must ensure softeners or other forms of edge protection are used to protect tiedowns from sharp or abrasive edges on cargo.

Before any movement, drivers must:

- Secure all cargo and dunnage.
- Inspect the cargo to ensure the vehicle is not improperly loaded.
- Ensure the motor vehicle is not overloaded or the weight does not exceed the maximum load weight for all tires; and
- Inspect every securement device before use to ensure it is in safe operational condition.

Drivers are also responsible for inspecting cargo and cargo securement devices at the following frequencies:

- Within the first 50 miles of the trip.
- At each change of duty status (when stopped or parked), and
- After driving for 3 hours or 150 miles, whichever comes first.

Cargo and cargo securement devices shall be adjusted as necessary to ensure proper securement.

## **Required Equipment**

### **All CMVs must be equipped with the following:**

- Lights and reflectors
- Service brakes, parking brakes, and emergency brakes
- Windshield
  - Must be free of discoloration or damage extending above the steering wheel, except the 2-inch border at the top and 1-inch border at each side.
- Tires
  - Tread depth requirements: At least 4/32 inch on front tires and 2/32 on all other tires.
  - Inflation requirements: Cold inflation pressure as specified on tires for the load being carried.
  - Tire condition: The underlying ply or belt should not be exposed.
- Wheels
  - Wheels and rims must not be cracked, and nuts and bolts must not be missing or loose.

### **All CMVs must be equipped with the following emergency items:**

- Fully charged and rated fire extinguisher.
- Three red, bidirectional reflective emergency triangles or flares.
- Spare electrical fuses and bulbs.
- Tire chains with extra connectors and chain tighteners.
- Reflective vests and PPE.
- First aid kits; and
- Repair tools and flashlights.

## **Driver Requirements**

Drivers must meet the following requirements:

- Be in good health and physically able to perform all duties of a driver.
- Be at least 21 years of age.
- Speak and read English well enough to converse with the general public, understand traffic and signals, respond to official questions, and be able to make legible entries on reports and records.
- Be able to drive the vehicle safely.
- Know how to safely load and properly block, brace, and secure the cargo.
- Have a current, valid driver's license while operating company vehicles.
- Provide CCIS with a list of all motor vehicle violations or a signed statement that the driver has not been convicted of any motor vehicle violations during the past 12 months. A disqualified driver must not be allowed to drive a commercial motor vehicle for any reason.
- Pass a driver's road test or equivalent.
- Complete an application for employment; and
- Possess a valid medical certificate.

## **Safe Driving Rules**

Drivers are expected to be fit for duty before operating a vehicle. This means that drivers are in a physical, mental, and emotional state driving in a manner that does not threaten the safety or health of themselves, their passengers, property, or the public.

Carefully plan road journeys before heading out. Tips for safer driving include:

- If possible, avoid traveling at night, particularly during times when falling asleep is most likely (2 am – 6 am).
- Map your route ahead of time.
- Check the weather, road, and traffic conditions before heading out.
- Adhere to any applicable restrictions on driving times and routes.
- When driving long distances, plan when and where to take rests (take breaks and rest as needed).
- Time your trip and allow extra time to account for unexpected delays; and
- Check the roadworthiness of company vehicles before use.

Drivers must refrain from distracting activities while operating company vehicles. Distractions include, but are not limited to, talking or texting on the phone, eating and drinking, conversing with passengers in the vehicle, and adjusting infotainment systems.

Take the following steps to prevent distracted driving:

- Put aside your electronic devices and, if available, minimize the use of hands-free communication.
- If another activity demands your attention, instead of trying it while driving, pull off the road and stop your vehicle in a safe place.
- Whenever possible, adjust the climate control, radio, and GPS before you are underway.
- Eat meals or snacks before or after driving, not while driving; and
- Do not allow passengers to take your focus away from the road.

Drivers are prohibited from driving, and CCIS does not allow drivers to operate a vehicle when their ability or alertness is so impaired (or so likely to become impaired) that driving would be unsafe.

Before setting off, consider whether you are fatigued or drowsy. Tell-tale signs and symptoms that you are fatigued include:

- Poor verbal communication
- Yawning and eye-rubbing
- Irritability
- Low concentration
- Staring
- Head nodding
- Blinking eyes
- Micro sleeps

If you experience any of these symptoms, which could make driving unsafe, **DO NOT DRIVE!**

Other driving safety rules that all drivers are expected to adhere to are as follows:

- Obey all posted speed limits.
- Always wear a seat belt.
- Do not pass other cars when there is limited space to merge, blind spots in front of you, and, on two-lane roads, large vehicles that you cannot see around.
- Watch out for aggressive drivers and stay out of their way.
- Leave added space between you and the next car, drive more slowly, brake gently, and make sure your vehicle is well-maintained in wet or snowy/icy conditions; and
- Be prepared for potential emergencies.

## **Alcohol and Controlled Substances**

While on duty, drivers may never possess, be under the influence of, or use any of the following substances:

- Any 21 CFR 1308.11 Schedule I substance.
- Any type or formulation of amphetamine.
- Any type or derivative of a narcotic; or
- Any other substance that would impede a driver's ability to safely operate a vehicle, including misused or abused prescription drugs, marijuana, medicinal, or otherwise.

Drivers may have or use a non-Schedule I substance if it was administered to the driver by or under the instructions of a licensed medical practitioner who told the driver that the substance would not affect their ability to drive safely.

Refer to CCIS's non-DOT drug and alcohol policy in the CCIS Occupational Health & Safety Manual and the DOT Alcohol and Controlled Substances Misuse Policy provided by Foley for information specific to non-CDL and CDL drivers.

## **Roadside Inspections**

CMV drivers may be subject to FMCSA rules when any regulatory agency stops them for any vehicle or traffic infraction or incident.

For CMVs used in interstate travel, commercial vehicles with an empty weight of more than 16,000 lbs. or a GCWR of more than 26,000 lbs. must clear ports of entry or weigh stations, if open and within five road miles of the route.

There are six levels of roadside inspection. The agency will decide the level of inspection to perform based on the company's Behavior Analysis and Safety Improvement Category (BASIC) scores and other relevant factors. CCIS will most likely experience the first three.

- Level I – Full
- Level II – Walk Around
- Level III – Driver/Credentials
- Level IV – Special Study
- Level V – Terminal
- Level VI – Radioactive Materials

### **Level I – Full**

The most comprehensive and common inspection. This inspection is a thorough review of both the driver and the vehicle. A Level I inspection takes about 45-60 minutes to complete, depending on the vehicle.

#### **Driver**

- Your commercial driver's license (CDL).
- Medical certificate.
- Logbook and hours of service.
- Documentation of the annual vehicle inspection; and
- The inspector will also check for the presence of hazardous materials.

#### **Vehicle**

- Vehicle registration (includes both tractor and trailer registration), if applicable
- A complete physical inspection of the vehicle (truck and trailer) to verify compliance with maintenance, parts, and accessories needed.

### **Level II – Walk Around**

Similar to the Level I inspection, except the inspector will not inspect items that require physical access under the vehicle. The Level II inspection takes about 30 minutes to complete.

### **Level III – Driver/Credentials**

An examination of only those documents about the driver and hazardous materials (if applicable).

- Valid commercial driver's license (CDL).
- Medical certificate, if not included on the CDL.
- Record of duty status (logbook and/or ELD), if applicable.
- Road test certificate, if applicable.
- Vehicle registration (including both tractor and trailer registration), if applicable; and
- Documentation of the annual vehicle inspection.

Specific state requirements may also apply.

### **If there is a roadside inspection, remember the following steps:**

- First, pull over into a safe area (which may require driving to the nearest exit or inspection area).
  - At a weigh station, you will be directed by an operator on where to park the vehicle.
- Turn off the vehicle ignition, shift the transmission into neutral, and release all brakes.
- Roll the window down so you can hear the inspector's questions and commands.
- Produce documentation, as requested by the inspector.
- Step out of the vehicle and perform functions only when requested to do so by the inspector; and
- Review the violations with the inspector and correct any out-of-service violations before continuing to operate the vehicle.

Drivers are expected to report documentation of roadside inspections to their supervisor at once. Supervisors shall provide documentation to the Safety Administrator within 24 hours of the incident.

CCIS communicates the types of roadside inspections and what to do in case of an inspection to all drivers. Drivers are expected to carefully inspect all criteria that could be evaluated during roadside inspections as part of pre- and post-trip evaluations of company vehicles.

## Telematics Policy and Procedures

Pedigree Technologies is a satellite tracking system that is attached to the company's vehicle, monitoring it during operation. This system monitors:

- Speed of travel
- Time of arrival
- Length of stop
- Time vehicle is spent idling
- Location of the vehicle at every stop
- Vehicle Mileage
- Acceleration and deceleration
- Rapid starts – “jackrabbit starts”

All employees who drive CCIS vehicles are expected to follow all applicable federal, state, and local statutes and regulations related to the operation of motor vehicles. Specific rules will also govern their conduct. These established rules are in addition to the Fleet Safety Program Policy and any applicable regulatory or government discipline, which may supersede this policy.

Driving habits, patterns, and policy violations are reviewed monthly and remain on the driver's record for 12 months. This means that a policy violation remains in effect and subject to progressive disciplinary actions for *one year* from the date of the violation. If multiple violations occur on the same day, they may be treated as a single violation, with any applicable discipline based on the most serious offense.

### Required Measures

The following GPS-related activities are needed measures and may be appealed only by following the guidelines outlined in the section entitled ‘Appeals.’ All “Coaching” citations given to the employee must include the specific telematics report noting the violation. To provide a thorough review of potential violations, we have compiled the following list of violations.

### Telematics and Driving Violations include:

1. Vehicles that travel 10 mph over the posted speed limit:
  - a. First offense will be a verbal warning.
  - b. Second offense results in a written warning.
  - c. Third violation will result in possible termination.
2. Vehicles that travel 20 mph over the posted speed limit:
  - a. Possible immediate termination.
3. Rapid accelerations or breaking:
  - a. First offense will be a verbal warning.
  - b. Second offense results in a written warning.
  - c. Third violation will result in possible termination.

4. Report of unsafe driving from the public or law enforcement agencies:
  - a. First offense will be a written warning.
  - b. Second offense will result in possible termination.
5. Stops that deviate from the driver's assigned route of service or other unscheduled stops, which cause the route to be run out of sequence or cause customers to be serviced outside their time window:
  - a. First offense will be a verbal warning.
  - b. Second offense results in a written warning.
  - c. Third violation will result in possible termination.
6. Unauthorized use of company vehicle after work hours:
  - a. First offense will be a verbal warning.
  - b. Second offense results in a written warning.
  - c. Third violation will result in possible termination.
7. Tampering with the GPS unit:
  - a. First offense will result in a written warning.
  - b. Second offense will result in possible termination.

**NOTE:** CCIS reserves the right, if the Fleet Manager and Safety Administrator find the employee's driving to be careless, reckless, or otherwise dangerous based on the road conditions or area in which the violation occurred, to terminate an employee even if the employee has not exhausted all disciplinary measures leading up to termination. **Violations expire 12 months after the violation date.**

### **Delegating Responsibility**

The Branch Manager will have ultimate responsibility for enforcing the company policy. The Branch Manager may delegate responsibility for managing the policy to other managers or team members. The Safety Administrator will conduct periodic, unannounced audits to ensure compliance with safety regulations.

The telematics program provides an instant violation alert via email to each Manager and the Safety Administrator. *It is the Manager's responsibility to ensure the Fleet Safety Program Violation form is completed and a copy is sent to the Safety Administrator.*

### **Appeals**

A panel may consider appeals of any GPS-related disciplinary actions and may be requested only under extenuating circumstances. While an investigation into the driver's record is being conducted, the temporary suspension of operating company vehicles should be enforced. Management will make a prompt decision about the driver's employment status.

The following are the extenuating circumstances that could prompt an appeal to any GPS-related disciplinary action.

- Medical emergency.

- When specifically requested by a law enforcement officer or similar governmental official to engage in behavior that violates the policy.
- Where an individual supervisor has amended the assigned route of service for business-related purposes.
- Technical malfunction.

The Safety Administrator may require the operation of the vehicle at or under the posted speed limit. A violation of the speed of travel under these conditions is not a reason for appeal.

## **Compliance Procedures**

The Manager handles enforcing and administering disciplinary measures. The required Fleet Safety Program Violation form (Appendix L) must be completed for every violation reported via Pedigree or other sources and filed in the employee's personnel file in the office. A copy should be emailed to the Safety Administrator.

## **GPS Equipment Repairs**

- All new GPS equipment is covered under warranty.
- If any GPS equipment requires repair during the warranty period, contact the Fleet Manager.
- The Fleet Manager will coordinate the equipment repairs with the vendor.
- The Fleet Manager will keep a small supply of emergency equipment, which may be loaned to locations that must have immediate replacement.

## **APPENDICES**

## **APPENDIX A - FMCSR RECORD RETENTION REQUIREMENTS**

# FMCSR RECORD RETENTION

## Driver Qualifications CFR 391

Regulation	Document	Retention Period
391.51 (c)	Complete driver qualification file	3 years after date of termination
391.51 (d)	Driver Applications	3 years after date of termination
391.51 (d) 4	Medical Certificate and long form	3 years from date of execution
391.51 (d) 2	Annual Review	3 years from date of execution
391.51 (d) 3	Certification of violations	3 years from date of execution
391.51 (d) 5	Physical waiver	3 years from date of execution
391.51 (d) 1	Annual motor vehicle record (MVR)	3 years from date of execution
391.23 (a) 1	Initial MVR at time of hire	3 years after date of termination

## Drug and Alcohol testing Records CFR 382

382.401 (b)(1)(i)	Records of Alcohol tests with .02 or greater result	5 years
382.401 (b)(1)(ii)	Records of driver verified positive controlled substance test results	5 years
382.401 (b)(1)(iii)	Documentation of refusals to take required alcohol and/or drug test	5 years
382.401 (b)(1)(iv)	Driver evaluations and referrals	5 years
382.401 (b)(1)(v)	Calibration documentation to testing devices	5 years
382.401 (b)(1)(vi)	Administrative records of the Alcohol controlled substance testing programs	5 years
382.401 (b)(1)(vii)	A copy of each annual calendar year summary required by 382.403(only those carriers selected)	5 years
382.401 (2)	Records relating to the alcohol and controlled substances collection process	2 years
382.401 (3)	Record of negative and cancelled controlled substance results and alcohol tests with a concentration of less than .02	1 year
382.401 (4)	Records related to the education and training of breath alcohol technicians, screening test technicians, supervisors, and drivers shall be maintained by the employer while the individual performs the functions which require the training and for *2 years after ceasing to perform these functions	Indefinite*

# FMCSR RECORD RETENTION

## Hours of Service Documentation CFR 395

395.8 (k)	Record of duty status and all supporting documents, and time records	6 months
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## Accident Records CFR 390

390.15	Accident Register and Files	3 years after the date of the accident
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## Inspection and Maintenance CFR 396

396.3 (c)	Maintenance files as required by 396.3 (b)	1 year
396.9 (d)(3)(ii)	Copy of roadside inspections	12 months
396.11 (c)(2)	Driver vehicle inspection report	3 months
396.19 (b)	Annual inspector certification	During employment and 1 year thereafter

**APPENDIX B - ANNUAL REVIEW OF DRIVING RECORD**

This form is an example only. Requirements for the annual review of driving record can be found in [49 CFR 391.25](#).

## ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

---

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

---

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

---

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

---

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE OF REVIEW

**APPENDIX C - ROAD TEST EXAMINATION & CERTIFICATE OF ROAD TEST**

# CERTIFICATE OF ROAD TEST



Complete before letting an applicant drive for you.

**IN LIEU OF A ROAD TEST, THE FOLLOWING DOCUMENTS  
HAVE BEEN PRESENTED, VERIFIED, AND ACCEPTED**

1) A valid Commercial Driver's License as defined in **49CFR 383.5**, but not including double/triple trailer or tank vehicle endorsements, which was issued to operate specific categories of Commercial Motor Vehicles and which, under the laws of that State, licensed the driver after the successful completion of a road test in a Commercial Motor Vehicle of the type the Motor Carrier intends to assign the driver.

**OR**

2) A copy of a valid Certificate of Driver's Road Test that was issued to the driver within the last three years.

Driver Name (Print): \_\_\_\_\_

I certify that one of the documents defined above is being retained as part of this driver's qualification file.

Name of Authorizing Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECORD OF ROAD TEST**

Motor Carrier: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Driver's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

The operations below are the skills required by **49 CFR part 391.31** to be tested while operating the type of Commercial Motor Vehicle the driver's employer intends to assign to this driver. Please assess the level of skill and competence the driver exhibits performing each of the following operations:

**1. THE PRE-TRIP EQUIPMENT INSPECTION**

Comments:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Training <input type="checkbox"/> Unsatisfactory
-----------	---

**2. COUPLING AND UNCOUPLING OF COMBINATION UNITS (IF APPLICABLE)**

Comments:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Training <input type="checkbox"/> Unsatisfactory
-----------	---

**3. PLACING THE COMMERCIAL MOTOR VEHICLE IN OPERATION**

Comments:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Training <input type="checkbox"/> Unsatisfactory
-----------	---

**4. USE OF THE COMMERCIAL MOTOR VEHICLE'S CONTROLS AND EMERGENCY EQUIPMENT**

Comments:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Training <input type="checkbox"/> Unsatisfactory
-----------	---

**DQF 3 - CERTIFICATE OF ROAD TEST**

Retain for 3 years after ceasing duties

# CERTIFICATE OF ROAD TEST

## 5. OPERATING THE COMMERCIAL MOTOR VEHICLE IN TRAFFIC AND WHILE PASSING OTHER MOTOR VEHICLES

Comments:

- Satisfactory  
 Needs Training  
 Unsatisfactory

## 6. TURNING THE COMMERCIAL MOTOR VEHICLE

Comments:

- Satisfactory  
 Needs Training  
 Unsatisfactory

## 7. BRAKING, AND SLOWING THE COMMERCIAL MOTOR VEHICLE BY MEANS OTHER THAN BRAKING

Comments:

- Satisfactory  
 Needs Training  
 Unsatisfactory

## 8. BACKING AND PARKING THE COMMERCIAL MOTOR VEHICLE

Comments:

- Satisfactory  
 Needs Training  
 Unsatisfactory

## 9. OTHER

Comments:

- Satisfactory  
 Needs Training  
 Unsatisfactory

Duration of Road Test:    Hours \_\_\_\_\_ Miles \_\_\_\_\_

Name of Examiner (please print)

Date

Signature

Driver's Name:

Social Security Number:

Operator's or Chauffeur's License No.:

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 \_\_\_/\_\_\_/\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner:

Title:

Organization of Examiner:

Address of Examiner:

City:

State:

Zip Code:

## **APPENDIX D - SAFETY PERFORMANCE HISTORY INVESTIGATION**

# SAFETY PERFORMANCE HISTORY INVESTIGATION



Use one form to investigate applicant's Safety Performance History (SPH) for each employer within the previous three years.

**TO BE COMPLETED BY APPLICANT:**

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Services, Inc., the service vendor used by my prospective employer, \_\_\_\_\_.

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Client Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Fax completed information to: (860) 368-2529.

**Verification of Employment**

Applicant was employed with this company from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_  
 Position: \_\_\_\_\_ Position required a Commercial Drivers License?  Yes  No

**Accident Information**

No accident information to report (as defined by Part 390.5)  
 \_\_\_/\_\_\_/\_\_\_ City or Town (most near) and State Number of fatalities Number of Injuries

Release of hazardous materials?  Yes  No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)  
 Additional information about the accident: \_\_\_\_\_

*Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.*

**Prohibited Drug and Alcohol Testing Information**

- Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
- No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:  
 Have an alcohol test result with an alcohol concentration of 0.04 or higher?  Yes  No  
 Have a verified positive drug test result?  Yes  No  
 Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?  Yes  No  
 Have a violation of any of the other drug and/or alcohol testing prohibitions?  Yes  No

If **yes** to any of the above, did the driver:  
 Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?  Yes  No  
 Successfully complete the return to duty program while in your employment?  Yes  No

*Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.*

**Previous Employer Contact Information**

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name	Title
Telephone	Fax
Mailing Address	
Signature of Company Official releasing this information	Date Released

SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

## **APPENDIX E - DRIVER FILE CONTENTS CHECKLIST**



## Driver Qualification Files

Document	Regulation	Retention	
<input type="checkbox"/> Driver application	§391.21	Employment, plus 3 years	
<input type="checkbox"/> Motor vehicle report (MVR) from hire	§391.23	Employment, plus 3 years	
<input type="checkbox"/> Road test/certificate or CDL photocopy	§391.31 / §391.33	Employment, plus 3 years	
<input type="checkbox"/> Safety Performance History (or Previous Employer Checks for hires prior to 10/30/2004)	§391.23	Employment, plus 3 years	
<input type="checkbox"/> Annual MVR & annual review of driving record	§391.25	3 years	
<input type="checkbox"/> Annual list of violations	§391.27	3 years	
<input type="checkbox"/> Medical Examiner's Certificate, along with any exemptions/waivers	§391.43	3 years	
<input type="checkbox"/> Verification that the medical examiner used is listed on the National Registry of Medical Examiners	§391.51	3 years	
<input type="checkbox"/> Entry-level or Longer Combination Vehicle (LCV) training records	§380.509 / §380.401	Employment, plus 3 years	

**APPENDIX F - INSPECTION, REPAIR, & MAINTENANCE RECORD**



## **APPENDIX G - INSPECTOR QUALIFICATIONS**

**Inspector Qualifications**  
Certification 49 CFR, Part 396.19

Motor carriers are responsible for ensuring that individuals(s) performing an annual DOT inspection under Part 396.19 are qualified as follows:

1. Understands the inspection criteria set forth in Part 393 and Appendix G and can identify defective components,
2. Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection,
3. Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

I.     \_\_\_ Successfully completed a State or Federal training program or has a certificate(s) from a State or Canadian Province which qualifies the person to perform commercial vehicle inspections.  
Specify: \_\_\_\_\_

**or**

II.     Have a combination of training or experience totaling at least one year as follows (check all that apply):

A.     \_\_\_ Participation in a truck manufacture-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance.  
Where and dates(s): \_\_\_\_\_

B.     \_\_\_ (years) experience as a mechanic or inspector in a motor carrier maintenance program.  
Name and date(s): \_\_\_\_\_

C.     \_\_\_ (years) experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company or similar facility.  
Name of facility and date(s): \_\_\_\_\_

D.     \_\_\_ (years) experience as a commercial vehicle inspector for a State, Provincial, or Federal government organization.  
Name, location and date(s): \_\_\_\_\_

I certify the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Inspector/mechanic signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/supervisor signature

\_\_\_\_\_  
Date

Evidence of qualifications on file at: \_\_\_\_\_

## Brake Inspector Qualifications

Certification 49 CFR, Part 396.25

“Brake inspector” means any *employee* of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service or repairs to any commercial motor vehicle, subject to the motor carrier’s control meet the applicable Federal standards.

No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service or repair of any brakes on its commercial motor vehicles.

### Minimum Qualifications

1. Understands and can perform brake services and inspections,
2. Is knowledgeable of and has mastered the methods, procedures, tools and equipment necessary to perform brake services and inspections,
3. Is capable of performing brake services and inspections by reason or experience, training, or both and qualifies in one of the following categories (check all that apply):

- I. \_\_\_ Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, Federal agency, labor union, or has a certificate from a State or Canadian Province which qualifies the person to perform brake services or inspections.

Specify: \_\_\_\_\_

**or**

- II. Has brake-related training or experience or a combination thereof totaling at least one year as follows (check all that apply):

- A. \_\_\_ Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program.

Where and date(s): \_\_\_\_\_

- B. \_\_\_ (years) experience performing brake maintenance or inspections in a motor carrier maintenance program.

Name and date(s): \_\_\_\_\_

- C. \_\_\_ (years) experience performing brake maintenance or inspection at a commercial garage, fleet leasing company or similar facility.

Name of facility and date(s): \_\_\_\_\_

I certify the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Inspector/mechanic signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/supervisor signature

\_\_\_\_\_  
Date

Evidence of qualifications on file at: \_\_\_\_\_

**APPENDIX H - DRIVER VEHICLE INSPECTION REPORT**

# Driver's Vehicle Inspection Report

Check ANY Defective Item and Give Details under "Remarks."

DATE: \_\_\_\_\_

TRUCK/TRACTOR NO. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Compressor    | <input type="checkbox"/> Horn              | <input type="checkbox"/> Springs           |
| <input type="checkbox"/> Air Lines         | <input type="checkbox"/> Lights            | <input type="checkbox"/> Starter           |
| <input type="checkbox"/> Battery           | Head – Stop                                | <input type="checkbox"/> Steering          |
| <input type="checkbox"/> Brake Accessories | Tail – Dash                                | <input type="checkbox"/> Tachograph        |
| <input type="checkbox"/> Brakes            | Turn Indicators                            | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Carburetor        | <input type="checkbox"/> Mirrors           | <input type="checkbox"/> Transmission      |
| <input type="checkbox"/> Clutch            | <input type="checkbox"/> Muffler           | <input type="checkbox"/> Wheels            |
| <input type="checkbox"/> Defroster         | <input type="checkbox"/> Oil Pressure      | <input type="checkbox"/> Windows           |
| <input type="checkbox"/> Drive Line        | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine            | <input type="checkbox"/> Radiator          | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Fifth Wheel       | <input type="checkbox"/> Rear End          |  |
| <input type="checkbox"/> Front Axle        | <input type="checkbox"/> Reflectors        |  |
| <input type="checkbox"/> Fuel Tanks        | <input type="checkbox"/> Safety Equipment  |  |
| <input type="checkbox"/> Heater            | Fire Extinguisher                          |  |
|  | Flags – Flares – Fuses                     |  |
|  | Spare Bulbs & Fuses                        |  |
|  | Spare Seal Beam                            |  |

TRAILER(S) NO (S). \_\_\_\_\_

- |  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Brake Connections   | <input type="checkbox"/> Hitch        | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires     |
| <input type="checkbox"/> Coupling Chains     | <input type="checkbox"/> Lights – All | <input type="checkbox"/> Wheels    |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof         | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Springs      |                                    |

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Condition of the above vehicle is satisfactory

Driver's Signature \_\_\_\_\_

- Above Defects Corrected

- Above Defects Need NOT Be Corrected For Safe Operation Of Vehicle

Mechanic's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX I - SUPERVISOR DRUG AND ALCOHOL CHECKLIST**

## SUPERVISOR DRUG AND/OR ALCOHOL CHECKLIST

Supervisor Drug and/or Alcohol Checklist		
Question	Yes	No
1. Smell of alcohol on breath of person?	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech:		
• Slurred?	<input type="checkbox"/>	<input type="checkbox"/>
• Confused?	<input type="checkbox"/>	<input type="checkbox"/>
• Fragmented?	<input type="checkbox"/>	<input type="checkbox"/>
• Slow?	<input type="checkbox"/>	<input type="checkbox"/>
• Unusually soft?	<input type="checkbox"/>	<input type="checkbox"/>
• Unusually loud?	<input type="checkbox"/>	<input type="checkbox"/>
3. Disorientation – Is the contractor confused about:		
• Where he or she is?	<input type="checkbox"/>	<input type="checkbox"/>
• What day it is?	<input type="checkbox"/>	<input type="checkbox"/>
• What time it is?	<input type="checkbox"/>	<input type="checkbox"/>
4. Apparent inability to focus on work?	<input type="checkbox"/>	<input type="checkbox"/>
5. Unusual or unexplained resistance to authority or refusal to follow reasonable directions?	<input type="checkbox"/>	<input type="checkbox"/>
6. Lack of motor coordination?	<input type="checkbox"/>	<input type="checkbox"/>
7. Mood:		
• Belligerent?	<input type="checkbox"/>	<input type="checkbox"/>
• Moody?	<input type="checkbox"/>	<input type="checkbox"/>
• Ecstatic?	<input type="checkbox"/>	<input type="checkbox"/>
• More nervous than usual?	<input type="checkbox"/>	<input type="checkbox"/>
• Giddy?	<input type="checkbox"/>	<input type="checkbox"/>
• Talkative?	<input type="checkbox"/>	<input type="checkbox"/>
• Drowsy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Skin color:		
• Pale?	<input type="checkbox"/>	<input type="checkbox"/>
• Flushed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Excessive perspiration?	<input type="checkbox"/>	<input type="checkbox"/>
10. Excessive trips to the restroom?	<input type="checkbox"/>	<input type="checkbox"/>
11. Bloodshot eyes?	<input type="checkbox"/>	<input type="checkbox"/>
12. Dilated pupils?	<input type="checkbox"/>	<input type="checkbox"/>
13. Pinpoint pupils?	<input type="checkbox"/>	<input type="checkbox"/>
14. Traces of alcohol in containers?	<input type="checkbox"/>	<input type="checkbox"/>
15. Confession by contractor that he/she was drinking alcohol or ingesting drugs?	<input type="checkbox"/>	<input type="checkbox"/>
16. Confirmation by other contractors or employees?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Supervisor Drug and/or Alcohol Checklist</b>		
<b>Question</b>	<b>Yes</b>	<b>No</b>
<b>17.</b> Presence of substances with the appearance of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b> Presence of drug paraphernalia?	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b> Smell of marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
<b>20.</b> Congregation of contractors in remote areas of the companies, facilities, or in areas not usually frequented by contractors?	<input type="checkbox"/>	<input type="checkbox"/>
<b>21.</b> Weariness, fatigue, or exhaustion?	<input type="checkbox"/>	<input type="checkbox"/>
<b>22.</b> Deteriorating physical appearance?	<input type="checkbox"/>	<input type="checkbox"/>
<b>23.</b> Yawning excessively?	<input type="checkbox"/>	<input type="checkbox"/>
<b>24.</b> Blank stare or expression?	<input type="checkbox"/>	<input type="checkbox"/>
<b>25.</b> Sudden and/or unpredictable change in energy level?	<input type="checkbox"/>	<input type="checkbox"/>
<b>26.</b> Unusually energetic?	<input type="checkbox"/>	<input type="checkbox"/>
<b>27.</b> Shaking or trembling of hands?	<input type="checkbox"/>	<input type="checkbox"/>
<b>28.</b> Sunglasses worn at inappropriate times?	<input type="checkbox"/>	<input type="checkbox"/>
<b>29.</b> Changes in appearance after lunch break?	<input type="checkbox"/>	<input type="checkbox"/>
<b>30.</b> Withdrawal and avoidance of peers?	<input type="checkbox"/>	<input type="checkbox"/>
<b>31.</b> Complaints from co-workers?	<input type="checkbox"/>	<input type="checkbox"/>
<b>32.</b> Excessive absenteeism, especially Mondays, Fridays and days before or after holidays or paydays?	<input type="checkbox"/>	<input type="checkbox"/>
<b>33.</b> Unusually high incidence of colds, flu, upset stomach, and/or headaches?	<input type="checkbox"/>	<input type="checkbox"/>
<b>34.</b> Unauthorized or unscheduled absences?	<input type="checkbox"/>	<input type="checkbox"/>
<b>35.</b> Breathing or swallowing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
<b>36.</b> Unusual sneezing / nasal congestion?	<input type="checkbox"/>	<input type="checkbox"/>
<b>37.</b> Needle marks on arms?	<input type="checkbox"/>	<input type="checkbox"/>
<b>38.</b> Prolonged lunch hours?	<input type="checkbox"/>	<input type="checkbox"/>
<b>39.</b> Tardiness?	<input type="checkbox"/>	<input type="checkbox"/>
<b>40.</b> Unexplained departures from work or disappearances from the job area?	<input type="checkbox"/>	<input type="checkbox"/>
<b>41.</b> More than average number of job-related mistakes injuries or accidents?	<input type="checkbox"/>	<input type="checkbox"/>
<b>42.</b> Decrease in efficiency or productivity?	<input type="checkbox"/>	<input type="checkbox"/>
<b>43.</b> Careless operation of equipment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>44.</b> Careless performance of job?	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX J - VEHICLE ACCIDENT CHECKLIST & INVESTIGATION FORM**



## MOTOR VEHICLE INCIDENT CHECKLIST

At the incident scene:

- Check to make sure no one was injured. If so, request medical assistance immediately.
- If possible, leave the vehicles where they came to rest, if this does not disrupt traffic or cause any inconvenience or dangerous condition. Otherwise, move your vehicle safely off the road.
- Call the police immediately, even if the accident appears minor.
- Do not argue with the others involved, admit fault or discuss the accident with anyone except for the police.
- Give the other driver your vehicle insurance policy number.
- Gather as much information about the accident as possible.
- Write down the names, addresses and phone number of everyone involved.
- Get the automobile insurance company names and policy numbers of all vehicle owners.
- Write down the year, make, model and plate number of all vehicles involved.
- Note the location and extent of all the damage to all vehicles.
- Write down the names, addresses and phone numbers of any witnesses.
- Note the location of the accident - street names, cross streets, landmarks, mile markers, route or exit numbers.
- For each vehicle, note the direction of travel, road signs or signals, and the number of lanes.
- Note the time of day, weather conditions and road conditions.
- If a camera is available, photograph the scene from four directions. Also photograph the damage to each vehicle.
- Write a brief description of the accident, and sketch the scene if possible.
- Ask the police officer where and when you can get a copy of their report. Note the badge number and name of the officer, as well as the report number of the report.

# Vehicle Incident Report Form

(A blank copy of this form must be maintained in all company vehicles)

## Driver Information

Driver Name	Address	Work Phone
Date of Birth	City State Zip	Home Phone
Date of Hire	Driver License Number / State	

## Vehicle Information

Vehicle Number	Year	Make	Model	Vehicle Identification Number (VIN)
License Plate Number		Mileage	Area of Damage	
Accident during business use? Yes No	Is the Vehicle Drivable? Yes No		Location of Vehicle/ Tow Company	

## Accident Information

Date of Accident	Time	Location of Accident (Street, Highway or intersection)		
City		County	State	

## Other Vehicle Information (Use additional sheet if necessary)

Year	Make	Model	License Plate Number	Driver's License Number
Owner Name		Phone	Address	City State Zip
Driver Name (if other than owner)		Phone	Address	City State Zip
Insurance Carrier		Policy Number	Agent Name / Phone Number	
Area of Damage to Vehicle			Vehicle Location	

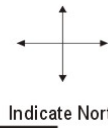
## Conditions and Accident Description (use additional sheet if necessary)

Weather Conditions (Rainy, Clear, Foggy, Snow, etc.)	Road Conditions (Paved, Dry, Wet, Icy, etc.)	Air Bag Deployed? Yes No
Traffic Controls (Signs, Signals, Lights)	Posted Speed Limit	How fast were you traveling? Seat Belts Worn Yes No

Description of the Accident:

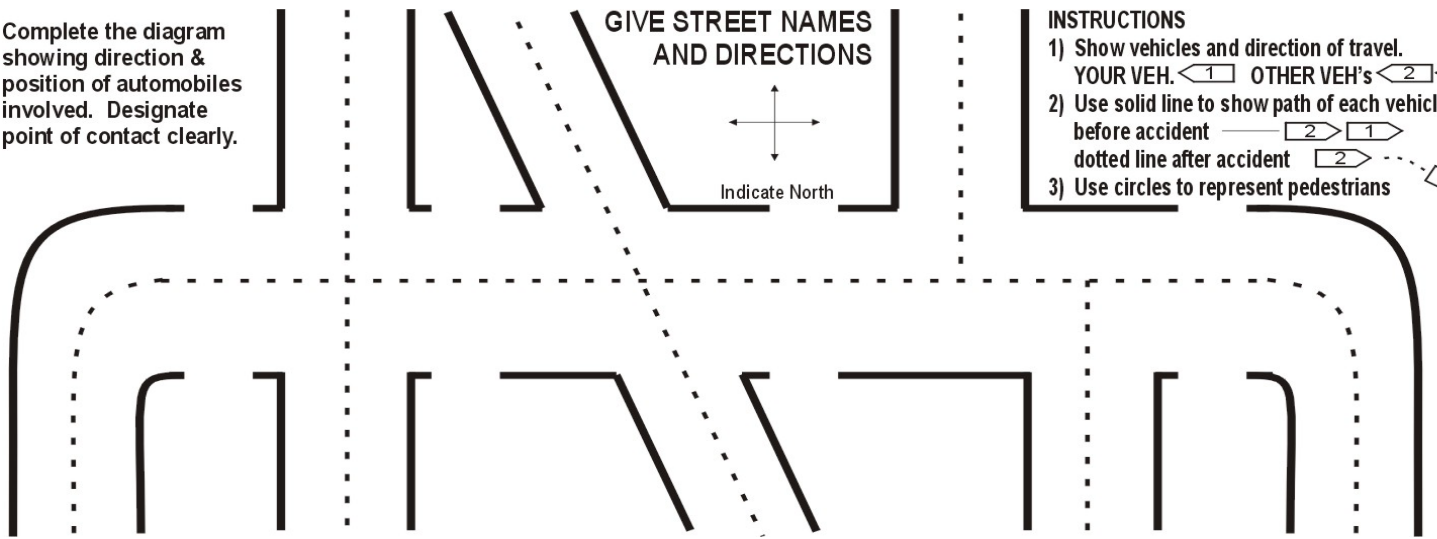

Complete the diagram showing direction & position of automobiles involved. Designate point of contact clearly.

**GIVE STREET NAMES AND DIRECTIONS**



**INSTRUCTIONS**

- 1) Show vehicles and direction of travel.  
YOUR VEH. <1> OTHER VEH's <2> <3>
- 2) Use solid line to show path of each vehicle before accident ———<2> <1>  
dotted line after accident .....<2>
- 3) Use circles to represent pedestrians



**Witnesses**

Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone

**Passengers**

circle one

Name	Address	City	Phone	Our veh. Other veh.
	State	Zip		
Name	Address	City	Phone	Our veh. Other veh.
	State	Zip		

**Injuries**

Name	Address	City	State	Zip
Phone	Extent of Injuries			
Name	Address	City	State	Zip
Phone	Extent of Injuries			

**Police Information**

Were Police Called? Yes No	Police Department Contact / Precinct Number / Phone Number
Officer Name / Badge Number	Report Number
Citation / Ticket Issued / Reason	Who was cited (Our Driver, Other Party)?

Report Reviewer

Title

Date

**Instructions:**

- Check to make sure no one is injured. If so, request medical assistance immediately.
- If your vehicle is drivable, you to move it off of the traveled portion of the roadway as soon as practical. If not drivable, turn on hazard lights, and if available, set up flares or reflector triangles to warn traffic. Stay in your vehicle.
- Call the police immediately, even if it appears minor. If police will not respond, due to an "accident alert" situation or do not come, fill out an accident report at the city courthouse/ police station in the city in which the accident occurred.
- Ask the police officer, if completed, where and when you can get a copy of their report.
- Do not argue with the others involved, admit fault or discuss the accident with anyone except the police.
- Give the other driver your vehicle insurance policy number (should be kept with vehicle registration information.)
- Gather as much information about the accident as possible.
- If a camera is available, photograph the scene from four directions. Also photograph the damage to each vehicle.
- Complete the Vehicle Incident Form and submit to the [safety@crosscountryis.com](mailto:safety@crosscountryis.com) for review.



**APPENDIX K - ACCIDENT REGISTER**



**APPENDIX L – FLEET SAFETY PROGRAM VIOLATION COACHING FORM**

## Fleet Safety Program Violation

### Employee information

Name \_\_\_\_\_

Branch \_\_\_\_\_

### Manager information

Name \_\_\_\_\_

### Violation information

Circle all that apply

Speeding \* Hard stop \* Excessive acceleration \* Other

Date \_\_\_\_\_

Time \_\_\_\_\_

Duration \_\_\_\_\_

Location \_\_\_\_\_

Description \_\_\_\_\_

### Previous violations

List any previous policy violations and actions taken.

### Counseling session

1. Review of incident:
  - \*Discuss what occurred during the violation.
  - \*Ensure Employee understands the nature of the violation.
2. Fleet Safety Program Policy:
  - \*Review the specific policy violation, providing context and reasoning for the policy.
  - \*Discuss why adherence to this policy is important for safety, efficiency, and overall operations.
3. Employee response:
  - \*Give the employee an opportunity to share their perspective or any mitigating circumstances.

### Consequence of Violation

Check the appropriate consequence of violation.

- \*Verbal warning.
- \*Written warning.
- \*Termination.

\_\_\_\_\_  
**Manager Signature**

\_\_\_\_\_  
**Date**

### Employee acknowledgment

I, \_\_\_\_\_, have received and understand this counseling form and the discussion that took place regarding my Fleet Safety Program Policy violation.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

### Notes

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