



UTILITIES AND TRANSPORTATION
COMMISSION
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Licensing

Completed Activity Report Motor Carrier Safety

Upload? No

1. Investigator(s): John Foster 2. Assignment No.: 108204

3. Current Date: September 29, 2008 4. Date of Activity: September 25, 2008

5. Carrier Name: Express Installation Service Inc ✓

6. Permit: HG-63218 7. MOTCAR No.: 5024

8. DOT No.: _____ 9. MC No.: _____

10. Destination Check Only:

- Attach a copy of the Destination Check Safety Plan.
- Number of buses inspected: # of 9-15 passenger _____ # of 16+ passenger _____
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- Date of debriefing meeting: _____
- What might we do differently to increase our success at the next destination check:

- Did staff complete all of the elements of the Destination Check Safety Plan? Yes No
- If not, explain why:

11. Safety Complaint Only:

- 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 CR
- Other (please explain): _____

- Did staff meet the performance measures for the Individual Safety Plan? Yes No
- If not, explain why: _____

12. New Entrant only – *Charter, Auto Transportation*:

- Attach a copy of the New Entrant Carrier Safety Plan.
- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Did staff conduct a CR/SA between three and nine months: Yes No CR SA
- Is this carrier based in another state, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Is this carrier based in Washington, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and nine months: Yes No
 - ◆ Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Did staff conduct a CR/SA between three and nine months: Yes No CR SA

13. X New Entrant only – **HHG**:

- Attach a copy of the New Entrant Carrier Safety Plan.
- Is this carrier referred by FMCSA, operating intra and interstate: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
 - ◆ Did staff conduct a CR/SA between three and eighteen months: Yes No CR SA
- Is this carrier based in another state, requesting intrastate authority: Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: Yes No
 - ◆ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 ____
- Is this carrier based in Washington, requesting intrastate authority: X Yes No
 - ◆ Did staff inspect all vehicles between three and eighteen months: X Yes No
 - ◆ Number of vehicle inspections: Level 1 ____ Level 2 ____ Level 5 X
 - ◆ Did staff conduct a CR/SA between three and eighteen months: X Yes No X CR SA
 - ◆ Did staff conduct technical assistance within three months: X Yes No

14. Individual Safety Plan Only:

- Attach a copy of the Individual Carrier Safety 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 CR
 - Other (please explain): _____
 - _____
 - _____
- Did staff meet the performance measures for the Individual Safety Plan? Yes No
- If not, explain why: _____
- _____
- _____
- _____

15. All Other Assignments:

▪ Type of Activity:

- Compliance review
- Safety audit
- Technical assistance
- Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
- Unannounced CR
- Complaint (other than safety)
- Other (please explain): _____

▪ Describe how the performance measures from the safety plan were or were not met:

16. X Compliance Review Data:

- Safety Rating: X Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: 2
- Number of drivers operated: 3
- Total miles for prior year: 30,000
- Recordable accidents for prior year: 0
- Accident Ratio: 0%

17. X Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391	1	392	
395		396		397	

18. <input type="checkbox"/> 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		
Location									Seattle		
Level									5		

19. <input type="checkbox"/> 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											

20. Relevant carrier history, if any: _____

21. Findings: Carrier received a satisfactory rating. Demonstrated a working knowledge of UTC rules
In regards to household goods moving. Has required liability and cargo insurance.

I recommend this carrier be removed from provisional status and granted permanent authority.

22. Recommended Action:

X No further action.

Notify the company in writing of the findings by providing a copy of the CR, 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.

Send the company a compliance letter. Require a response: Yes No

Issue administrative penalties in the amount of \$ _____

Issue a complaint.

Stop company operations.

23. Recheck: Yes (Date: _____) No

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

Carrier accident ratio is higher than aggregate ratio.

Carrier received a conditional rating at the last compliance review.

Carrier received an unsatisfactory rating at the last compliance review.

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 compliance review rating in more than one of the last four compliance reviews (or less than four if four are not completed).

Other (please explain): _____

25. Additional Comments: _____

Investigator's signature: John Foster September 29, 2008

Initial review by: [Signature] Date: 9-30-08

W Reviewer's recommendation: I concur with recommendations -
Thanks John!

Final review by: DPratt Date: 9/30/08

Reviewer's recommendation: Agree with recommendations
Thanks John
[Signature]

Date closed: 9/30/08 By: CAC
cc: John Foster
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