



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report

## Motor Carrier Safety

Upload? No

1. Investigator(s): John Foster 2. Assignment No.: 114030

3. Current Date: March 6, 2014 4. Date of Activity: March 6, 2014

5. Carrier Name: Seventh Generation

6. Permit: \_\_\_\_\_ 7. New Entrant date of authority: \_\_\_\_\_

8. MOTCAR No.: 5397

9. Carrier is:  Intrastate Only  
 Interstate Only  
 Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 1694307

12. MC No.: 622509

13.  **Destination Check**

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  Yes  No
- Describe Special Emphasis \_\_\_\_\_
- What might we do differently to increase our success at the next destination check:  
\_\_\_\_\_

14.  **Safety Complaint**

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**

▪ Is this carrier referred by FMCSA, operating intra and interstate:  Yes  No

▪ Is this carrier based in another state, requesting intrastate authority:  Yes  No

▪ Is this carrier based in Washington, requesting intrastate authority:  Yes  No

▪ Did staff complete the following:

◆ Inspect all vehicles between three and nine months?  Yes  No

Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_

◆ Conduct a SI/SA between three and nine months?  Yes  No  SI  SA

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
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile is;</b>
<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	1										
OOS Vehicles	0										
Level	1										

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:**

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**25. Findings:**

Close & file. New entrant vehicle inspection, one inspection. CVSA decal issued.

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**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:**

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Investigator's Signature: \_\_\_\_\_

March 6, 2014

Initial Review By: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer's Recommendation: \_\_\_\_\_

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Final Review By: D Pratt Date: 3/6/14

Reviewer's Recommendation:

\* OK to issue authority

**OFFICE USE ONLY**

Date Closed: 3/14/14 By: Lin Morte

Company Name: Seventh Generation

Assignment #: 114030

Staff Assigned: Foster