

****TO BE USED FOR ON-SITE AUDITS****

Carrier information for Safety Audits
As applicable, have the following available at the time of audit.

Insurance and Economic Documentation: Have available a current copy of Form MCS-90 or MCS-90B (insurance endorsement). Also have available a copy of Form BOC-3 (designation of process agents).

Controlled Substances and Alcohol Testing Administrative records: Have available for review all administrative records related to controlled substances and alcohol testing. If you are enrolled with a consortium, obtain from the consortium and have available for review the consortium's current list of drivers for your company. Have available for review a copy of your company's Controlled Substances and Alcohol Testing policy. Have available for the quarterly/semiannual summaries (from the laboratory) of controlled Substances and Alcohol Testing for [Year]. Have available for review a copy of the annual calendar year summary for [Year].

Accident Records: Have available for review all records related to accidents for the past 365 days, including an accident register. Also, have available a copy of your damage/loss run from your insurance company and/or any State accident reports maintained. Include all accidents resulting in fatality, injury, and/or tow – regardless of whether or not your driver was found to have been “at fault”. **The accident register and copy accident reports will only be reviewed for accidents occurring in or to the United States.**

Driver Qualification: Have available for review, driver qualification files for all drivers used within the past 12 months. If your company operates with drivers assigned to various locations or functions, be prepared identify each driver's status (i.e., terminal location, commercial zone vs. long haul, van vs. flat bed operations, leased vs. company, etc.)

Hours of Service: Provide a driver specific listing showing assigned units and account numbers for phone and fuel charges for all drivers, including leased operators, used within the past six months.

Have available all records of duty status for previous six months for all drivers, including leased operators. Also, have available all supporting documents (i.e., trip envelopes, driver expense receipts, telephone records, fuel reports, dispatch logs, payroll records, bills of lading, etc.) for previous six months for all drivers.

Equipment/Maintenance: For previous 12 months, provide a list showing all equipment owned/leased/trip lease and operated in intra and interstate commerce. Designate type of equipment-trucks, tractors, trailers, HM cargo tank trucks, HM cargo tank trailers, buses. If applicable, indicate terminal locations and/or date removed from service.

Have available all maintenance files and records for each unit, including leased units. Files and records include evidence of annual inspections, repair receipts, maintenance schedules, qualification of persons performing annual inspections and/or brake repair and adjustments. Also have available copies of drivers' daily vehicle inspection reports for the last three months.

Hazardous Materials Records (if applicable): Have available a current copy of the DOT/RESHA HM registration HM training materials and records of such training. Also have available a copy of the most recent shipping document for each class of materials transported.

Carrier Information for Safety Audits
Return this document to the safety auditor

General Information

Full Legal Name of Company

Doing Business As (DBA)

Company Owner's/President's Name

US DOT #

MC Authorization Number

Physical Address

City State Zip (+4)

Mailing Address

City State Zip (+4)

Telephone Number

Fax Number

Corporate Tax Identification #

SSN

Gross Revenue for Last Year
 (or Revenue for period in business)
 From Month/Year to Month/Year

Total Fleet Mileage for Last 12 Months
 (or period in Business)(Mileage generated in the United States or trips
 to the U.S. only)

List of Hazardous Materials Transported

Number of Drivers

Number of CDL Drivers

Vehicle Information: *(list only vehicles > 10,000 lbs GVWR or passenger vehicles seating 8 persons or more)*

Equipment	Truck	Truck Tractor	Trailer	HM Tank Truck	HM Tank Trailer	Motorcoach
Owned						
Leased						

Does Your Company Use a Consortium for Part 382? Yes No

If Yes Name

City State Zip (+4)

Phone

The above information was provided by _____ and is certified to be correct to the best of my knowledge and belief.
(Print name and title)

(Signature)

(Date)