

Safety Audit Resource Guide

This guide has been developed to help carriers prepare for an FMCSA Safety Audit by identifying the documents auditors may request to verify compliance with the Federal Motor Carrier Safety Regulations (FMCSRs) and Hazardous Materials Regulations (HMRs). This page summarizes the documents that may be reviewed, while subsequent pages provide detailed regulatory information and sample documentation that can be used to satisfy record-keeping requirements.

This guide is not intended as a replacement for the published FMCSRs or HMRs, and auditors may request additional documents to ensure the carrier has sufficient safety management practices in place. Regulations issued by the U.S. Department of Transportation and its Operating Administrations are published in the Federal Register and compiled in the U.S. Code of Federal Regulations (CFR).

View the Motor Carrier's Guide to Improving Highway Safety for more detailed regulatory information.

Learn more about FMCSA's New Entrant Program at <https://ai.fmcsa.dot.gov/NewEntrant>, or see page 12 for a list of FMCSA Service Center phone numbers.



Documents you need:

Driver-Related Documents

1. [Drivers List](#)
2. [Driver's License](#)
3. [Driver's Records of Duty \(ROD\) and Supporting Documentation](#)
4. [Driver's Motor Vehicle Record \(MVR\)](#)
5. [Medical Certificate](#)

Vehicle-Related Documents

1. [Vehicle List](#)
2. [Vehicle Inspection](#)
3. [Hazardous Materials \(HM\) Shipping Papers](#)

Carrier/Programmatic-Related Documents

1. [Proof of Insurance](#)
2. [Drug & Alcohol Program](#)
3. [Accident Register](#)

Driver

1. Drivers List

All carriers must provide a list of currently employed drivers. This list is used to assess applicability of various regulations, and should include: each driver's first and last name, date of birth, date of hire, license number, and license State.

Examples

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

Or

Name, Date of Birth, License Number, License State, Date of Hire

- Jane Smith, 05/12/1968, S530-4406-8736, IL, 02/20/2005
- Wilbur Johnson, 12/20/1985, J525-8808-5361, IL, 07/18/2009

2. Driver's License

All commercial motor vehicle (CMV) drivers must be appropriately licensed to drive the specific type of vehicles they operate. Appropriate licenses are either an Operator's License issued by one State or jurisdiction, a Commercial Driver's License (CDL) (with proper endorsements as necessary), a Canadian License or a Licencias Federales de Conductor issued by the Mexican Government. In order to obtain any of these licenses, drivers must have passed a knowledge and skills test for the appropriate type of vehicle.

An Operator's License is required for drivers of CMVs that:

- Have a gross vehicle weight rating (GVWR) or gross combination weight rating (GCWR) of 10,000 - 26,000 lbs (including towing vehicle)
- Transport 8 - 15 passengers (including the driver) for compensation (for-hire)
(See [FMCSR General Regulation Definitions and Guidance](#) for more information)

Exceptions

- Farm vehicles and their drivers when the vehicle is:
 - Controlled and operated by a farmer as a private motor carrier of property
 - Being used to transport either agricultural products or farm machinery and/or supplies to or from a farm

- Not being used in the operation of a for-hire carrier
- Not carrying placardable HM
- Being used within 150 air miles of the farm
- Vehicle controlled by a beekeeper engaged in seasonal transportation of bees
- School buses, Federal/State operations, property moved not for commerce, carrying corpses, ambulances, fire trucks responding to an emergency, 9–15 passengers private vehicles, propane, winter heating fuel

A CDL is required for drivers of CMVs that:

- Have a GVWR or GCWR of 26,001 lbs or more (including towed trailers/vehicles)
- Transport 16 or more passengers (including the driver) either for compensation (for-hire) or not for compensation (private)
- Transport placardable amounts of Hazardous Materials (see [49 CFR Part 172 Subpart F](#))
(See [FMCSR General Regulation Definitions and Guidance for CDL](#) for more information)

In addition, drivers of certain vehicles requiring a CDL must pass additional tests to obtain an appropriate endorsement as explained on [FMCSA's Commercial Driver's License web page](#).

Exceptions

- Military drivers operating a CMV for military purposes
- Farm vehicle drivers where the vehicle is:
 - Controlled and operated by a farmer as a private motor carrier of property
 - Being used to transport either agricultural products or farm machinery and/or supplies to or from a farm
 - Not being used in the operation of a for-hire carrier
 - Not carrying placardable HM
 - Being used within 150 air miles of the farm
- Firefighters, emergency response vehicle drivers, and drivers removing snow and ice

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 383, Commercial Driver's License Standards; Requirements and Penalties](#)
- [Federal Motor Carrier Safety Regulation Part 391 Subpart B \(391.11-391.15\), Qualifications and Disqualifications of Drivers](#)

Additional Resources

- [Commercial Driver's License Program \(CDL/CDLIS\)](#)

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

Every motor carrier must require every driver to record his/her duty status for each 24-hour period using specific methods outlined by regulation (see exceptions below when timecards are applicable). Carriers must maintain RODs for 6 months. Drivers must record their time, in duplicate, on the specific grid ([see example](#)) or must have an automatic/electronic on-board recorder (AOBR/EOBR) that meets the requirements of [395.15](#) or [395.16](#) respectively.

Duty status must be recorded by the categories listed below:

- “Off duty” or “off”
- “Sleeper Berth” (if sleeper berth is used)
- “Driving”
- “On-duty not driving” or “On”

For each change in duty status, the name of the city/town/village with the State abbreviations must be recorded. In addition to the status of the driver, specific information must be included as outlined in [395.8](#). For guidance on how to fill out the grid, see [395.8\(h\)](#).

During a Safety Audit, motor carriers may be asked to submit documents supporting the driver's record of duty. Such documents can include any of the following: toll receipts/records, fuel receipts/records, bills of lading, trip reports, or another type of document for verification.

Exceptions

Under both exceptions, the motor carrier must keep time records of the times the drivers report for and are released from work each day, and the total hours on duty each day. If a carrier meets an exception below, a timecard must be uploaded.

- 100 air-mile radius drivers if:
 - The driver operates within a 100 air-mile radius of the normal work reporting location AND
 - The driver returns to the work reporting location and is released from work within 12 consecutive hours AND
 - The driver operates:
 - Property-carrying CMV and has at least 10 consecutive hours off duty separating each 12 hours on duty
 - Passenger-carrying CMV and has at least 8 consecutive hours off duty separating each 12 hours on duty
 - AND the motor carrier that employs the driver maintains, and retains for a period of 6 months, accurate and true time records

- Non-CDL Short-Haul - [395.1\(e\)\(2\)](#), which is defined as:
 - Drive a truck that does not require a CDL
 - Work within a 150 air-mile radius of your normal work reporting location and return there each day
 - Follow the 10-hour off duty and 11-hour driving requirements
 - Do not drive after the 14th hour after coming on duty on 5 days of any period of 7 consecutive days
 - Do not drive after the 16th hour after coming on duty on 2 days of any period of 7 consecutive days

Example

- [Example of RODs and Timecards](#) (see appendix)

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 395.8, Hours of Service of Drivers](#)
- [Federal Motor Carrier Safety Regulation Part 395.1\(h\), Hours of Service of Drivers-Alaska](#)

Additional Resources

- [Hours of Service Logbook Examples](#)
- [Summary of Hours of Service Regulations](#)
- [FMCSA Interpretation for Part 395.8](#)

4. Driver's Motor Vehicle Record (MVR)

Carriers must maintain a motor vehicle record for each driver in their Driver Qualification file. The carrier must request each driver's MVR every 12 months and must keep the record for 3 years. The carrier must review the motor vehicle records of drivers it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a CMV (per [391.15](#)). A driver's record can be obtained from the State motor vehicle department from which the driver's license is issued.

Exceptions

- Farm vehicle drivers of articulated commercial motor vehicles
- Private motor carrier of passengers (not compensated)

Example

- [MVR](#) (see appendix)

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 391 Subpart F \(391.51-391.55\), Files and Records](#)

Additional Resources

- [Request to State for Driver's Record](#)

5. Medical Certificate

All drivers are expected to be physically and mentally fit to drive. Drivers must be examined by a medical examiner. A list of registered medical examiners can be found at [the National Registry of Certified Medical Examiners](#). More information about the medical standards can be found on [FMCSA's Regulations web page](#). Exemptions from the diabetes and vision standards are available by requesting a [waiver](#) from FMCSA.

The medical examiner will fill out a Medical Examination Report (long form). Upon passing the physical examination, the medical examiner will provide the driver with a copy of a medical certificate. The motor carrier and driver are responsible for having copies of the current medical certificate.

Drivers must be examined at least every two years; medical examiners can issue a certification for less time at their discretion. If the driver returns from an illness or injury that may interfere with driving ability, he or she must undergo another medical examination, even if the medical examination certificate has not expired. Federal exemptions for visual and diabetes must be renewed annually.

Exceptions

- Farm vehicles and their drivers when the vehicle is:
 - Controlled and operated by a farmer as a private motor carrier of property
 - Being used to transport agricultural products or farm machinery and/or supplies to or from a farm
 - Not being used in the operation of a for-hire carrier
 - Not carrying placardable HM
 - Being used within 150 air miles of the farm
- Vehicle controlled by a beekeeper engaged in seasonal transportation of bees
- Holders of Canadian or Mexican commercial motor vehicle license (as Canadian and Mexican licenses have a medical certification component included when issued).
 - Holders of Canadian Class 5 or Class G Licenses from Ontario do need to submit additional information to show they are medically certified as those licenses do not include the medical certification component. The additional information needed is:
 - A Canadian medical confirmation letter issued by the Province or Territory; or
 - A medical examiner's certificate issued by a medical examiner on the U.S. National Registry of Certified Medical Examiners; or
 - An endorsement code on their license to indicate periodic medical examination.

Example

- [Medical Examiner's Certificate](#) (see appendix)

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 391 Subpart E \(391.41-391.49\)](#)

Additional Resources

- [Office of Medical Programs – Driver Medical Fitness for Duty](#)
- [FAQs about Medical Requirements](#)

Vehicle

1. Vehicle List

Example

All carriers must provide a list of vehicles. This list is used to assess applicability of various regulations. The list must include unit number, vehicle identification number (VIN), plate number, and State.

Unit Number	VIN	Lic Plate State	Lic Plate Number
1	2LMNOAPR05C046931	MA	AB1234
2	2HSCHAJL09U046621	CT	CD9876
3	2HSXYAPR05C267431	NH	XY5466

2. Vehicle Inspection

Every commercial motor vehicle must be inspected every 12 months by a qualified inspector who has training or certification to inspect and maintain commercial motor vehicles. The term commercial motor vehicle includes each vehicle in a combination vehicle. For example, for a tractor semitrailer, full trailer combination, the tractor, semitrailer, and the full trailer (including the converter dolly if so equipped) must each be inspected.

A motor carrier must not use a commercial motor vehicle unless each component identified in Appendix G of 396 Subchapter B has passed an inspection at least once during the preceding 12 months, and documentation of such inspection is on the vehicle. Your specific State may have additional requirements regarding vehicle inspections. Please verify with your respective State for additional inspection requirements.

Example

- [Vehicle Inspection Report](#) (see appendix)

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 396.17, Periodic Inspection](#)
- [Appendix G to Subchapter B](#)

Additional Resources

- [A Motor Carrier's Guide to Improving Highway Safety \(see Part 396\)](#)
- [Interpretation for Part 396.17](#)

3. Hazardous Materials Shipping Papers

Motor carriers transporting hazardous materials must have appropriate documentation. Shippers of hazardous materials must provide carriers with shipping papers and emergency response information, which provide useful information in the case of an incident. A shipping paper includes a record of what is being transported and provides first responders with necessary information for emergency response. HM shipping papers must be within the driver's reach with the seat belt on and visible to first responders entering the vehicle. Motor carriers must retain HM shipping papers for one year after acceptance of the shipment, or three years for hazardous wastes. Information on the shipping papers must include:

- The identification number, identified in the Hazardous Materials Table
- The proper shipping name, identified in the Hazardous Materials Table
- The hazard class
- The packing group, identified in Roman numerals, when required
- The total quantity of hazardous materials
- The number and type of packages holding the hazardous contents
- Any additional description requirements per [49 CFR Section 172.203](#)

Exceptions

- Those not transporting hazardous materials
- Otherwise excepted by the HM Regulations

Example

- [Shipping Papers](#) (see appendix)

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 397, Transportation of Hazardous Materials, Driving and Parking Rules](#)
- [Pipeline and Hazardous Materials Safety Administration Regulation Part 177.817, Carriage by Public Highway, Shipping Papers](#)

- [Pipeline and Hazardous Materials Safety Administration Regulation Part 172 Subpart C – Shipping Papers](#)

Additional Resources

- [FMCSA Hazardous Materials Guidance](#)
- [FMCSA How to Comply with Federal Hazardous Materials Regulations](#)
- [Pipeline and Hazardous Materials Safety Administration](#)
- [CSA HM Compliance BASIC Factsheet](#)

Carrier/Programmatic

1. Proof of Insurance

All motor carriers are responsible for having adequate financial assurance that they can cover potential costs associated with bodily injury, property damage, and environmental restoration due to discharge of toxic or environmentally harmful materials caused by their company.

A carrier can have insurance, surety bonds, or written authorization from FMCSA to be self-insured. The minimum amount is \$750,000, but can range up to \$5M based on seating capacity for passenger carriers, and gross vehicle weight and commodity transported for motor carriers.

Example

- [MCS-90 \(Endorsement For Motor Carrier Policies of Insurance for Public Liability\)](#) (see appendix)

Applicable Regulations

- [Federal Motor Carrier Safety Regulation Part 387](#)

Additional Resources

- [MCS-90 Information Page](#)

2. Drug and Alcohol Program

Motor carriers whose drivers are required to have CDLs must have a drug and alcohol testing program.

Motor carriers operating vehicles requiring a CDL must test drivers and other safety-sensitive employees for illegal substances and alcohol levels at various points of employment:

- Before they are hired (pre-employment screening)
- After an accident
- When there is reasonable suspicion
- At return to duty after a controlled substances or alcohol violation
- Through a random testing process if the carrier has two or more drivers

Employers are required to keep detailed records of their alcohol misuse prevention programs and store them in a secured location for the amount of time defined in [FMCSR Section 382.401, Records Retention](#). Motor carriers may self-administer their programs (if they are not owner-operators) or contract it out, such as to a consortium that provides drug-testing services to many carriers. Owner-operators cannot self-administer their programs and must enroll in a consortium. Guidance for setting up a program for non-owner-operator carriers can be found in [FMCSA's Overview of Drug and Alcohol Rules](#).

For the purposes of a Safety Audit, the motor carrier is required to provide documentation showing that pre-employment tests are administered, that the carrier has a random testing procedure that aligns with the regulations (either entered into with a consortium or conducted by the carrier), and a list of all of the drivers entered into the random testing program.

Exceptions

- Motor carriers that do not operate vehicles requiring a CDL
- Motor carriers subject to the Federal Transit Administration's (FTA) alcohol and controlled substance testing program
- Employers and drivers that include: active duty military personnel; members of the reserves; members of the national guard on active duty (including personnel on full-time national guard duty, part-time national guard training, and national guard military technicians), and active duty U.S. Coast Guard personnel
- Farm vehicle drivers when the vehicle is:
 - Controlled and operated by a farmer as a private motor carrier of property
 - Being used to transport agricultural products or farm machinery and/or supplies to or from a farm
 - Not being used in the operation of a for-hire carrier
 - Being used within 150 air miles of the farm

- Firefighters or other persons who operate commercial motor vehicles that are necessary for the preservation of life or property or the execution of emergency governmental functions, are equipped with audible and visual signals, and are not subject to normal traffic regulations

Example

- [Alcohol Testing Form](#) (see appendix)
- [Drug Testing Form](#) (see appendix)
- [Proof of Random Testing](#) (see appendix)

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 382 Controlled Substances and Alcohol Use and Testing](#)
 - [Pre-employment Testing, Part 382.301](#)
 - [Random Testing, Part 382.305](#)

Additional Resources

- [Procedures for Transportation Workplace Drug and Alcohol Testing Programs](#)
- [FMCSA Drug and Alcohol Program](#)

3. Accident Register

Motor carriers whose vehicles have been in an accident in the last 365 days must provide an accident register.

All carriers involved in an FMCSA-reportable crash in the past year must retain an Accident Register or report. A reportable crash is one in which a vehicle was towed from the scene, or an injury or fatality occurred. Records must be kept for three years. The report needs to include:

- Date of accident
- City or town, or most near, where the accident occurred and the State where the accident occurred
- Driver name
- Number of injuries
- Number of fatalities
- Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released

Example

- [Accident Register](#) (see appendix)

Laws/Regulations

- [Federal Motor Carrier Safety Regulation Part 390.15, Assistance in Investigations and Special Studies](#)

Additional Resources

- [Interpretation for Part 390.15](#)

Helpful Links

Federal Motor Carrier Safety Regulations

[Federal Motor Carrier Safety Regulations](#)

FMCSA Hazardous Materials Resources

<https://www.fmcsa.dot.gov/regulations/hazardous-materials>

National Registry of Certified Medical Examiners

<https://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam>

FMCSA New Entrant Program

<https://ai.fmcsa.dot.gov/NewEntrant>

FMCSA Service Centers

Eastern Service Center  443-703-2269	Midwestern Service Center  708-283-3564	Southern Service Center  404-327-7351	Western Service Center  303-407-2347
CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, PR, RI, VA, VI, VT, WV	IA, IL, IN, KS, MI, MN, MO, NE, OH, WI	AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN	AK, American Samoa, AZ, CA, CO, Guam, Hawaii, ID, Northern Mariana Islands, MT, ND, NM, NV, OR, SD, TX, UT, WA, WY

Appendix

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

- [Driver's Records of Duty \(RODs\) and Supporting Documentation](#)
- [Driver's Motor Vehicle Record](#)
- [Medical Certificate](#)
- [Vehicle List](#)
- [Vehicle Inspection Report](#)
- [Hazardous Materials \(HM\) Shipping Papers](#)
- [Proof of Insurance](#)
- [Alcohol Testing Form](#)
- [Drug Testing Form](#)
- [Accident Register](#)

Driver's Records of Duty (RODs) and Supporting Documentation Example

Examples of Records of Duty Daily Form

The examples provided are of the expected documentation. Please remember to submit **30 days** worth of **one driver's** Records of Duty.

Drivers Daily Log

(24 hours)

____ / ____ / ____
 (month) (day) (year)

Original - File at home terminal.

Duplicate - Driver retains in his/her possession for 8 days.

From: _____

To: _____

	Mid-night	1	2	3	4	5	6	7	8	9	10	11	Noon	1	2	3	4	5	6	7	8	9	10	11	Total Hours
1. Off Duty																									
2. Sleeper Berth																									
3. Driving																									
4. On Duty (not driving)																									

Remarks	Mid-night	1	2	3	4	5	6	7	8	9	10	11	Noon	1	2	3	4	5	6	7	8	9	10	11	

Shipping Documents:

DVL or Manifest No.
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

Use time standard of home terminal.

Recap: Complete at end of day	70 Hour/8 Day Drivers	A. Total hours on duty last 7 days including today.	B. Total hours available tomorrow 70 hr. minus A*	C. Total hours on duty last 5 days including today.	60 Hour/7 Day Drivers	A. Total hours on duty last 8 days including today.	B. Total hours available tomorrow 60 hr. minus A*	C. Total hours on duty last 7 days including today.	*If you took 34 consecutive hours off duty you have 60/70 hours available
On duty hours today, Total lines 3 & 4									

Total Miles Driving Today	Total Mileage Today

Name of Carrier or Carriers

--

Main Office Address

Truck/Tractor and Trailer Numbers or License Plate(s)/State (show each unit)

Home Terminal Address

Driver's Time Record

Driver's Name (print) _____ Employee No. _____ Month _____ Year _____

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVER'S DAILY LOG" IF THE FOLLOWING APPLIES:

- Operates within 100 air-mile radius of normal work reporting location
- Returns to the work reporting location and is released from work within 12 consecutive hours
- Is operating a (1) Property-carrying CMV and has at least 10 consecutive hours off duty separating each 12 hours on duty **OR** (2) Passenger-carrying CMV and has at least 8 consecutive hours off duty separating each 12 hours on duty"

INTERMITTENT DRIVERS

Shall complete this form for 7 days preceding any day driving is performed. This includes the preceding month

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
28						
29						
30						
31						

To be prepared monthly by each DOT-certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off." Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manager of Administration.

Example of Supporting Documentation



Name _____
 Address _____

Statement Date : 06/22/12
 Account Number : _____
 Activity For : 05/22/12 - 06/21/12
 Replenishment Method MASTERCARD
 Replenishment Amount \$10350.00
 Replenishment Threshold \$2587.50
 Tag Deposit \$0.00

Beginning Balance \$2720.00
 Tolls, Non-Tolls & Fees \$10890.74
 Payments/Credits \$10350.00
 Ending Balance \$2179.26

Message

POST DATE	TRANS DATE	TAG NUMBER/ PLATE	AGENCY	ENTRY			EXIT			PLAN	CL	AMOUNT	BALANCE
				PLAZA	DATE	TIME	PLAZA	DATE	TIME				
05/22/12	05/21/12	00805363227	MTAB&T				BWB	05/21	19:44	BUSINESS	6	\$14.18	\$2,705.82
05/22/12	05/21/12	00804576807	MTAB&T				BWB	05/21	20:27	BUSINESS	6	\$14.18	\$2,691.64
05/22/12	05/21/12	00805363228	MTAB&T				BWB	05/21	21:20	BUSINESS	6	\$14.18	\$2,677.46
05/22/12	05/21/12	00805451905	MTAB&T				BWB	05/21	23:04	BUSINESS	6	\$14.18	\$2,663.28
05/22/12	05/21/12	00805447432	MTAB&T				BWB	05/21	19:09	BUSINESS	6	\$14.18	\$2,649.10
05/22/12	05/22/12	00806551339	MTAB&T				BWB	05/22	00:02	BUSINESS	6	\$14.18	\$2,634.92
05/22/12	05/21/12	00805447432	MTAB&T				BWB	05/21	20:43	BUSINESS	6	\$14.18	\$2,620.74
05/22/12	05/22/12	00805363228	MTAB&T				BWB	05/22	00:41	BUSINESS	6	\$14.18	\$2,606.56
05/22/12	05/21/12	00805363227	MTAB&T				BWB	05/21	21:43	BUSINESS	6	\$14.18	\$2,592.38
05/22/12	05/20/12	00804576807	NYSTA				NR	05/20	14:02	BUSINESS	3H	\$4.04	\$2,588.34
05/22/12	05/20/12	00805363227	NYSTA				NR	05/20	09:56	BUSINESS	3H	\$4.04	\$2,584.30
05/22/12	05/20/12	00805363227	NYSTA				NR	05/20	21:55	BUSINESS	3H	\$4.04	\$2,580.26
05/22/12	05/20/12	00805363228	NYSTA				NR	05/20	10:24	BUSINESS	3H	\$4.04	\$2,576.22
05/22/12	05/20/12	00805447432	NYSTA				NR	05/20	11:29	BUSINESS	3H	\$4.04	\$2,572.18
05/22/12	05/20/12	00805451905	NYSTA				NR	05/20	08:52	BUSINESS	2L	\$1.66	\$2,570.52
05/22/12	05/20/12	00805451905	NYSTA				NR	05/20	20:54	BUSINESS	2L	\$1.66	\$2,568.86
05/22/12	05/20/12	00805626306	NYSTA				NR	05/20	10:06	BUSINESS	3H	\$4.04	\$2,564.82
05/22/12	05/20/12	00805626306	NYSTA				NR	05/20	21:17	BUSINESS	3H	\$4.04	\$2,560.78
05/22/12	05/20/12	00806551339	NYSTA				NR	05/20	00:53	BUSINESS	3H	\$4.04	\$2,556.74
05/22/12	05/20/12	00806551339	NYSTA				NR	05/20	13:28	BUSINESS	3H	\$4.04	\$2,552.70
05/22/12	05/21/12	00805626306	MTAB&T				RKB	05/21	20:48	BUSINESS	6	\$14.18	\$2,538.52
05/22/12	05/21/12	00805626306	MTAB&T				RKB	05/21	19:37	BUSINESS	6	\$14.18	\$2,524.34
05/22/12	05/22/12	00805626306	MTAB&T				RKB	05/22	06:29	BUSINESS	6	\$14.18	\$2,510.16
05/22/12	05/22/12	00805626306	MTAB&T				RKB	05/22	09:49	BUSINESS	6	\$14.18	\$2,495.98
05/22/12	05/22/12	00805447432	MTAB&T				BWB	05/22	06:22	BUSINESS	6	\$14.18	\$2,481.80
05/22/12	05/22/12	00805363227	MTAB&T				BWB	05/22	07:09	BUSINESS	6	\$14.18	\$2,467.62
05/22/12	05/22/12	00805451905	MTAB&T				BWB	05/22	08:48	BUSINESS	6	\$14.18	\$2,453.44
05/22/12	05/22/12	00806551339	MTAB&T				BWB	05/22	09:46	BUSINESS	6	\$14.18	\$2,439.26
05/22/12	05/22/12	00805363228	MTAB&T				BWB	05/22	10:42	BUSINESS	6	\$14.18	\$2,425.08
05/22/12	05/22/12	00805447432	MTAB&T				BWB	05/22	10:17	BUSINESS	6	\$14.18	\$2,410.90
05/22/12	05/22/12	00804583754	MTAB&T				BWB	05/22	11:17	BUSINESS	6	\$14.18	\$2,396.72
05/22/12	05/22/12	00804576807	MTAB&T				BWB	05/22	13:18	BUSINESS	6	\$14.18	\$2,382.54

Driver's Motor Vehicle Record Example

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

LICENSE STATE    RI
LICENSE NUMBER   *****

                        **COURT**

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

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

Medical Certificate Example

MEDICAL EXAMINER'S CERTIFICATE				
I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:				
<input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____ waiver/exemption		<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) <input type="checkbox"/> qualified by operation of 49 CFR 391.64		
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.				
SIGNATURE OF MEDICAL EXAMINER		TELEPHONE		DATE
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner		
SIGNATURE OF DRIVER		INTRASTATE ONLY	CDL	DRIVER'S LICENSE NO.
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE
ADDRESS OF DRIVER				
MEDICAL CERTIFICATION EXPIRATION DATE				

Vehicle Inspection Report Example

Annual Periodic Vehicle Inspection Report

Name and Address of Inspecting Company or Agency				
Registered Owner's Name		Date	Time	
Street		Certified Inspector's Name (Print or Type)		
City, State, Zip Code		The signing of this inspection report certifies that the technician meets and exceeds all requirements of 49 CFR §396.17 and compatible state regulations and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR §396.17		
Motor Carrier Operating Vehicle (if different from Owner)				
Street				
City, State, Zip Code		Technician's Signature _____		
License Plate Number/State	Vehicle Identification Number	Vehicle Make	Vehicle Model	Model Year

Vehicle Components Inspected

OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item
			1. BRAKE SYSTEM				5. FUEL SYSTEM				10. SUSPENSION
			Adjustment				Visible Leaks				Springs (coil/leaf/sleeve)
			Drums or Rotors				Fill Caps in place/intact				U-bolts, Hangers, etc.
			Hoses and/or Tubing				Tank(s) securely attached				Torque, Radius, Tracking Arms
			Lining				6. LIGHTING DEVICES				11. FRAME
			Warning (Low Pressure)				Headlamps				Frame Members
			Tractor Protection Valve				Front Turn Signals				Tire & Wheel Clearance
			Air Compressor				Front ID/Clearance Lamps				Sliding Subframe (adj. axle)
			Service Brakes				Side Marker Lamps - Left				12. TIRES
			Parking Brakes				Side Marker Lamps - Right				Steering Axle Tires - Condition
			Electric Brakes				Rear Turn Signals				Steering Tires - over 4/32" tread
			Hydraulic Brakes				Stop Lamps				Other Tires - Condition
			Vacuum Brakes				Tail Lamps				Other Tires - over 2/32" tread
			Warning (Sys Failure)				Rear ID/Clearance Lamps				13. WHEELS & RIMS
			2. STEERING SYSTEM				Reflectors / Ref Tape				Lock/Slide Ring
			Free Play (Lash)				7. COUPLING DEVICES				Fasteners
			Steering Column				5 th Wheel				Disk/Spoke Condition
			Front Axle Beam				Pintle Hooks				Welds
			Steering Gear Box				Drawbar Eye				List any other condition which may affect safe vehicle operation
			Pitman Arm				Drawbar Tongue				
			Ball & Socket Joints				Safety Devices				
			Tie Rods & Drag Links				8. EXHAUST SYSTEM				
			Nuts, Bolts, Fasteners				Leaks				
			Power Steering Fluid				Placement				
			3. WINDSHIELDS				9. SAFE LOADING				
			4. WIPERS				Securement Devices				

MARK COLUMNS AS FOLLOWS: x = OK; o = Needs repair, NA = Does not apply. Fill in Repair date as appropriate

I CERTIFY THE ANNUAL VEHICLE INSPECTION HAS BEEN DONE ACCURATELY AND COMPLETELY. I FURTHER CERTIFY THAT THIS INSPECTION COMPLIES WITH THE REQUIREMENTS OF 49 CFR §396.21.

This information must be available on board the vehicle, either as a copy of this report, or on a decal that complies with 49 CFR §396.17(c)(2). This report must be kept a minimum of fourteen months from date of completion

Certified Inspector's Signature: _____

Date: _____



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 | <input type="checkbox"/> Head - Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> 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 | <input type="checkbox"/> Fire Extinguisher | |
| | <input type="checkbox"/> Flags-Flares-Fusees | |
| | <input type="checkbox"/> Spare Bulbs & Fuses | |
| | <input type="checkbox"/> 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 _____



Hazardous Materials (HM) Shipping Papers Example

Figure 9-4. Example of Shipping Paper

"RQ" means that this is a reportable quantity		ID number from Column 4 of the Hazardous Materials Table		Proper shipping name from Column 2 of the Hazardous materials Table		Hazard Class from Column 3 of the table	
SHIPPING PAPER						Page 1 of 1	
To:		Wafers R Us 88 Valley Street Silicon, Junction, CA		From:		Essex Corporation 5775 Dawson Avenue Goleta, CA 93117	
QTY	HM	DESCRIPTION				WEIGHT	
1 cyl	RQ	UN1076, Phosgene, 2.3, Poison Inhalation Hazard Zone A				25 lbs	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</p> <p>Shipper: Essex Corp Per: Shultz Date: 6/27/94</p> <p>Carrier: Knuckle Bros. Per: Date:</p> <p>SPECIAL INSTRUCTIONS: 24Hr Emergency Contact, Ed Shultz, 1-800-555-5555</p>							

Proof of Insurance

FORM MCS-90 Revised 01/05/2017

OMB No.: 2126-0008 Expiration: 01/31/2020

USDOT Number: _____ Date Received: _____

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



United States Department of Transportation
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

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

Dated at _____ on this _____ day of _____,

Amending Policy Number: _____ Effective Date: _____

Name of Insurance Company: _____

Countersigned by: _____
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown *(check only one)*:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ _____ for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: _____.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under [49 U.S.C. 13901](#), by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

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

(continued on next page)

Proof of Insurance Continued

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fi shellfi and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

Proof of Insurance Continued

FORM MCS-90 Revised 01/05/2017

OMB No.: 2126-0008 Expiration: 01/31/2020

SCHEDULE OF LIMITS — PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8 , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101 ; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101 , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403 .	\$5,000,000

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

Alcohol Testing Form

Appendix G to Part 40 - Alcohol Testing Form

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

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

This form is completed in triplicate. A copy is retained by the (1) the employer, (2) employee being tested, and (3) the testing technician.

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

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

*Print Screening Results
Here or Affix with
Tamper Evident Tape*

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

B: SSN or Employee ID No. _____

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

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

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

STEP 2: TO BE COMPLETED BY EMPLOYEE

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

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

*Print Confirmation
Results Here or Affix
with Tamper Evident
Tape*

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

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

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

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

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

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

REMARKS:

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

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

*Print Additional
Results Here or Affix
With Tamper Evident
Tape*

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

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

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

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

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

BACK OF PAGES 1 and 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Testing Form

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

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO. _____

A. Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone No. and Fax No.
C. Donor SSN or Employee I.D. No. _____	
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input type="checkbox"/> DOT – Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG	
E. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____	
F. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____	
G. Collection Site Address: _____	
Collector Phone No. _____	
Collector Fax No. _____	

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

Temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark _____	<input type="checkbox"/> Observed, Enter Remark _____
REMARKS _____		

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

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY
I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

<p>X _____ Signature of Collector</p> <p>_____ (PRINT) Collector's Name (First, MI, Last)</p>	<p>AM PM</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>_____ Name of Delivery Service</p>
<p>_____ Date (Mo/Day/Yr)</p> <p>_____ Time of Collection</p>		

RECEIVED AT LAB OR IITF:

<p>X _____ Signature of Accessioner</p> <p>_____ (PRINT) Accessioner's Name (First, MI, Last)</p>	<p>_____ Date (Mo/Day/Yr)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>Primary Specimen Bottle Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, Enter remark in Step 5A. _____</p>
--	-----------------------------------	--

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

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

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

REMARKS: _____

Test Facility (if different from above) : _____

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X _____
Signature of Certifying Technician/Scientist

(PRINT) Certifying Technician/Scientist's Name (First, MI, Last)

Date (Mo/Day/Yr)

STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY

<p>_____ Laboratory Name</p> <p>_____ Laboratory Address</p>	<p><input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON _____</p> <p><i>I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.</i></p> <p>X _____ Signature of Certifying Scientist</p> <p>_____ (PRINT) Certifying Scientist's Name (First, MI, Last)</p> <p>_____ Date (Mo/Day/Yr.)</p>
--	--

<p></p> <p>0000001 SPECIMEN ID NO.</p>	<p>PLACE OVER CAP</p>	<p>0000001 SPECIMEN BOTTLE SEAL</p>	<p>_____ Date (Mo/Day/Yr)</p> <p>_____ Donor's Initials</p>
<p></p> <p>0000001 SPECIMEN ID NO. (SPLIT)</p>	<p>PLACE OVER CAP</p>	<p>0000001 SPECIMEN BOTTLE SEAL</p>	<p>_____ Date (Mo/Day/Yr)</p> <p>_____ Donor's Initials</p>

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **0000001**

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO. _____

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

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

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

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

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

G. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

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

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

REMARKS _____

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

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

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

SPECIMEN BOTTLE(S) RELEASED TO:		
<input checked="" type="checkbox"/>	Signature of Collector _____	AM _____ PM _____
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr)	Time of Collection
		Name of Delivery Service _____

STEP 5: COMPLETED BY DONOR

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

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

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

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE POSITIVE for: _____
 DILUTE

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

ADULTERATED (adulterant/reason): _____

SUBSTITUTED

OTHER: _____

REMARKS: _____

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

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: _____ TEST CANCELLED

FAILED TO RECONFIRM for: _____

REMARKS: _____

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

COPY 5 - DONOR COPY

OMB No. 0930-0158

Instructions for Completing the Federal Drug Testing Custody and Control Form for Urine Specimen Collection
When making entries on a paper CCF, use black or blue ink pen and press firmly

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

STEP 1:

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

STEP 2:

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

STEP 3:

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

STEP 4:

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

Privacy Act Statement: (For Federal Employees Only)

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

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

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

Public Burden Statement

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

