



UTILITIES AND TRANSPORTATION
COMMISSION

Assignment Report Motor Carrier Safety

New Entrant? Yes No Was a CR conducted between 6-18 months after the permit was issued? Yes No

1. Investigator(s): Gilbert and Steiner 2. Assignment No.: 117066

3. Current Date: 5/8/2017 4. Date of Activity: 5/5/2017

5. Carrier Name: Fife Maritime

6. Company ID: 18828 7. Industry Code: 232 8. USDOT #: 2992789

9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

11. Compliance Review

12. Part B Violations

13. Vehicle Inspection Data

	Van 9-15	Carrier Type						
Inspections	3							
Defective Vehicles	3							
OOS Vehicles	0							
Level	7							

14. Vehicle Inspection Violations

	VAN 9-15	Vehicle Type				
Comments:	All three vehicles required driveshaft protection.					
Horn	1					
Other	3					
Violation Type						

15. Driver Inspection Violations

16. Relevant Carrier History:

Carrier has applied for a charter and excursion permit to operate three buses between Seattle, shipping ports, medical appointments, and various shopping malls around the area for ship personnel only.

17. Findings:

A new entrant technical assistance was provided to the carrier and Parts 387, 390, 391, 392, 395, and 396 were discussed. A total of four violations were identified. All three vehicles require the driveshaft protection as required and one van's horn was inop. Carrier took notes and seemed interested in complying with FMCSRs. The carrier was advised to apply for interstate operations and sent instructions on how to apply for operating authority.

18. Recommended Safety Action: Yes No

Assignment Report

Motor Carrier Safety

19. Is this carrier considered a high risk carrier as a result of this activity? Yes No

20. Additional Comments:

Recommending closing this assignment and issuing charter permit.

Investigator's Signature: Wjell Date: 5/8/2017

OFFICE USE ONLY

Initial Review By: [Signature] Date: 5/9/2017

Initial Reviewer's Recommendation:

Agree with recommendation to close assignment and issue authority.

Final Review By: David Pratt Date: 5/9/17

Final Reviewer's Recommendation:

We should require evidence that the carrier has corrected the drive shaft protection issue on the three vehicles before issuing authority. Its not an OOS condition but is a potentially hazardous situation. Once that evidence is received, ok to issue authority. Ok to close and file.

Internal Processing

Date Closed: 5/9/2017 By: [Signature]
Company Name: Fife Maritime
Assignment #: 117066 Staff Assigned: Gilbert & Steiner



STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Verification of Training

Company: Fife Maritime
Date: 05/05/2017

Representative: Jon Fife
Investigator: Wayne Gilbert

Safety Regulations Training Provided			
Subject	CFR Part	Completed	n/a
General Applicability	390.5 and 383.3	<input checked="" type="checkbox"/> F	<input type="checkbox"/>
Drug and Alcohol Testing	382	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-Employment Drug Testing	382.301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Post-Accident Testing	382.303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Random Testing	382.305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Selection & Notification	382.305(i)(1) 382.305(l)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reasonable Suspicion Testing	382.307	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Subpart B Prohibitions	382.201 - 382.15	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drug & Alcohol Policy	382.601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Consequences for Engaging in Drug & Alcohol Use	382.501 – 382.507	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commercial Driver's License Vehicles that require a CDL/Endorsements	383.3 383.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General Qualifications of Drivers	391.11	<input type="checkbox"/> F	<input type="checkbox"/>
Medical Certificate Required	391.45	<input type="checkbox"/> F	<input type="checkbox"/>
Entry Level Driver Training	380.501 380.503	<input type="checkbox"/> F	<input type="checkbox"/>

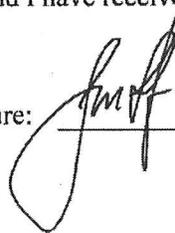
Insurance Requirements	387	<input type="checkbox"/> F	<input type="checkbox"/>
Driver Qualification File	391.51	<input type="checkbox"/> F	<input type="checkbox"/>
Multiple Employer Driver	391.63	<input type="checkbox"/> F	<input type="checkbox"/>
Driver Operations (radar and text)	392.71 392.80	<input type="checkbox"/> F	<input type="checkbox"/>
Inspection and Use of Equipment	392.7	<input type="checkbox"/> F	<input type="checkbox"/>
Accident Register	390.15	<input type="checkbox"/> F	<input type="checkbox"/>
Marking of Motor Vehicles	390.21	<input type="checkbox"/> F	<input type="checkbox"/>
Equipment Leasing	390.303	<input type="checkbox"/> F	<input type="checkbox"/>
Hours of Service	395	<input type="checkbox"/> F	<input type="checkbox"/>
Maximum Driving Times	395.5	<input type="checkbox"/> F	<input type="checkbox"/>
100 Air Mile Radius Driver	395.1(e)	<input type="checkbox"/> F	<input type="checkbox"/>
Driver's Duty Status Record	395.8	<input type="checkbox"/> F	<input type="checkbox"/>
Driver's Log Book Requirements	395.8(d)	<input type="checkbox"/> F	<input type="checkbox"/>
Inspection, Repair & Maintenance Records	396.3	<input type="checkbox"/> F	<input type="checkbox"/>
Driver Vehicle Inspection Report	396.11	<input type="checkbox"/> F	<input type="checkbox"/>
Pre-Trip Inspection	396.13	<input type="checkbox"/> F	<input type="checkbox"/>
Periodic Inspection	396.17	<input type="checkbox"/> F	<input type="checkbox"/>
Liquor Permit Required	WAC 480-30-244	<input type="checkbox"/> F	<input type="checkbox"/>
Safety Compliance Review (CR)	General	<input type="checkbox"/> F	<input type="checkbox"/>

I certify the above information is true and accurate and I have received specific training on each of the above listed areas:

Name (Print):

Jon Fife

Signature:



Date:

5.05.17

This document is used to verify that training was provided to the new entrant passenger carrier listed above. It will become part of the carrier file maintained at the Commission.

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU007000272
Inspection Date: 05/05/2017
Start: 01:05 PM PT End: 1:14:17 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

FIFE MARITIME INC
2917 SW 332ND PL
FEDERAL WAY, WA 98023-2749
USDOT#: 02992789 Phone#: (253)661-5518
MC/MX#: State#:
Location: 356TH ST
Highway:
County: KING, WA

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:
Shipper:
Origin: FEDERAL WAY, WA Bill of Lading:
Destination: FEDERAL WAY, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, VN, FORD, 2014, WA, AUY3232, NS-1, 1FBSS3BL0EDB01118, 9,300

BRAKE ADJUSTMENTS

Table with columns: Axle #, 1, 2. Rows: Right (N/A, N/A), Left (N/A, N/A), Chamber (HYDR, HYDR)

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.89, 393.89, 1, N, N, N, N, Bus driveshaft not properly protected

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: WAYNE GILBERT

Badge #: WAU584

Copy Received By:

Page 1 of 1



02992789 WA WAU007000272

X [Signature]

X [Signature]

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU007000273
Inspection Date: 05/05/2017
Start: 01:14 PM PT End: 1:25:26 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

FIFE MARITIME INC
2917 SW 332ND PL
FEDERAL WAY, WA 98023-2749
USDOT#: 02992789 Phone#: (253)661-5518
MC/MX#: State#:
Location: 356TH ST
Highway:
County: KING, WA

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:
Shipper:
Origin: FEDERAL WAY, WA Bill of Lading:
Destination: FEDERAL WAY, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, VN, FORD, 2003, WA, AZE4940, OLD SILVER, 1FBSS31L03HA89124, 9,100

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2.

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Rows for 393.89 and 393.81.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: WAYNE GILBERT

Badge #: WAU584

Copy Received By:

Page 1 of 1



02992789 WA WAU007000273

Handwritten signature of Wayne Gilbert

Handwritten signature for Copy Received By

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
P.O. Box 42614
Olympia, WA 98504-2614
360-596-3815 email: safetynet@wsp.wa.gov

Report Number: WAU007000274
Inspection Date: 05/05/2017
Start: 01:25 PM PT End: 1:36:12 PM PT
Inspection Level: VII - Jurisdictional Mandate
HM Inspection Type: None

FIFE MARITIME INC
2917 SW 332ND PL
FEDERAL WAY, WA 98023-2749
USDOT#: 02992789 Phone#: (253)661-5518
MC/MX#: State#:
Location: 356TH ST
Highway:
County: KING, WA

Driver: License#: State:
Date of Birth:
CoDriver: License#: State:
Date of Birth:
Shipper:
Origin: FEDERAL WAY, WA Bill of Lading:
Destination: FEDERAL WAY, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, VN, FORD, 2009, WA, AHA6962, NEW SILVER, 1FBSS31L49DA10067, 9,500

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle 1 and 2, Right and Left sides, and Chamber type (HYDR).

VIOLATIONS

Table with columns: Vio Code, Section, Unit, OOS, Citation #, Verify, Crash, Violations Discovered. Row 1: 393.89, 393.89, 1, N, N, N, N, Bus driveshaft not properly protected

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.
Signature Of Motor Carrier X: Title: Date:

Report Prepared By: WAYNE GILBERT

Badge #: WAU584

Copy Received By:

Page 1 of 1



02992789 WA WAU007000274

X [Signature]

X [Signature]

