

Colorado Motor Carriers Association

Fleet Safety Contest

Self Audit Form

The following information is to be provided as thoroughly and accurately as possible. Please use the one-page description sheet to further explain or clarify any of your answers. (Reference the section and question indicated below when providing additional information). **This information will be used in judging fleet safety awards. This information is REQUIRED to be eligible for the President's Award.**

A: General

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have a written safety policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do company representatives attend CMCA safety meetings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have a safety department or someone who acts as a safety coordinator? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have a written drug and alcohol abuse program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have a documented training/orientation program for all drivers, including new hires? |

B: Driver Selection

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have written hiring requirements? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company limit the number of moving violations allowed for applicants? If yes, how many? _____ Time Frame? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company limit the number of accidents allowed for applicants? If yes, how many? _____ Time Frame? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the safety department/coordinator involved in the hiring policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are background checks of new hires conducted and documented? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a current MVR obtained and reviewed prior to hire? |

C: Safety Program

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company publish a newsletter/documents related to safety and training on a regular basis? If yes, how often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company publish a newsletter/documents related to safety and training directed to owner operators on a regular basis? If yes, how often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are driver safety meetings held? If yes, how often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an employee manual stating policies and procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have an awards or incentive program for accident-free employees? If yes, briefly explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a documented disciplinary program in place? |

D: Driver Vehicle Control

- | | | |
|--------------------------|--------------------------|---|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have a written speed policy in place for drivers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company check drivers' daily logs for errors, omissions and accurate entries on a regular basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are drivers notified of log and safety policy violations in writing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a documented program in place to monitor and control drivers' hours of service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are drivers disciplined for violating company safety policies? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all disciplinary actions documented? |

E: Vehicle Maintenance

- | | | |
|--------------------------|--------------------------|--|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have evidence of a comprehensive maintenance program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are daily vehicle inspection reports completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are required DOT periodic inspections of equipment documented? |

F: Accident Reporting / Recording

- | | | |
|--------------------------|--------------------------|--|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company keep an accident register? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, is it an accurate account of all accidents regardless of cost or severity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company require drivers to complete a written accident report? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all accidents discussed with drivers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the company have a documented accident review process? |
| <input type="checkbox"/> | <input type="checkbox"/> | If requested, can you produce an accident file for an occurrence selected at random from your accident register? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your reported accident frequency include all accidents/miles as defined in the contest rules? |

G: Owner Operator Information (If applicable)

- | | | |
|--------------------------|--------------------------|--|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the same qualification requirements used for owner-operators as company drivers? |

H: Equipment and Commodity Information

- a: Number of Tractors _____
- b: Number of Trailers _____
- c: Number of Straight Trucks _____
- d: Type of Commodity Hauled _____

Your completed Fleet Safety Contest application(s) and self-audit form(s) can be mailed to the CMCA, 4060 Elati Street, Denver, CO 80216 or you can fax the application to (303) 477-6977 no later than 4:30 pm on Friday, February 19, 2010. If you have any questions, call Patti at (303) 433-3375, ext. 104.

Safety Director: _____ Company Official: _____
Signature Signature

Date: _____