



## **Safety Audit Documentation Checklist**

### **READ CAREFULLY**

**You must bring the following to your Safety Audit. If any item is inapplicable, you do not need to bring it. If you do not bring a required item, we will let you know.**

1. Complete and bring the New Entrant Program Carrier History Questionnaire (attached), which will ask for, among other things:
  - a. Federal tax ID number. (SSN or EIN).
  - b. Your gross income for last year or since starting operations.
  - c. Total fleet miles for last 12 months.
  - d. Insurance information - If you are a for-hire carrier, bring a copy of your MCS-90 or MCS-90B (insurance endorsement), and BOC-3 (designation of process agents). Also applicable to private haz-mat interstate & intrastate carriers.
  - e. Company information, such as date you started business, corporate officers, what you carry, how long you have been in the transportation business.
2. Complete and bring the attached Drivers List (MCS-23) and the Truck & Trailer Equipment List (MCS-24) for the past 365 days. Additional copies can be made if necessary.
3. Accident records (49 C.F.R. Part 390):
  - a. All records related to accidents for the past 365 days (including the Accident Register) for those accidents occurring within the United States.
  - b. Copy of the damage/loss run from insurance company.

**For the next item:**  
**Bring files for all trucks and trailers engaged in interstate commerce.**

4. Inspection, Repair and Maintenance files. (49 C.F.R. 396) You must bring all records and or receipts for any maintenance done on your vehicles such as:
  - a. Driver Vehicle Inspection Reports (daily post trip inspections) for the last 90 days. (Note: if you are a one truck/one trailer operation, Driver Vehicle Inspection Reports are still a good idea, but they are not required)
  - b. Complete Records of Maintenance and Repairs, which include
    - i. Receipts for parts.
    - ii. Written records for parts installed.
    - iii. Receipts from dealerships, garages, or repair facilities where work had been done.
    - iv. Receipts from annual inspections.
5. Hazardous materials records (Interstate & Intrastate if applicable) (49 C.F.R. 170-180, 197):
  - a. A current copy of your USDOT PHMSA (formerly RSPA) registration.
  - b. HM training materials and HM Employee training records.

- c. A copy of the most recent shipping paper for each class of HM transported.
- d. A copy of your HM Safety Permit (if applicable).
- e. A copy of your Cargo Tank Test & Inspection Report.
- f. A copy of your manufacture's data report certificate.
- g. Contract and/or information for Emergency Response Provider.

**For the next three items:**  
**Bring files for all drivers engaged in interstate commerce.**

- 6. Drug Testing records: Interstate & Intrastate drivers (49 C.F.R. Parts 40 and 382):
  - a. Controlled Substances and/or Alcohol Policy
  - b. Pre-employment drug screen if employed in the last year.
  - c. Any negative random drug or alcohol tests done in the last year.
  - d. \*Any positive drug or alcohol results reported.
  - e. \*Any refusal to be tested; or results indicating a positive dilute test sample, a substituted sample or adulterated sample was provided.
  - f. Any reasonable suspicion drug or alcohol tests done and certificates for supervisors.
  - g. Any return to duty tests done.
  - h. Name, address, phone number, and contact person if an alcohol and controlled substance testing consortium/third party administrator (C/TPA) is used.
  - i. Periodic and/or annual summary reports provided by the C/TPA (if any).
- 7. Driver Qualification file(s) (49 C.F.R. Part 391):
  - a. Driver application for employment.
  - b. Medical examiner's certificate.
  - c. Driver's road test or equivalent (copy of Commercial Drivers License).
  - d. Annual driver's certification of violations.
  - e. Inquiry to previous employers and responses.
  - f. Driving record inquiry to State Agencies and responses.
  - g. Annual review of driving record.
  - h. Copy of medical waiver if needed.
  - i. Driver training.
  - j. Driver investigation history file.
- 8. Drivers Hours of Service (49 C.F.R. Part 395):
  - a. The most recent 6 months of Time Records/Records Of Duty Status (RODS or Log Books) for each of the drivers engaged in interstate commerce.
  - b. Trip sheets or trip packs for the same time period as the records of duty status that support the records of duty status - may include but are not limited to:
    - i. Bills of laden
    - ii. Invoices
    - iii. Load tickets
    - iv. Fuel receipts
    - v. Weight tickets
    - vi. Toll receipts

**Texas Department of Public Safety  
Carrier History Questionnaire**

**Basic Carrier Information**

Legal Name of Your Business			
Doing Business As (dba) name			
When did the company start doing business?			
Business Organization: <input type="checkbox"/> Incorporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partner <input type="checkbox"/> Sole Proprietor			
Where and when incorporated (if applicable) - State:		Date of Incorporation:	
First date of: intrastate operations (If applicable)		interstate operations (If applicable)	
Carrier Classification <input type="checkbox"/> Exempt for Hire <input type="checkbox"/> Business Private Passenger <input type="checkbox"/> Other (Specify All)			
(Check all that apply) <input type="checkbox"/> Private Property <input type="checkbox"/> Non-business Migrant			
<input type="checkbox"/> Authorized for Hire <input type="checkbox"/> Private Passenger <input type="checkbox"/> U.S. Mail			
Gross Revenue: \$		For fiscal Year Ending (month) (day) (year)	
Annual Fleet Mileage: miles		If you have been operating less than 12 months, how many months does this mileage figure represent?	
USDOT Number		Effective Date	Other Authority: <input type="checkbox"/> TDLR <input type="checkbox"/> TABC
MC/MX Number		Effective Date	<input type="checkbox"/> RRC <input type="checkbox"/> Other
TXDMV Number		Effective Date	
Federal Tax ID Number (SSN or EIN)		State Tax ID Number	

**Carrier Contact Information**

Physical Address	
Mailing Address (if different)	
Phone Number(s)	
FAX Number(s)	
E-mail Address(es)	

**Insurance**

Name of Insurance Company	
Policy Number	
Amount of Coverage (in dollars)	
Agent Name/Phone Number	

**Commercial Motor Vehicle(s)**

Enter the number of vehicles your fleet has for each category below.							
	Straight Trucks	Truck Tractors	Trailers	HM Cargo Tank Trucks	HM Cargo Tank Trailers	Motor Coaches	School Bus 1-8 Passenger
Owned							
Leased							
Trip Leased							
	School Bus 9-15	School Bus 16+	Mini-bus 16+	Van 1-8	Limousine 1-8	Limousine 9-15	Limousine 16+s
Owned							
Leased							
Trip Leased							

**Commercial Motor Vehicle Driver(s)**

Current Driver Information			Average # of CDL Drivers for Previous Calendar Year	
	Interstate	Intrastate	Jan - Mar	
Less than 100 air-mile radius			April - June	
Greater than 100 air-mile radius			July - Sept	
Number of CDL Drivers			Oct - Dec	
Avg. # trip lease driver per month			Annual Average	

**Cargo - List general categories of items transported**

We/I carry Passengers (circle:) Yes / No	We/I carry Hazardous Materials (HM) (circle:) Yes / No	

**Alcohol and Drug Testing Program**

Drug Testing Consortium (if any)	
Address	
Telephone Number	
If you are not using a Consortium / Third Party Administrator (C/TPA) for random testing	
How are CDL drivers randomly selected in a scientifically valid method?	
Drug Testing Laboratory	
Lab Phone Number	
Medical Review Officer (MRO)	
MRO Phone Number	

**Carrier Personnel**

Carrier Official(s)	Title(s)

**Management Procedures in place for ensuring Safe Operations (continued)**

Does your company have a copy of the Federal Motor Carrier Safety Regulations (circle one:)? Yes / No	
If Yes, where is it kept?	
Who is responsible for monitoring Driver Qualification (DQ) Files?	
Where are these records kept?	
Who is responsible for monitoring Drivers' Hours of Service Records?	
Where are these records kept?	
Who is responsible for monitoring Vehicle Maintenance Records?	
Where are these records kept?	
Who is responsible for monitoring the Accident Log & Accident Records?	
Where are these records kept?	
Who is responsible for monitoring Hazardous Materials (HM) compliance?	
Where are these records kept?	
Mark all that apply: We use - <input type="checkbox"/> Records of Duty Status (Logs) <input type="checkbox"/> Time Cards - to record hours of service.	

**Who provided this information?**

Printed Name	Signature
Title	Date

(Carrier's Name)

**DRIVERS LIST (Page \_\_\_\_ of \_\_\_\_)**

[illegible]

Company Official Signature	Title	Date
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(Carrier's Name)

**TRUCK & TRAILER EQUIPMENT LIST (Page \_\_\_ of \_\_\_)**

MCS-24 Revised (06/01/2010)