



UTILITIES AND TRANSPORTATION COMMISSION

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): TOM MCVAUGH

2. Assignment No.: 110245 *(Recheck)*

3. Current Date: 9-27-10

4. Date of Activity: ~~9-16-10~~ 9/27/10

5. Carrier Name: PUGET SERVICES LLC ~~DBA: ECO MOVERS~~

6. Permit: THG63849

7. If new entrant, date of temporary authority 2-4-10

8. MOTCAR No.: 110 5872

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

10. Industry Code: 207

11. DOT No.: 1986265

12. MC No.: 703048

13. **Destination Check**

Attached is 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 3 _____ Level 5 _____
- Describe any special emphasis placed on the destination check and the results:

- 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 CR/SA between three and nine months? Yes No CR SA

16. **New Entrant– HHG**

- 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 eighteen months? Yes No
 - Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
 - ◆ Conduct a CR/SA between three and eighteen months? Yes No CR SA
 - ◆ Conduct technical assistance within three months? Yes No

17. **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 terminal visit
 - Other (please explain): _____

18. **X Compliance Review Data:**

- Safety Rating: X Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: 2
- Number of drivers operated: 2
- Total miles for prior year: 5,128
- Recordable accidents for prior year: 0
- Accident Ratio: _____

19. Part B Violations: **NO VIOLATIONS NOTED DURING THIS RECHECK**

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

20. 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											
Defective Vehicles											
OOS Vehicles											
Location											
Level											

21. 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											

22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: **CARRIER RECEIVED A CONDITIONAL RATING ON 9-16-10 FOR CRITICAL VIOLATIONS IN CFR PART 395, HOURS OF SERVICE AND CFR PART 396, DRIVER VEHICLE INSPECTION RECORDS. CARRIER COMPLIED WITH RECOMMENDATIONS AND REQUESTED A RECHECK CR AS SOON AS POSSIBLE.**

24. Findings: **I CONDUCTED A RECHECK CR ON 9-27-10 AND CARRIER RECEIVED A SATISFACTORY RATING WITH NO VIOLATIONS NOTED. I AM RECOMMENDING THIS CARRIER FOR PERMANENT HHG AUTHORITY ONCE THEY ATTEND THE REQUIRED THE NEW ENTRANT TRAINING CLASS.**

25. Recommended Action:

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.

Recheck – Compliance review (Date: _____)

Revisit to recheck a specific issue (Date: _____)

Describe: _____

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

Issue administrative penalties in the amount of \$

Issue a complaint.

Stop company operations.

26. 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 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): _____

27. Additional Comments: _____

Investigator's signature: [Signature] 9-27-10

Initial review by: [Signature] Date: 9-27-10

Reviewer's recommendation: Agree with recommendations
'upload' close: S.I.

Final review by: DPEAVT Date: 9/28/10

Reviewer's recommendation: OK to upload.

✓ Add to watch list - review again before granting person authority.
Thanks Tom
[Signature]

Date closed: 9/28/10 By: CAC
cc: Jim Mc Vaughn

Budget Services LLC dba Eco movers
Company name _____ Assignment # 11 0245
Staff Assigned Jim Mc Vaughn Rebecka

110245



US DOT #
1986265

Legal: PUGET SERVICES LLC
Operating (DBA): ECO-MOVERS

MC/MX #: 703048 **State #:** THG-63849 **Federal Tax ID:** 26-4170003 (EIN)

Review Type: Compliance Review (CR)

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

Operation Types **Interstate** **Intrastate**

Carrier: N/A	Non-HM	Business: Other
Shipper: N/A	N/A	
Cargo Tank: N/A		

Gross Revenue: _____ **for year ending:** _____

Company Physical Address:

1600 WEST ARMORY WAY
SEATTLE, WA 98199

Contact Name: GRANT KORZETZ
Phone numbers: (1) 206-992-5523 (2) 2069716895 **Fax**
E-Mail Address: www.ecomoversmoving.com

Company Mailing Address:

1600 WEST ARMORY WAY
SEATTLE, WA 98199

Carrier Classification

Authorized for Hire

Cargo Classification

General Freight Household Goods

Does carrier transport placardable quantities of HM? No
Is an HM Permit required? N/A

Driver Information

	Inter	Intra	Average trip leased drivers/month: 0 Total Drivers: 2 CDL Drivers: 0
< 100 Miles:			
>= 100 Miles:		2	

Equipment

Owned **Term Leased** **Trip Leased** **Owned** **Term Leased** **Trip Leased**

Truck 2 0 0

Power units used in the U.S.: 2
Percentage of time used in the U.S.: 100





ECO-MOVERS (PUGET SOUND SERVICES LLC dba)

U.S. DOT #: 1986265

State #: THG-63849

Review Date:

09/27/2010

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the WUTC at:

WUTC ATTN: TOM McVAUGH 360-664-1237
PO BOX 47250
OLYMPIA, WA 98504-7250

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: GRANT KORZETZ

Title: OWNER

Name:

Title:





ECO-MOVERS (PUGET SOUND SERVICES LLC dba)
 U.S. DOT #: 1986265

State #: THG-63849

Review Date:
 09/27/2010

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated 5,128
 Recordable Accidents 0
 Recordable Accidents/Million Miles 0.00

OOS Vehicle (CR): 0
 Number of Vehicle Inspected (CR): 0
 OOS Vehicle (MCMIS): 0
 Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is :

SATISFACTORY

Rating Factors		Acute	Critical
Factor 1:	S	0	0
Factor 2:	S	0	0
Factor 3:	S	0	0
Factor 4:	S	0	0
Factor 5:	N	0	0
Factor 6:	S	-	-

Null
 Null





ECO-MOVERS (PUGET SERVICES LLC dba)

U.S. DOT #: 1986265

State #: THG-63849

Review Date:

09/27/2010

Part B Requirements and/or Recommendations

1. THIS COMPLIANCE REVIEW WILL RESULT IN AN INTRASTATE SAFETY RATING. TO OBTAIN A COPY OF THIS RATING, CONTACT CAROLYN CARUSO AT 360-664-1244.





US DOT #
1986265

Legal: PUGET SERVICES LLC
Operating (DBA): ECO-MOVERS

MC/MX #: 703048 State #: THG-63849 Federal Tax ID: 26-4170003 (EIN)

Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office Location of Review/Audit: Company facility in the U. S. Territory:

Operation Types Interstate Intrastate

Carrier:	N/A	Non-HM	Business:	Other
Shipper:	N/A	N/A	Gross Revenue:	for year ending:
Cargo Tank:	N/A			

Company Physical Address:

1600 WEST ARMORY WAY
SEATTLE, WA 98199

Contact Name: GRANT KORZETZ
Phone numbers: (1) 206-992-5523 (2) 206-971-6895 Fax
E-Mail Address: www.ecomoversmoving.com

Company Mailing Address:

1600 WEST ARMORY WAY
SEATTLE, WA 98199

Report Summary

Report	# of Pages
Part A - General	2
Part B - Violations	1
Part B - Recommendations	1
Review/Audit Receipt Page	1
Total Pages	5

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

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WUTC ATTN: TOM McVAUGH 360-664-1237
PO BOX 47250
OLYMPIA, WA 98504-7250

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Person(s) Interviewed

Name: GRANT KORZETZ Title: OWNER
Name: Title:

Reported By: Tom McVaugh Title: MCE SP. FAV. Code: WA0531 Date: 9/27/2010

Received By: [Signature] Title: OWNER





ECO-MOVERS (PUGET SLICES LLC dba)
U.S. DOT #: 1986265

State #: THG-63849

Review Date:
09/27/2010

Part C

Upload Authorized:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Authorized by:	<i>[Signature]</i>	Date:
Uploaded:	<input type="radio"/> Yes	<input type="radio"/> No
Verified by:		Failure Code:
		Date:

