



**MCSA Compliance Consultants**  
**8310 W Ustick Rd Ste 300**  
**Boise, ID 83704**  
**(877)541-8771**

## **Safety Audit Checklist**

The Federal Motor Carrier will conduct audits on all New Entrant Motor Carrier Applicants. The items listed below can be used to satisfy record-keeping requirements. If you are unsure if the items below are required for your operation, contact MCSA Compliance Consultants for assistance reviewing the checklist.

### **Proof of Insurance**

All Motor Carriers must provide proof for adequate financial assurance that can potentially cover costs associated with bodily injury, property damage, and environmental restoration due to discharge of toxic or environmentally harmful materials caused by their company.

Examples of Insurance documents: MCS-90, BMC-91 or BMC-91x. If you are unsure, contact your insurance provider and ask them for the proof of financial assurance. They will send you the proper form.

### **Driver List**

The Driver list must include all of the drivers that have worked for the company for the last 365 days. The Driver List must include: each driver's first and last name, date of birth, date of hire, license number, and license State. We recommend including the termination date for any driver listed but no longer employed by the company.

### **Vehicle List**

The vehicle listed must include a list of all vehicles owned/operated/ or leased by the company. The Vehicle List must include unit number, vehicle identification number (VIN), plate number, and State.



#### **Driver Qualification File**

The Driver Qualification File is a full compilation to meet all requirements of Federal Regulation 49 CFR 391. During the Safety Audit, the full file can be provided as it meets the record-keeping requirements listed below. The individual items listed are the key components of the Driver Qualification File

##### Driver's License

A copy of the Driver's License that meets the requirement of the vehicle they operate. Appropriate licenses are either an Operator's License issued by one State or jurisdiction, a Commercial Driver's License (CDL) with the proper endorsements as required, a Canadian License or a Licencias Federales de Conductor issued by the Mexican Government.

##### Driver's Motor Vehicle Record (MVR)

The Driver's Motor Vehicle Record, commonly known as the Driving Record, must be pulled on an annual basis, reviewed, and included in the Driver Qualification File. The Motor Vehicle Record must be kept for 3 years after employment ends. The carrier must review the motor vehicle records of the drivers it employees to determine if that driver meets the minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle.

##### Medical Certificate

All drivers are expected to be physically and mentally fit to operate the commercial motor vehicle. Driver must be examined by a Certified Medical Examiner. The medical examiner will complete a Medical Examination Report (Long Form). Upon passing the physical examination, the driver will be given a copy of the Medical Certificate. The Motor Carrier must review the Medical Certificate and complete the verify the Medical Examiner is registered with the National Registry of Certified Medical Examiners.

##### Drivers Application

The drivers application must be completed in full to show the driver's basic information, driving history, accident/ ticket history, and previous employment.

##### Investigation of Previous Employment

Upon reviewing the Driver's application, any previous employer which the driver held employment for the last three years and operated a commercial motor vehicle must be contacted to complete an interview regarding the driver's safety performance history.



- Drivers Road Test of Equivalent

All drivers must complete a Road Test or show proof a Commercial Drivers License or equivalent. The Road Test must be completed to show an understanding of operating the vehicle and a certificate is provided by the examiner.

- Drug and Alcohol Program**

Motor carriers whose drivers are required to have CDLs to operate the commercial motor vehicle must have a drug and alcohol testing program.

- Proof of Enrollment into a Consortium

This is commonly called a Consortium Agreement. This is an agreement between the company and the consortium of the responsibilities of each party and should have listed the enrollment date and expiration date of the program. This also provides proof of the company having an active random testing program in place the requirements for the consortium are being met.

- Workplace Policy

This is a policy given to the drivers to ensure they are aware of enrollment into a Drug and Alcohol Testing program and provides the company with the proper permissions to send a driver in for testing. It also outlines the types of tests required to be administered and the penalties should the driver fail or refuse a test. This must be signed and kept in the employee file.

- Negative Pre-Employment Test and Chain of Custody Form

Before the driver is authorized to operate the vehicle, a negative Pre-employment test result must be available. The chain of custody form that was provided at the time of testing should also be on file.

- Supervisor Training Certificate

Should the Motor Carrier have a hired driver (exemptions are only for Owner/ Operators with no additional drivers), the Motor Carrier is required to have a supervisor complete one hour of training to recognize the symptoms of drug use and one hour of training to recognize the symptoms of alcohol abuse.



#### **Driver's Records of Duty (ROD)**

Every Motor carrier must keep record of his/her duty status for each 24 hour period. All Hours of Service rules must be met and the Records of Duty will show proof of the safe driving. Supporting documents should also be included such as: toll receipts, fuel receipts, bills of lading, or trip reports. The record of the last 6 months must be available at all times.

Types of Record of Duty:

- Electronic Logging Device (ELD)
- Log Books
- Time Records

*Ensure that you are aware of the Record of Duty device that is appropriate for your company. Not using the proper Record of Duty device can lead to penalties by the DOT.*

- 6 Months of RODS can be provided
- Disciplinary Policy in place to addressing non-compliance with Hours of Service Rules
- Policy in place regarding inspection of the RODS to ensure driver compliance

#### **Annual Inspection Program**

The vehicle must receive an annual inspection on a yearly basis. The vehicle is not to be operated unless the vehicle has passed an inspection at least once during the preceding 12 months and documentation of inspection is on the vehicle. (Date of Inspection, Name and Address of motor carrier, Certification that the passed an inspection in accordance with 396.17)

- Annual Inspection completed within the last 12 months
- Vehicle maintenance records
- 90 days of post-trip inspection reports and supporting documents if maintenance was required.

#### **Hazardous Materials**

Motor Carriers transporting hazardous materials must have the appropriate documentation. Shippers of hazardous materials must provide carriers with shipping papers and emergency response information.



## **Automatic Failure of the Safety Audit**

A New Entrant will **AUTOMATICALLY FAIL** the Safety Audit for violations related to:

### **Alcohol and Drug Violations**

- No alcohol and/or drug testing program.
- No RANDOM alcohol and or drug testing program.
- Using a driver who refused a required alcohol or drug test.
- Using a driver the company knows had a blood alcohol content of 0.04 or greater
- Using a driver who failed to complete required follow-up procedures after testing positive for drugs.

### **Driver Violations**

- Using a driver without a valid CDL
- Using a disqualified driver
- Using a driver with a revoked, suspended, or cancelled CDL
- Using a medically unqualified driver

### **Operations Violations**

- Operating a motor vehicle without having in effect the required level of insurance
- Failing to require drivers to make hours- of- service records

### **Repairs and Inspection Violations**

- Operating a vehicle declared Out-of-Service for safety deficiencies before repairs are made
- Not performing OOS repairs reported in driver-vehicle inspection reports
- Operating a Commercial Motor Vehicle that has not been periodically inspected

### **If Failure of Safety Audit:**

If the audit is failed, the New Entrant must satisfactorily implement a Corrective Action Plan to correct safety management practices. Failure to do so will put your DOT Number in an “OUT OF SERVICE” status.



## **Company Safety Audit Information**

Legal Name or Motor Carrier: \_\_\_\_\_

Trade Name or D.B.A: \_\_\_\_\_

Name of company Owner/President: \_\_\_\_\_

USDOT Number: \_\_\_\_\_ MC Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporate Tax ID #: \_\_\_\_\_ SSN: \_\_\_\_\_

Do you operate (circle one): Interstate or Intrastate

Gross Revenue for Last Fiscal Year (or revenue for period in business): \$ \_\_\_\_\_

Total Fleet Mileage for last 12 Months (or mileage for period in business): \_\_\_\_\_

Gross Revenue and Mileage (or Operations) from Month/Year: \_\_\_\_\_ to Month/Year: \_\_\_\_\_

List of Cargo Transported: \_\_\_\_\_

List of Hazardous Materials Transported: \_\_\_\_\_

Total Number of Drivers: \_\_\_\_\_ Number of CDL Drivers: \_\_\_\_\_ Number of Interstate Drivers: \_\_\_\_\_

Company began on this date: \_\_\_\_\_ First Interstate trip date: \_\_\_\_\_ Trip location: \_\_\_\_\_

Percent of time operating in Canada: \_\_\_\_\_ Percent of time operating in Mexico: \_\_\_\_\_



### Company Safety Audit Information (Cont.)

List only vehicles 10,001 lbs. or more GVWR/GVW or passenger vehicles seating 8 persons or more

Equipment	Straight Truck	Truck Tractor	Semi-Trailer	HM Straight Truck	HM Cargo Trank	Motor Coach/Bus
Owned						
Leased						

Does your Company use a consortium for Part 382 (Drug and Alcohol Testing)? Yes: \_\_\_\_ No: \_\_\_\_

If yes: Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of DER: \_\_\_\_\_

Have you or any of your company officials been associated with a previous transportation company?

Yes: \_\_\_\_ No: \_\_\_\_

If yes, list USDOT numbers for those companies: \_\_\_\_\_

The above information was provided by: \_\_\_\_\_ and is certified to be true and correct to the best of my knowledge and belief.

---

Signature

Title

Date