



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): Wayne Gilbert
Sandi Yeomans 2. Assignment No.: 116037

3. Current Date: 3/17/2016 4. Date of Activity: 3/16/2016

5. Carrier Name: Northshore Senior Center

6. Company ID: N/A 7. Industry Code: 231 8. USDOT #: 02858222

9. Carrier is: Intrastate Yes No Intra and Interstate

10. Destination Check

11. Compliance Review

12. Part B Violations

13. Vehicle Inspection Data

	MB 1-15	Van 1-8	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections	16	3						
Defective Vehicles	4	3 6						
OOS Vehicles	0	0						
Level	7	7						

14. Vehicle Inspection Violations

	MB 1-15	SB 1-8			Vehicle Type	Vehicle Type
Comments:						
Lights	393.11					
Other	396.5b					
Emergency Equipment, Exits		393.95f				
Emergency Equipment, Exits		393.95a				
Other		393.89				
Other		393.30				
Other		396.5b				

15. Driver Inspection Violations

16. Relevant Carrier History:

--

Assignment Report

Motor Carrier Safety

17. Findings:

Nineteen level five vehicles inspections were done. Aspen Reports are attached. Technical assistance was given in CR sections: 382, 383, 390, 391, 392, 395, and 396

18. Recommended Safety Action: Yes No

- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: Select Date)
- Revisit to recheck a specific issue (Date: Select Date)
- Send the company a compliance letter. Require a response: Yes No
- Issue administrative penalties for violations of: _____
- Issue a complaint.
- Stop company operations.

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

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% 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): _____

20. Additional Comments:

Please issue authority, file and close

Investigator's Signature: _____

Jandi Yuomans

Date: 3/17/2016

OFFICE USE ONLY

Initial Review By: _____

John Foster

Date: 3/17/16

Initial Reviewer's Recommendation: _____

TA provided on CFRs 382, 383, 390, 391, 392, 395 + 396. 19 vehicles were inspected. (20 are listed on application however one is owned & licensed to the city of Bothell.) Seven vehicles were defective. Forward to licensing AFTER certifications of repairs are received

Final Review By: _____

D Pratt

Date: _____

3/17/16

Assignment Report
Motor Carrier Safety

Final Reviewer's Recommendation: Agree with recommendation.

* ONCE repairs are verified, -ok to issue permit!

* 5/24 - OK to issue permit.

Internal Processing	
Date Closed:	<u>3/18/16</u> By: <u>L. Elhardt</u>
Company Name:	<u>Northshore Senior Center</u>
Assignment #:	<u>116037</u> Staff Assigned: <u>Gilbert + Yeomans</u>