## Class C Charter Bus: Safety Audit Checklist Please contact the SC State Transport Police at 803/896-5500 with questions related to the checklist or to schedule a Safety Audit.

# **Carrier Information for Safety Audits**

As applicable, have the following available at time of Safety Audit:

- <u>Mileage</u>: Fleet mileage for the last 12 months: \_\_\_\_\_.
- Income: Company's annual gross income for the previous year:
- <u>Insurance and Economic Documentation</u>: 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).
- <u>Controlled Substances and Alcohol Testing Administration Records</u>: 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 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 the quarterly/ semi-annual summaries (from the laboratory) of Controlled Substances and Alcohol Tests for the previous year (if applicable). Have available for review a copy of the annual calendar year summary for the previous year (if applicable).
- <u>Accident Records</u>: Have available for review all records related to accidents for the past 365 days, including an accident register. Also, have available copies 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 or leased driver was found to have been "at fault". The accident register and copy of accident reports will only be reviewed for accidents occurring in the United States.
- <u>Driver Qualification</u>: 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 function, be prepared to identify each driver's status (i.e., terminal location, commercial zone vs. long haul, van vs. flat bed operations, leased vs. company, etc.).
- <u>Hours of Service</u>: Provide a driver specific listing showing assigned units and account numbers for phone and/or 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.
- <u>Equipment/Maintenance</u>: For previous 12 months, provide a list showing all equipment owned/leased/trip leased and operated in intrastate and interstate commerce. Designated type of equipment (i.e., straight trucks, tractors, trailers, HM cargo tank trucks, HM cargo tank trailers, bused). 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, and qualification of persons performing annual inspections and/or brake repair and adjustments. Also have available copies of drivers' daily vehicle inspection reports for the past three months.
- <u>Hazardous Materials Records (if applicable)</u>: Have available a current copy of the DOT/RSPA 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.

Information presented on this form is provided solely for user's information. This is not an official list and changes may take place prior to your Safety Audit; therefore, additional information may be requested.

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#### SAFETY AUDIT CHECKLIST

#### Insurance (folder #1)

Insurance Liability Coverage

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Ħ MCS-90

\*\*\* This insurance information is not needed if you are a private carrier.

Accident (folder #2)

П	ACCIDENT REGISTER
	ALL ACCIDENT REPORTS

### Driver Qualification File For Each Driver Checklist (folder #3)

DRIVERS APPLICATION FOR EMPLOYMENT (49 CFR 391.21)
INQUIRY TO PREVIOUS EMPLOYERS - 3 YRS (49 CFR 391. 23a, 2, & c)
INQUIRY TO STATE AGENCIES - 3YRS(49 CFR 391,23(a) (1) & (b)
ANNUAL REVIEW OF DRIVING RECORD (49 CFR 391.25)
ANNUAL DRIVER'S CERTIFICATE OF VIOLATIONS (49 CFR 391.27)
DRIVERS ROAD TEST CERTIFICATE OR EQUIVALENT (49 CFR 391.31)
***(Copy of driver's CDL will suffice)
MEDICAL EXAMINATION (49 CFR 391.43) - Copy of driver's medical card

PREVIOUS DRUG & ALCOHOL TEST RESULTS (40.25)

### Drug And Alcohol Program For Each Driver Checklist (folder #4)

PRE-EMPLOYMENT (49 CFR 382.301)
DRIVER LIST OF CONSORTIUM
RANDOM (49 CFR 382.305)
POST ACCIDENT (49 CFR 382.303) if applicable

#### Logs For Each Driver (folder #5)

LOGBOOKS or TIME CARDS IF 100 MILE RADIUS SUPPORTING DOCUMENTS (FUEL, MEAL TICKET'S, TOLL, etc ....) A DISCIPLINARY POLICY FOR NONCOMPLIANCE WITH PART 395 HOUR OF SERVICE \*\*\* This policy MUST be in writing.

Maintenance Files For Each Vehicle (folder #6)

MAKE & MODEL, VIN, TIRE SIZE, AND YEAR WHAT IS (PM-PLAN MAINTENANCE PROGARM) ANNUAL INSPECTIONS: 14 MONTHS **INSPECTION REPORTS: 12 MONTHS** BRAKE INSPECTOR QUALIFICATIONS CERTIFICATE MAINTENANCE FILE RECORDS OF REPAIRS / RECEIPTS