



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [] Yes [X] No - Reason For Not Uploading: New Entrant

1. Investigator(s): Ray Gardner 2. Assignment No.: 113138

3. Current Date: 7/22/13 4. Date of Activity: 7/9/13

5. Carrier Name: Puget Sound Brewery Tours LLC

6. Permit: N/A 7. New Entrant date of authority:

8. MOTCAR No.: 7367 9. Carrier is: [X] Intrastate Only [] Interstate Only [] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 12. MC No.:

13. [] Destination Check

Destination Check details: Copy of the Destination Check Safety Plan is attached. Number of Buses/Motor Coaches inspected: 7-15 passenger, 16+ passenger. Number of vehicle inspections: Level 1, Level 2, Level 3, Level 5. Any special emphasis placed on the destination check. Describe Special Emphasis. What might we do differently to increase our success at the next destination check?

14. [] Safety Complaint

Safety Complaint details: Attach a copy of the Individual Safety Complaint Plan. What activity did staff complete for this safety complaint: Compliance review, Technical assistance, Number of vehicle inspections: Level 1, Level 2, Level 5, Unannounced terminal visit, Other (please explain):

15. [] New Entrant - Charter, Auto Transportation

New Entrant details: Is this carrier referred by FMCSA, operating intra and interstate? Is this carrier based in another state, requesting intrastate authority? Is this carrier based in Washington, requesting intrastate authority? Did staff complete the following: Inspect all vehicles between three and nine months? Conduct a SI/SA between three and nine months?

16. **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
Basic is for: <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
Basic Threshold Percentile is;
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18. **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. **Safety Investigation:**

Safety Audit:

▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
▪ Number of vehicles operated: _____
▪ Number of drivers operated: _____
▪ Total miles for prior year: _____
▪ Recordable accidents for prior year: _____
▪ Accident Ratio: _____

20. **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

21. **Vehicle Inspection Data:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections								1			
Defective Vehicles								0			
OOS Vehicles								0			
Level								5			

22. **Vehicle Inspection Violations:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23. **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. Relevant Carrier History:

This is a carrier that has requested Intra-State authority from the UTC to operate as a Charter Carrier.

25. Findings:

The carriers one vehicle was inspected using the CVSA criteria. A Level Five inspection was performed with no defects found.

26. Recommended Action:

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: _____)
- Revisit to recheck a specific issue (Date: _____)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

27. Is this carrier considered a high risk carrier as a result of this activity?

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): _____

28. Additional Comments: The carrier was given technical assistance on the rules and regulations pertaining to the operations the carrier will be performing. The carrier was informed that due to time off that the report would not be turned in till the week of July the 22nd. I would recommend that this carrier be granted authority by the UTC to operate as for hire charter carrier in Intra-State.

Investigator's Signature: Ray Garza

Initial Review By: _____ Date: _____

Reviewer's Recommendation: _____

Final Review By: D Pratt Date: 7/24/13

Reviewer's Recommendation:
Agree with recommendation
close & file.

OK to issue authority

OFFICE USE ONLY

Date Closed: 7/24/13 By: Mik. Nelson

Company Name: Pyot Sand Brewing Tours

Assignment #: 13138

Staff Assigned: Gardner

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

Report Number: WAU002000153
Inspection Date: 07/09/2013
Start: 9:00:00 AM PT End: 9:30:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

PUGET SOUND BREWERY TOURS LLC
8545 19TH AVE NW
SEATTLE, WA 98117
USDOT#: 02414946
MC/MX#:
State#:
Phone#:
Fax#:

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
State:
State:

Location: 8545 19TH AVE NW SEATTLE WA
Highway:
County: KING, WA

MilePost:
Origin: SEATTLE, WA
Destination: SEATTLE, WA
Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	VN	ABCC	2012	WA	B12377Y	1	1FBNE3BL9CDA99967	10,000		18735176	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS : No Violations Were Discovered.

HazMat: No HM Transported. Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:
RAY GARDNER

Badge #:
J577

Copy Received By:

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X *Ray Gardner*

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