



## Completed Activity Report Motor Carrier Safety

Opload? Yes X No		
1. Investigator(s):TOM MCVAUGH	2. Assignment No.: 109044	- -
3. Current Date: 4-23-09	4. Date of Activity: 4-21-09	<u>-</u>
5. Carrier Name: <b>COLEMAN AMERICAN N</b>	MOVING SERVICES, INC.	_
6. Permit: <u>THG-63450</u>	7. Industry Code: 207	<b>v</b> .
8. MOTCAR No.: 1 5314	<del>_</del>	
9. DOT No.: N/A	10. MC No.: N/A	
		<del></del>
Describe any special emphasis placed on the      What might we do differently to increase our		
12. Safety Complaint Attach a copy of the Individual Safety Cor What activity did staff complete for this safety Compliance review Technical assistance Number of vehicle inspections: Level Unannounced terminal visit Other (please explain):	y complaint:	
	•	

	. 1
13. New Entrant – Charter, Auto Transportation  ■ 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?  ■ No  Number of vehicle inspections: Level 1 Level 2 Level 5  ■ Conduct a CR/SA between three and nine months?  ■ Yes □ No	)
<ul> <li>14. X New Entrant- HHG</li> <li>Is this carrier referred by FMCSA, operating intra and interstate:</li></ul>	X No
15. ☐ Individual Safety Plan Only: ☐ Attach a copy of the Individual Carrier Safety Plan. ■ What activity did staff complete for this safety complaint:	
16. X Compliance Review Data: ■ Safety Rating: X Satisfactory ☐ Unsatisfactory ☐ Conditional ■ Number of vehicles operated: 18 ■ Number of drivers operated: 8 ■ Total miles for prior year: 54,698	
Recordable accidents for prior year: 0  Accident Ratio:	

17. X Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40	7	383		387	
390	. 2	391		392	
395	1	396	1	397	

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections	1.20	1 20	1						1		
Defective Vehicles									0		
OOS Vehicles									0		
ocation									13		ļ
Level								<u> </u>	5		

19.  Vehic	МС	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes							·	ļ			
Steering								<u> </u>	<u> </u>		
Lights		·							ļ		
Tires, wheels, rims						. `					
Horn				•					<u> </u>	ļ	
Windshield and Wipers											
Mirrors								ļ. <u> </u>	ļ <u>.</u>		
Emergency Equip, Exits											
Coupling Devices										<u> </u>	
Frame			-						ļ	<u> </u>	
Suspension										ļ	
Exhaust	<u> </u>										<u> </u>
Other	<del>  :</del>										

20. Driver Inspection Violation	s:		
Medical Card	Medical Waiver	Hours of Service	Drivers License
Wichigan Care			1

-	
	Findings: SATISFACTORY SAFETY RATING. I RECOMMEND PERMANENT HHG
AU7	THORITY BE ISSUED.
-	
	Recommended Action: ISSUE PERMANENT HHG AUTHORITY
23. E	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:
	G. Lul. Paguiro a regnance: Q Ves Q No.
	Send the company a compliance letter. Require a response: Yes No
	Issue administrative penalties in the amount of \$
	Issue a complaint.
	Stop company operations.
<b>л</b> - т	s this carrier considered a high risk carrier as a result of this activity? NO
4. 1	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):
)5 /	Additional Comments: FURTHER VEHICLE INSPECTIONS WILL BE CONDUCTED AT A
	TER AGREED UPON DATE.
<i>JE</i> J	ER AGREED OF ON DATE.
_	

Investigator's signature: 1. Ny 4-23-09
mivestigator s signature.
Initial review by: Date: 4-24-09
Reviewer's recommendation: Agree with 1 ccommendation -
Recommend Atherity be granted - Close: file-
Final review by: Date: 4/24/09
Reviewer's recommendation: Agree with recommendations.
Licensury - OK to issue perm authority after June 8.
Close & file 1 12 125 tons
- (Vice
Date closed: $4/27/09$ By: CAC
cc: Jan Me Vaugh
Licensing
Company name Coleman american moving Servir Assignment # 109044
Staff Assigned Jon Inc Vangh
Stall Assigned

UTILITIES & TRANSPORTATION COM

US DOT#

Legal: COLEMAN AMERICAN, MOVING SERVICES INCORPORATED

Operating (DBA):

MC/MX #:

State #: THG-63450

Federal Tax ID: 63-0419836 (EIN)

Review Type: Compliance Review (CR)

Scope:

**Principal Office** 

N/A

Location of Review/Audit: Company facility in the U. S.

Territory:

Operation Types

Interstate Intrastate

Non-HM

**Business:** Corporation

Shipper: Cargo Tank:

Carrier:

N/A N/A N/A

Gross Revenue: \$1,332,499.00

for year ending: 12/31/2008

Company Physical Address:

5655 - 8TH STREET EAST

**BUILDING B/SUITE 200** 

FIFE, WA 98424

**Contact Name:** 

JAIME COMSTOCK

Phone numbers: (1) 253-588-9555

(2) 800-239-7700

Fax 253-588-9406

E-Mail Address:

Company Mailing Address:

5655 - 8TH STREET EAST

**BUILDING B/SUITE 200** 

FIFE, WA 98424

Carrier Classification

Other: PROV HHG

**Cargo Classification** 

Household Goods

Does carrier transport placardable quantities of HM?

Is an HM Permit required?

No N/A

**Driver Information** 

Inter Intra Average trip leased drivers/month: 0

< 100 Miles:

**Total Drivers: 8** 

>= 100 Miles:

8

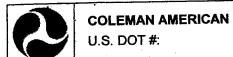
**CDL Drivers: 2** 

**Fauinment** 

۲	<u> </u>	Owned	Term Leased	Trip Leased		Owned	Term Leased Trip	Leased
H	Truck	13	0	0	Truck Tractor	3	0	0
1.	Trailer	. 2	0	0			And the second	

Power units used in the U.S.: 16

Percentage of time used in the U.S.: 100



State #: THG-63450

Review Date 04/21/2009

## Part A

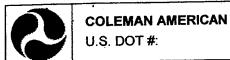
QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the WUTC at:

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: JAIME COMSTOCK Name: KATHY GRIGSBY Title: GENERAL MANAGER
Title: DIRECTOR OF SAFETY



State #: THG-63450

Review Date: 04/21/2009

## **Part B Violations**

		 		5	
1 STATE	Primary: 40.13(f) Secondary: 382.105 CFR Equivalent: 40.13(f)	Discovered 3	Checked 5	Drivers/V In Violation 3	Checked 5

Description

Using a Federal Drug Testing Custody and Control Form or Federal Alcohol Testing Form for tests not authorized by 49 CFR Part 40 and Part 382.

JOSH NORVELL, TRIP DATE: 2-16-09. PRE-EMPLOYMENT DRUG TEST ON NON-CDL DRIVER WAS CONDUCTED ON FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM IN LIEU OF NON-FEDERAL DRUG TESTING CUSTODY CONTROL FORM.

CONTROLIC		T		Drivers/V	ehicles
2 STATE	Primary: 382.601(a)  CFR Equivalent: 382.601(a)	Discovered	Checked 1	In Violation	Checked 0
	OFIT Equivalent our out (a)		L		

Description

Failing to provide educational materials explaining requirements of part 382 and employer's policies.

Example

KRISTOPHER DYE, TRIP DATE 4-20-09. CARRIER'S CONTROLLED SUBSTANCE AND ALCOHOL TESTING POLICY FAILS TO CONTAIN THE FOLLOWING REQUIRED INFORMATION:

NAME OF DESIGNATED EMPLOYEE REPRESENTATIVE

Ļ	TANIE OF DEC	JONATED LIMI EGILLI II. I. I			Drivers/V	ehicles
	3 STATE	Primary: 395.8(a)  CFR Equivalent: 395.8(a)	Discovered	Checked 150	7	Checked 5
1		CFR Equivalent, 090.0(a)			h <del></del>	

#### Description

Failing to require driver to make a record of duty status.

Example

KEVIN ELDER, TRIP DATE: 3-26-09. DRIVER WAS OPERATING WITHIN THE 100 AIR-MILE RADIUS EXEMPTION. DRIVER'S TOTAL ON-DUTY TIME EXCEEDED 12 CONSECUTIVE HOURS. DRIVER FAILED TO MAKE A RECORD OF DUTY STATUS (LOG BOOK) FOR THAT DAY.

4 STATE	Primary: 396.11(b)	Discovered	Checked	Drivers/V In Violation	ehicles Checked
	CFR Equivalent: 396.11(b)	2	150		3

Description

Failing to ensure driver vehicle inspection report is complete and accurate.

ANGELA SMITHINGELL, TRIP DATE: 1-21-09, UNIT #T-3. DRIVER VEHICLE INSPECTION REPORT FAILS TO CONTAIN THE REQUIRED INFORMATION:

MECHANICS AND REVIEWING DRIVER'S SIGNATURES

MECHANICO MID MENTING BINTEN		COONshiple (CD): 0
Safety Fitness Rating Information:		OOS Vehicle (CR): 0
Total Miles Operated	54,698	Number of Vehicle Inspected (CR): 1
Recordable Accidents	0	OOS Vehicle (MCMIS): 0
Recordable Accidents/Million Miles	0.00	Number of Vehicles Inspected (MCMIS): 0
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# U.S. DOT #:

## COLEMAN AMERICAN VING SERVICES INCORPORATED

State #: THG-63450

Review Date: 04/21/2009

## **Part B Violations**

Factors  or 1: S  or 2: S  or 3: S	_	0	. •
	_	0	
	n	n	
	, ,	U	
or 4: S	0	0	
•	0	0	
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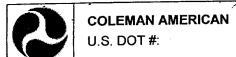
Null Null

State #: THG-63450

Review Date: 04/21/2009

## 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.
- 2. ENSURE THAT THE POLICY CONTAINS THE REQUIRED INFORMATION IN ACCORDANCE WITH CFR PART 382.601.
- 3. ENSURE THAT DOT TESTS ARE CONDUCTED WHEN REQUIRED AND THAT THE CORRECT CUSTODY FORM IS USED.
- 4. ENSURE THAT DRIVERS DO NOT VIOLATE THEIR HOURS OF SERVICE LIMITS, INCLUDING THE 11-HOUR DRIVING RULE, 14-HOUR ON-DUTY RULE AND THE 60/70 HOUR RULE. THE DRIVERS MUST COMPLETE RECORDS OF DUTY STATUS FOR EACH DAY THEY OPERATE BEYOND THE 100 AIR-MILE RADIUS FROM THEIR NORMAL WORK REPORTING LOCATION.
- 5. REQUIRE THE DRIVERS TO COMPLETE A DRIVER VEHCILE INSPECTION REPORT AT THE COMPLETION OF EACH DAY. ENSURE THAT THE REQUIRED SIGNATURES; DRIVER COMPLETING THE DVIR, MECHANIC'S CERTIFICATION AND REVIEWING DRIVER'S CERTIFICATION ARE COMPLETE. RETAIN THE DVIR FOR 3 MONTHS.



State #: THG-63450

Review Date: 04/21/2009

Part C

Reason for Review: Other

PROVISIONAL HHG

Planned Action:

Compliance Monitoring

Safestat Category:

**Parts Reviewed Certification:** 

180 178 173 177 399 171 172 395 396 397 398 390 392 393 383 387 382 325

**Prior Reviews** 

**Prior Prosecutions** 

**Unsat/Unfit Information** 

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule:

Corporate Contact: KATHY GRIGSBY

Special Study Information:

Not Applicable

Corporate Contact Title: DIRECTOR OF SAFETY/RISK MNGR.

#### Remarks:

On April 21, 2009, I contacted Mr. Jaimie Comstock, General Manager, and Ms. Kathy Grigsby, Director of Safety/Risk Manager, for Coleman American Moving Services, Incorporated (Coleman), at the carrier's main office located in Fife, WA. The purpose of my contact was to conduct a safety compliance review of this carrier's provisional household goods authority, as permitted under THG-63450.

Coleman obtained provisional HHG authority on December 8, 2008. Personnel from this company attended the HHG Provisional New Entrant training in October 2008, prior to obtaining authority from the commission. This was in part to fulfill the commission requirement and in part because personnel from Coleman also operated AAA Moving & Storage, Inc., located at the same facility in Fife, WA. Coleman also operates a terminal in Sumner, WA.

Coleman is a subsidiary of Coleman American Companies, etal, which is based in Midland City, AL. Ms. Grigsby stated that the parent company has household goods authority and terminals in all fifty states. Coleman is also an agent for Allied Van Lines, Inc. (Allied) and all interstate operations, from the Fife/Sumner terminals, are conducted through Allied's authority.

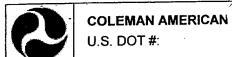
For the purposes of this compliance review, I reviewed Coleman's records from December 8, 2008 through April 21, 2009. This review only covered intrastate operations permitted under Coleman's provisional authority. Therefore, this review will not be uploaded to the MCMIS site.

Coleman owns and operates thirteen straight trucks, three truck-tractors, two semi-trailers, and employs eight drivers. Two of these drivers possess Commercial Driver's Licenses and are Allied certified for interstate operations. The vehicles are insured with Discover Property & Casualty Insurance Company, Policy #D002A00608, expiration date August 2009, in the combined single limits of \$1,000,000. The carrier only transports household goods.

I inspected the only vehicle available, a 1995 Freightliner, and issued CVSA Decal #10538882. I have made arrangements with Mr. Comstock to inspect the remainder of the fleet at a later date.

Coleman's drivers are included in the parent company's random testing pool. The pool tests on a quarterly basis and Coleman's drivers are sent to a collection facility at the Port of Tacoma for processing. I reviewed that carrier's annual percentage rates for the 2008 random testing cycle, and found the carrier in compliance with the required ratios.

I did not attempt to run the carrier's driver's licenses through CDLIS, since this program is inoperable. I did run the licenses through the WA Department of Licensing web site and found that all drivers possessed valid licenses.



State #: THG-63450

Review Date: 04/21/2009

#### Part C

The following safety violations were noted:

## CFR PART 382/40 - CONTROLLED SUBSTANCE AND ALCOHOL TESTING:

The carrier conducts pre-employment drug tests on non-CDL drivers. However, the carrier used a Federal Drug Testing and Control Form for the tests when the tests should be processed on a non-Dot specification form. Ms. Grigsby stated that she would correct this problem immediately and ensure that the proper forms are used. Also, the carrier's controlled substance and alcohol testing policy fails to contain the name of the Designated Employee Representative, as required by CFR Part 382.601. Ms. Grigsby stated the policy was developed by the parent company and she would ensure that this change is corrected for all Coleman companies.

## CFR PART 395 - HOURS OF SERVICE:

The majority of the carrier's drivers operate withing the 100 air-mile radius exemption and return to the terminal within twelve consecutive hours. However, I noted that two drivers exceeded the twelve consecutive hours on-duty and failed to complete a log book upon their return to the terminal. Ms. Grigsby stated that this was an over site on their part and emphasis would be placed on hours of service at the next driver's meeting.

## CFR PART 396 - INSPECTION, REPAIR & MAINTENANCE:

The carrier requires the drivers to complete a post-trip inspection report, DVIR, as required by CFR Part 396.11. I noted that two DVIR's failed to contain the required signatures (mechanic and reviewing driver). Ms. Grigsby stated that this requirement would be discussed with drivers and maintenance personnel at the next safety meeting.

Upon completion of this compliance review, Coleman received a Satisfactory rating. Although I noted four safety violations, none of these were critical or acute in nature. Carrier management has adequate knowledge of commission rules and over site by the parent company maintains this safety posture.

#### CONCLUSION:

This assignment is closed and I recommend permanent authority be issued. No further action at this time.

Upload Authorized:

Yes

Yes

No

Authorized by:

Failure Code:

Uploaded: Verified by: No

Date:

Date:

UTILITIES & TRANSPORTATION COM US DOT# Legal: COLEMAN AMERICAN MOVING SERVICES INCORPORATED Operating (DBA): Federal Tax ID: 63-0419836 (EIN) State #: THG-63450 Review Type: Compliance Review (CR) - Receipt

**Principal Office** Scope:

Location of Review/Audit: Company facility in the U. S.

Territory:

Operation Types Interstate Intrastate

N/A Carrier: N/A Non-HM

**Business:** Corporation

N/A Shipper: Cargo Tank: N/A

Gross Revenue: \$1,332,499.00

for year ending: 12/31/2008

Company Physical Address:

5655 - 8TH STREET EAST

**BUILDING B/SUITE 200** 

FIFE, WA 98424

**Contact Name:** 

JAIME COMSTOCK

Phone numbers: (1) 253-588-9555

(2) 800-239-7700

Fax 253-588-9406

E-Mail Address:

Company Mailing Address:

5655 - 8TH STREET EAST

**BUILDING B/SUITE 200** 

FIFE, WA 98424

Report Summary

Report # of Pages Part A - General 2 2 Part B - Violations 1 Part B - Recommendations 1 Review/Audit Receipt Page 6 **Total Pages** 

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.

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

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: JAIME COMSTOCK Name: KATHY GRIGSBY

Title: GENERAL MANAGER Title: DIRECTOR OF SAFETY

Reported By:

Title: Trans.

Date: 4/21/2009 Code: WA0531

Received By

General Title:

PORT

Report Number: WAU004000002

Inspection Date: 04/21/2009 Start Time: 12:45 PM End Time: 01:03 PM

Inspection Level: V - Terminal **HM Inspection Type: None** 

**COLEMAN AMERICAN MOVING SERVICES INCORPORATED** 

5655 - 8TH STREET EAST

FIFE, WA 98424

**USDOT#:** 

MC/MX#: State#: THG63450

Location: FIFE TERMINAL

Highway:

County: PIERCE, WA

Phone#: (253)588-9555 Fax#: (253)588-9406

MilePost:

Origin:

**Destination:** 

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth: Shipper:

Bill of Lading:

Cargo: EMPTY

**VEHICLE IDENTIFICATION** 

Unit Type Make Year State

TR FRHT 1995 WA

Plate # A16025T Company # T-10

VIN

<u>GVWR</u>

CVSA # CVSA Issued # OOS Sticker

10538882 26,000

**BRAKE ADJUSTMENTS** 

Axle#

1

1 2 N/A N/A

Right Left Chamber

N/A N/A **HYDR HYDR** 

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No

Cargo Tank:

State:

State:

Special Checks: No Data for Special Checks.

Report Prepared By:

Badge #: WA0531 Copy Received By:

