

Safety Management Plan

Carrier's Legal name: Gary's Garbage Services, LLC

DOT#: 2360494

Point of Contact: LuJean Maupin, Owner

Violation Corrective Action:

Violation #1: Failing to require a driver to prepare a record of duty status.

- (1) We did not realize, as business owner/driver that we had to keep a record of duty status.
- (2) We now keep a clipboard with a monthly driver's time record. Driver fills it out every time the trucks are driven, repairs and maintenance done on vehicles, and general repairs on equipment.
- (3) At the end of every month, I will collect the driver's time record and will be kept in the driver's file.

Violation #2: Failing to keep minimum records of inspection and vehicle maintenance.

- (1) We did not have knowledge of this regulation.
- (2) The violation has been corrected by the driver keeping a record of daily inspection and vehicle maintenance reports for all five of our trucks. Our company now keeps a file for each of the five trucks on routine maintenance, daily and annual inspections, and any defects or repairs done.
- (3) The reports that are to be filled out for each truck and to be kept in each truck's file. (Only two out of the five trucks are driven on a regular basis).
 - Driver's Vehicle Inspection Report / filled out with driver's signature & date
 - If any defects noted on DVIR, a Driver Vehicle Inspection Report is filled out with mechanic's or Carrier's signature, then have the next day's driver sign his name.
 - A Vehicle Inspection, Repair, and Maintenance Record is to be filled out with the make, VIN, model year, tire size, Carrier owns all five vehicles. We will record any repairs, maintenance, or inspections with the date, mileage of vehicle and the next date of service is due.

Violation #3: Using a commercial motor vehicle not periodically inspected.

- (1) We did not have knowledge of this regulation.
- (2) Every year our trucks will be inspected by an authorized mechanic who understands the criteria needed to identify defective components. I have set a reminder on my phone for July 18, 2022, also my

2022 calendar is marked for the same date. Four of our five trucks have been inspected. The 1979 Mack is at a mechanic's shop being repaired and inspected.

(3) Every year in July, we will have our trucks inspected.

Violation #4: Failing to have driver Qualification file on each driver employed.

(1) We did not have knowledge of this regulation.

(2) A file has been created for owner/driver that includes a copy of his driver's license, medical certificate, history of driving record, application for employment and an annual driver's certification of violations. We have included for the driver/owner a Driver's Road Test Examination, Certificate of Driver's Road Test, Brake Inspection Qualifications, and Inspector Qualifications. The medical examiner, Kevin Sullivan has been verified to be on the national registry.

(3) Keep a file for every driver for our company. My 2022 calendar is marked for September to have the driver's paperwork updated for the Annual Driver's Certification of Violations, Driver's Road Test Examination, and the Abstract of Driving Record.

Violation #5: Failing driver to prepare driver vehicle inspection report.

(1) We did not have knowledge of this regulation.

(2) We have corrected the violation by making sure that every time a defect is found, in this case it was for the 2008 Peterbilt, VIN #3BPZL00X38F718277 that a Driver Vehicle Inspection form is filled out so the truck can be repaired before it can be driven again.

(3) Plan of action is for the trucks to be in safe running condition, the DVIR form filled out, any repairs fixed, mechanic or carrier's signature and ready for the next day's driver's signature. Report will be kept in the truck's file for 90 days.

I, LuJean Maupin, Owner, certify that Gary's Garbage Services, LLC will operate in compliance with the federal and state regulations and our operations currently meet the safety standard found in Title 49 CFR Sections 385.5 and 385.7.


Signature

10-15-21
Date

LuJean Maupin, Owner
Gary's Garbage Services, LLC

DRIVER'S TIME RECORD

Driver's Name (print) Gary Mayfin Employee No. _____ Month August Year 2021

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVERS DAILY LOG" IF THE FOLLOWING APPLIES:

- * Operates within 150 mile radius.
- * Returns to headquarters and is released from work within 14 consecutive hours.
- * At least 10 consecutive hours off duty separate each 14 hours of duty (property).
- * At least 8 consecutive hours off duty separate each 14 hours of duty (passenger).

INTERMITTENT DRIVERS

Shall complete this form for 7 days preceding any day driving is performed. This includes the preceding month.

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1						
2						
3	7am	2pm	7			2731 Hwy 31, Tione
4	7am	1pm	6			
5	7am	1pm	6			
6	8am	9am	1			
7	12pm	3pm	3			
8	9am	11am	2			
9						
10	7am	2pm	7			
11	7am	12:30	5 1/2			
12	7am	3:30	8 1/2			
13	12:30	1pm	1/2			
14						
15	9:30am	1:30	4			
16	9am	11:30	2 1/2			
17	7am	2pm	7			
18	7am	12:30	5 1/2			
19	7am	1pm	6			
20	9am	11:30	2 1/2			
21						
22						
23						
24	7am	2pm	7			
25	7am	12:45	5 3/4			
26	7am	1pm	6			
27	9:30	2pm	4 1/2			
28						
29						
30	7am	10am	3			
31	7am	3:30	8 1/2			

To be prepared monthly by each DOT certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off". Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manager of Administration.

Driver's Vehicle Inspection Report

Check any defective Item and give details under "Remarks."

DATE: 9-28-21

TRUCK/TRACTOR NO. 2008 Peterbilt

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Compressor
<input type="checkbox"/> Air Lines
<input type="checkbox"/> Battery
<input type="checkbox"/> Brake Accessories
<input type="checkbox"/> Brakes
<input type="checkbox"/> Carburetor
<input type="checkbox"/> Clutch
<input type="checkbox"/> Defroster
<input type="checkbox"/> Drive Line
<input type="checkbox"/> Engine
<input type="checkbox"/> Fifth Wheel
<input type="checkbox"/> Front Axle
<input type="checkbox"/> Fuel Tanks
<input type="checkbox"/> Heater | <input type="checkbox"/> Horn
<input type="checkbox"/> Lights
<input type="checkbox"/> Head - Stop
<input type="checkbox"/> Tail - Dash
<input type="checkbox"/> Turn Indicators
<input type="checkbox"/> Mirrors
<input type="checkbox"/> Muffler
<input type="checkbox"/> Oil Pressure
<input type="checkbox"/> On-Board Recorder
<input type="checkbox"/> Radiator
<input type="checkbox"/> Rear End
<input type="checkbox"/> Reflectors
<input type="checkbox"/> Safety Equipment
Fire Extinguisher
Flags-Flares-Fusees
Spare Bulbs & Fuses
Spare Seal Beam | <input type="checkbox"/> Springs
<input type="checkbox"/> Starter
<input type="checkbox"/> Steering
<input type="checkbox"/> Tachograph
<input type="checkbox"/> Tires
<input type="checkbox"/> Transmission
<input type="checkbox"/> Wheels
<input type="checkbox"/> Windows
<input type="checkbox"/> Windshield Wipers
<input type="checkbox"/> Other |
|---|---|--|

TRAILER(S) NO.(S) _____

<input type="checkbox"/> Brake Connections <input type="checkbox"/> Brakes <input type="checkbox"/> Coupling Chains <input type="checkbox"/> Coupling (King) Pin <input type="checkbox"/> Doors	<input type="checkbox"/> Hitch <input type="checkbox"/> Landing Gear <input type="checkbox"/> Lights - All <input type="checkbox"/> Roof <input type="checkbox"/> Springs	<input type="checkbox"/> Tarpaulin <input type="checkbox"/> Tires <input type="checkbox"/> Wheels <input type="checkbox"/> Other
---	---	---

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature Mary Clausin

- ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE Mary Clausin DATE: 9-28-21
 OWNING DRIVER'S SIGNATURE _____ DATE: _____

Driver's Vehicle Inspection Report

Check any defective item and give details under "Remarks."

DATE: 9-22-21

TRUCK/TRACTOR NO. 1988 Peterbilt

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head - Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Carburetor | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Fire Extinguisher | |
| | <input type="checkbox"/> Flags-Flares-Fusees | |
| | <input type="checkbox"/> Spare Bulbs & Fuses | |
| | <input type="checkbox"/> Spare Seal Beam | |

TRAILER(S) NO.(S) _____

<input type="checkbox"/> Brake Connections	<input type="checkbox"/> Hitch	<input type="checkbox"/> Tarpaulin
<input type="checkbox"/> Brakes	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Tires
<input type="checkbox"/> Coupling Chains	<input type="checkbox"/> Lights - All	<input type="checkbox"/> Wheels
<input type="checkbox"/> Coupling (King) Pin	<input type="checkbox"/> Roof	<input type="checkbox"/> Other
<input type="checkbox"/> Doors	<input type="checkbox"/> Springs	

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature Gary Haupin

- ABOVE DEFECTS CORRECTED
- ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE Gary Haupin DATE: 9-22-21
 OWNING DRIVER'S SIGNATURE _____ DATE: _____

Driver's Vehicle Inspection Report

Check any defective item and give details under "Remarks."

DATE: Sept 30, 2021

TRUCK/TRACTOR NO. 2002 Peterbilt

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head - Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Carburetor | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Fire Extinguisher | |
| | <input type="checkbox"/> Flags-Flares-Fusees | |
| | <input type="checkbox"/> Spare Bulbs & Fuses | |
| | <input type="checkbox"/> Spare Seal Beam | |

TRAILER(S) NO.(S) _____

<input type="checkbox"/> Brake Connections	<input type="checkbox"/> Hitch	<input type="checkbox"/> Tarpaulin
<input type="checkbox"/> Brakes	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Tires
<input type="checkbox"/> Coupling Chains	<input type="checkbox"/> Lights - All	<input type="checkbox"/> Wheels
<input type="checkbox"/> Coupling (King) Pin	<input type="checkbox"/> Roof	<input type="checkbox"/> Other
<input type="checkbox"/> Doors	<input type="checkbox"/> Springs	

Remarks: Not being used

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature Mary Klumpin

- ABOVE DEFECTS CORRECTED
- ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE _____ DATE: _____
 OWNING DRIVER'S SIGNATURE _____ DATE: _____

Driver's Vehicle Inspection Report

Check any defective item and give details under "Remarks."

DATE: Sept. 30, 2021

TRUCK/TRACTOR NO. 1979 Mack

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Compressor
<input type="checkbox"/> Air Lines
<input type="checkbox"/> Battery
<input type="checkbox"/> Brake Accessories
<input checked="" type="checkbox"/> Brakes
<input type="checkbox"/> Carburetor
<input type="checkbox"/> Clutch
<input type="checkbox"/> Defroster
<input type="checkbox"/> Drive Line
<input type="checkbox"/> Engine
<input type="checkbox"/> Fifth Wheel
<input checked="" type="checkbox"/> Front Axle
<input type="checkbox"/> Fuel Tanks
<input type="checkbox"/> Heater | <input type="checkbox"/> Horn
<input checked="" type="checkbox"/> Lights
<input type="checkbox"/> Head - Stop
<input type="checkbox"/> Tail - Dash
<input type="checkbox"/> Turn Indicators
<input type="checkbox"/> Mirrors
<input type="checkbox"/> Muffler
<input type="checkbox"/> Oil Pressure
<input type="checkbox"/> On-Board Recorder
<input type="checkbox"/> Radiator
<input type="checkbox"/> Rear End
<input type="checkbox"/> Reflectors
<input type="checkbox"/> Safety Equipment
Fire Extinguisher
Flags-Flares-Fusees
Spare Bulbs & Fuses
Spare Seal Beam | <input type="checkbox"/> Springs
<input type="checkbox"/> Starter
<input type="checkbox"/> Steering
<input type="checkbox"/> Tachograph
<input type="checkbox"/> Tires
<input type="checkbox"/> Transmission
<input type="checkbox"/> Wheels
<input type="checkbox"/> Windows
<input type="checkbox"/> Windshield Wipers
<input type="checkbox"/> Other |
|---|--|--|

TRAILER(S) NO.(S) _____

<input type="checkbox"/> Brake Connections <input type="checkbox"/> Brakes <input type="checkbox"/> Coupling Chains <input type="checkbox"/> Coupling (King) Pin <input type="checkbox"/> Doors	<input type="checkbox"/> Hitch <input type="checkbox"/> Landing Gear <input type="checkbox"/> Lights - All <input type="checkbox"/> Roof <input type="checkbox"/> Springs	<input type="checkbox"/> Tarpaulin <input type="checkbox"/> Tires <input type="checkbox"/> Wheels <input type="checkbox"/> Other
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Remarks: Truck is at New Tec - Kettle Falls being repaired and inspected - other than that truck is not being used

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature Mary Heipin

- ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE _____ DATE: _____
 OWNING DRIVER'S SIGNATURE _____ DATE: _____

Driver's Vehicle Inspection Report

Check any defective item and give details under "Remarks."

DATE: Sept. 30, 21

TRUCK/TRACTOR NO. 1999 Volvo

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Air Lines | <input checked="" type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head - Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Carburetor | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Fire Extinguisher | |
| | <input type="checkbox"/> Flags-Flares-Fusees | |
| | <input type="checkbox"/> Spare Bulbs & Fuses | |
| | <input type="checkbox"/> Spare Seal Beam | |

TRAILER(S) NO.(S) _____

<input type="checkbox"/> Brake Connections	<input type="checkbox"/> Hitch	<input type="checkbox"/> Tarpaulin
<input type="checkbox"/> Brakes	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Tires
<input type="checkbox"/> Coupling Chains	<input type="checkbox"/> Lights - All	<input type="checkbox"/> Wheels
<input type="checkbox"/> Coupling (King) Pin	<input type="checkbox"/> Roof	<input type="checkbox"/> Other
<input type="checkbox"/> Doors	<input type="checkbox"/> Springs	

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature Mary Maupin

- ABOVE DEFECTS CORRECTED
- ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE Mary Maupin DATE: Sept. 30, 2021
 OWNING DRIVER'S SIGNATURE _____ DATE: _____

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE RECORD

VEHICLE IDENTIFICATION

MAKE <i>Peterbilt</i>	VIN <i>3BPZL00X38F718277</i>
MODEL YEAR <i>2008</i>	TIRE SIZE <i>315-22.5</i>
COMPANY NUMBER <i>Garys Garbage</i>	OWNER (if leased)

INSPECTION, REPAIR, MAINTENANCE INFORMATION

I	R	M	DATE (MM/DD/YY)	MILEAGE	TYPE	NEXT DUE SERVICE (DATE OR MILEAGE)
		X	Sept. -21	103,149	oil change	Oct 21

I = inspection; R = repair; M = maintenance
 Note: For buses, pushout windows, emergency exits, and exit lighting must be inspected every 90 days.

Hook Truck

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE RECORD

VEHICLE IDENTIFICATION

MAKE	<i>Gary Maupin</i>	VIN	<i>1XP2L50X3J2703495</i>
MODEL YEAR	<i>Peterbilt 1988</i>	TIRE SIZE	<i>11:22-5 r</i>
COMPANY NUMBER	<i>Gary's Garbage</i>		
OWNER (if leased)			

INSPECTION, REPAIR, MAINTENANCE INFORMATION

I	R	M	DATE (MM/DD/YY)	MILEAGE	TYPE	NEXT DUE SERVICE (DATE OR MILEAGE)
	X		<i>9-30-21</i>	<i>383546</i>	<i>checked oil, satisfactory</i>	<i>12-15-21</i>

I = inspection; R = repair; M = maintenance
Note: For buses, pushout windows, emergency exits, and exit lighting must be inspected every 90 days.

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE RECORD

VEHICLE IDENTIFICATION

MAKE <i>Peterbilt</i>	VIN <i>1NP2L00X72D713932</i>
MODEL YEAR <i>2002</i>	TIRE SIZE <i>11-22r</i>
COMPANY NUMBER <i>Garms Garage</i>	OWNER (if leased)

INSPECTION, REPAIR, MAINTENANCE INFORMATION

I	R	M	DATE (MM/DD/YY)	MILEAGE	TYPE	NEXT DUE SERVICE (DATE OR MILEAGE)
		X	<i>Sept. 6 21</i>	<i>252,267</i>	<i>Fixed tail light-plugged in</i>	<i>12-15-21</i>

I = inspection; R = repair; M = maintenance
 Note: For buses, pushout windows, emergency exits, and exit lighting must be inspected every 90 days.

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE RECORD

VEHICLE IDENTIFICATION

MAKE	<i>Mack</i>	VIN	<i>RS612LT45141</i>
MODEL YEAR	<i>1979</i>	TIRE SIZE	<i>11-22r</i>
COMPANY NUMBER	<i>Garys Garbage Services</i>		
	OWNER (If leased)		

INSPECTION, REPAIR, MAINTENANCE INFORMATION

I	R	M	DATE (MM/DD/YY)	MILEAGE	TYPE	NEXT DUE SERVICE (DATE OR MILEAGE)
	X	X	<i>Sept. 30</i>	<i>258,000</i>	<i>Inspection/lights/frt end</i>	<i>12-15-21</i>

I = inspection; R = repair; M = maintenance
Note: For buses, pushout windows, emergency exits, and exit lighting must be inspected every 90 days.

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE RECORD

VEHICLE IDENTIFICATION

Volvo
MAKE
1999
MODEL YEAR
4VMHCMBE7XN772278
VIN
11:22-5r
TIRE SIZE
COMPANY NUMBER
OWNER (if leased)

INSPECTION, REPAIR, MAINTENANCE INFORMATION

I	R	M	DATE (MM/DD/YY)	MILEAGE	TYPE	NEXT DUE SERVICE (DATE OR MILEAGE)
	X		9-30-21	83,000	turn signal-indicator	

I = inspection; R = repair; M = maintenance
Note: For buses, pushout windows, emergency exits, and exit lighting must be inspected every 90 days.

GARY'S GARBAGE SERVICES, LLC
PO BOX 729
IONE, WA 99139
509 442-3567

Maintenance Plan for Vehicles:

2008 Peterbilt, VIN #3BPZL00X38F718277

1988 Peterbilt, VIN #1XPZL50X3JD703495

2002 Peterbilt, VIN #1NPZL00X72D713932 / backup garbage truck – rarely used

1979 Mack, VIN #RS612LT45141 / Rarely driven

1999 Volvo, VIN #4VMHCMBE7XN772278 / Not being used

- Every day a truck is driven, the oil and anti-freeze levels are checked
- Grease trucks every week that are driven on a regular basis
- Change motor oil every 10,000 miles
- Check tires every day a truck is driven

Driver Vehicle Inspection Report

Date: 9-30-2021 Vehicle Number: 2008 peterbilt

Driver instruction: Check any defective items that were observed by or reported to you. Give details under "Remarks".

- | | |
|---|--|
| <input type="checkbox"/> Service Brakes, Parking Brakes | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Mirrors |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Coupling Devices |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Emergency Equipment |

Other: _____

Remarks: _____

Condition of the above vehicle is Satisfactory.

Driver's Signature: Gary Haupin

Above defects corrected.

Above defects need not be corrected for safe vehicle operation.

Mechanic's or carrier official's signature certifying repairs:

Gary Haupin Date: Sept. 30

Next day driver's signature:

Gary Haupin Date: Sept 30, 21

This report to be maintained for 90 days from date prepared.

Driver Vehicle Inspection Report

Date: Sept. 2021 Vehicle Number: 1988 peterbilt

Driver instruction: Check any defective items that were observed by or reported to you. Give details under "Remarks".

- | | |
|---|--|
| <input type="checkbox"/> Service Brakes, Parking Brakes | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Mirrors |
| <input checked="" type="checkbox"/> Lights | <input type="checkbox"/> Coupling Devices |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Emergency Equipment |

Other: low air pressure indicator light

Remarks: _____

Condition of the above vehicle is Satisfactory.

Driver's Signature: *Dany Karpin*

Above defects corrected.

Above defects need not be corrected for safe vehicle operation.

Mechanic's or carrier official's signature certifying repairs:

Dany Karpin Date: Sept. 30

Next day driver's signature:

Dany Karpin Date: 9-30-21

This report to be maintained for 90 days from date prepared.

Driver Vehicle Inspection Report

Date: 9-30-21 Vehicle Number: 2002 peterbilt

Driver instruction: Check any defective items that were observed by or reported to you. Give details under "Remarks".

- | | |
|---|--|
| <input type="checkbox"/> Service Brakes, Parking Brakes | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Mirrors |
| <input checked="" type="checkbox"/> Lights | <input type="checkbox"/> Coupling Devices |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Emergency Equipment |

~~DEFECT:~~ The lower turn signal light came un plugged
Remarks: So I plugged it back in

Condition of the above vehicle is Satisfactory.

Driver's Signature: Gary Karpin

Above defects corrected.

Above defects need not be corrected for safe vehicle operation.

Mechanic's or carrier official's signature certifying repairs:

Gary Karpin Date: Sept. 30

Next day driver's signature:

Gary Karpin Date: Sept. 30, 21

This report to be maintained for 90 days from date prepared.

Driver Vehicle Inspection Report

Date: Sept. 2021 Vehicle Number: 1979 mack

Driver instruction: Check any defective items that were observed by or reported to you. Give details under "Remarks".

- | | |
|--|--|
| <input checked="" type="checkbox"/> Service Brakes, Parking Brakes | <input type="checkbox"/> Windshield Wipers |
| <input checked="" type="checkbox"/> Steering | <input type="checkbox"/> Mirrors |
| <input checked="" type="checkbox"/> Lights | <input type="checkbox"/> Coupling Devices |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Emergency Equipment |

Other: _____

Remarks: The mack is at new tec getting worked on, And Inspected

Condition of the above vehicle is Satisfactory.

Driver's Signature: Gary Kaupin

Above defects corrected.

Above defects need not be corrected for safe vehicle operation.

Mechanic's or carrier official's signature certifying repairs:

Gary Kaupin Date: Oct. 21

Next day driver's signature:

Gary Kaupin Date: Oct. 21

This report to be maintained for 90 days from date prepared.

Driver Vehicle Inspection Report

Date: Sept. 2021 Vehicle Number: Volvo 1999

Driver instruction: Check any defective items that were observed by or reported to you. Give details under "Remarks".

- | | |
|---|--|
| <input type="checkbox"/> Service Brakes, Parking Brakes | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Mirrors |
| <input checked="" type="checkbox"/> Lights | <input type="checkbox"/> Coupling Devices |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Emergency Equipment |

Other:

Remarks: waiting on a part for turn signal

Condition of the above vehicle is Satisfactory.

Driver's Signature: *Jerry Bourson*

Above defects corrected.

Above defects need not be corrected for safe vehicle operation.

Mechanic's or carrier official's signature certifying repairs:

Jerry Bourson Date: 9-30-21

Next day driver's signature:

Jerry Bourson Date: 9-30-21

This report to be maintained for 90 days from date prepared.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
57959339 DATE 8-12-21	2008 Peterbilt

MOTOR CARRIER OPERATOR Garys Garbage Service	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS PO Box 729	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE JONE WA 99139	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 3BPZL00X38F71827D
VEHICLE TYPE: <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) Lawson Truck & Repair

VEHICLE COMPONENTS INSPECTED

1. BRAKE SYSTEM			6. SAFE LOADING			10. TIRES							
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM		
✓			a. Service Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Tires on any steering axle of a power unit.		
✓			b. Parking Brake System				b. Protection against shifting cargo.	✓			b. All other tires.		
✓			c. Brake Drums or Rotors	✓			c. Container securement devices on intermodal equipment.				c. Installation of speed-restricted tires unless specifically designated by motor carrier.		
✓			d. Brake Hose										
✓			e. Brake Tubing										
✓			f. Low Pressure Warning Device	✓									
	NA		g. Tractor Protection Valve										
✓			h. Air Compressor		NA								
	NA		i. Electric Brakes					✓					
	NA		j. Hydraulic Brakes					✓					
	NA		k. Vacuum Systems	✓				✓					
✓			l. Antilock Brake System	✓				✓					
✓			m. Automatic Brake Adjusters	✓				✓					
2. COUPLING DEVICES			7. STEERING MECHANISM			11. WHEELS AND RIMS							
			a. Fifth Wheels				a. Steering Wheel Free Play				a. Lock or Side Ring		
			b. Pintle Hooks				b. Steering Column				b. Wheels and Rims		
			c. Drawbar/Towbar Eye	✓			c. Front Axle Beam and All Steering Components Other Than Steering Column				c. Fasteners		
			d. Drawbar/Towbar Tongue	✓			d. Steering Gear Box				d. Welds		
			e. Safety Devices	✓			e. Pitman Arm						
			f. Saddle-Mounts	✓			f. Power Steering	✓					
3. EXHAUST SYSTEM			8. SUSPENSION			12. WINDSHIELD GLAZING							
✓			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).		
	NA		b. Bus exhaust system leaking or discharging in violation of standard.	✓			b. Spring Assembly						
✓			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	✓			c. Torque, Radius or Tracking Components						
4. FUEL SYSTEM			9. FRAME			13. WINDSHIELD WIPERS							
✓			a. Visible leak.	✓			a. Frame Members				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.		
✓			b. Fuel tank filler cap missing.	✓			b. Tire and Wheel Clearance						
✓			c. Fuel tank securely attached.	✓			c. Adjustable Axle Assemblies (Sliding Subframes)						
5. LIGHTING DEVICES											14. MOTORCOACH SEATS		
✓			All lighting devices and reflectors required by Part 393 shall be operable.		NA						Any passenger seat that is not securely fastened to the vehicle structure.		
15. OTHER			List any other condition(s) which may prevent safe operation of this vehicle.										

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

Annual Vehicle Inspection Report

Vehicle History Record	
Report Number	FLEET UNIT NUMBER
	2002 Petebit
DATE 10-8-21	

MOTOR CARRIER OPERATOR Gary's Garbage Services	INSPECTOR'S NAME (PRINT OR TYPE) Gary Mauhin
ADDRESS P.O. Box 729	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Ilone, WA 99139	VEHICLE IDENTIFICATION (✓) AND COMPLETE (✓) LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER B10562P
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) 2731 Hwy 31 Ilone, WA

VEHICLE COMPONENTS INSPECTED

ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE
1. BRAKE SYSTEM				7. STEERING MECHANISM			
a. Service Brakes	✓			a. Steering Wheel Free Play	✓		
b. Parking Brake System	✓			b. Steering Column	✓		
c. Brake Drums or Rotors	✓			c. Front axle beam and ALL steering components other than steering column	✓		
d. Brake Hose	✓			d. Steering Gear Box	✓		
e. Brake Tubing	✓			e. Pitman Arm	✓		
f. Low Pressure Warning Device	✓			f. Power Steering	✓		
g. Tractor Protection Valve	NA			g. Ball and Socket Joints	✓		
h. Air Compressor	✓			h. Tie Rods and Drag Links	✓		
i. Electric Brakes	NA			i. Nuts	✓		
j. Hydraulic Brakes	NA			j. Steering System	✓		
k. Vacuum Systems	NA			8. SUSPENSION			
2. COUPLING DEVICES	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.			
a. Fifth Wheels	NA			b. Spring Assembly	✓		
b. Pintle Hooks	NA			c. Torque, Radius, or Tracking Components	✓		
c. Drawbar/Towbar Eye	NA			9. FRAME			
d. Drawbar/Towbar Tongue	NA			a. Frame Members	✓		
e. Safety Devices	✓			b. Tire and Wheel Clearance	✓		
f. Saddle-Mounts	✓			c. Adjustable Axle Assemblies (Sliding Subframes)	NA		
3. EXHAUST SYSTEM	✓			10. TIRES			
a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	✓			a. Tires on any steering axle of a power unit.	✓		
b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2), or (3).	✓			b. All other tires.	✓		
c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	✓			11. WHEELS AND RIMS	✓		
4. FUEL SYSTEM	✓			a. Lock or Side Ring	✓		
a. Visible leak	✓			b. Wheels and Rims	✓		
b. Fuel tank filler cap missing	✓			c. Fasteners	✓		
c. Fuel tank securely attached	✓			d. Welds	✓		
5. LIGHTING DEVICES	✓			12. WINDSHIELD GLAZING	✓		
All lighting devices and reflectors required by Section 393 shall be operable.	✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).	✓		
6. SAFE LOADING	✓			13. WINDSHIELD WIPERS	✓		
a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	NA			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.	✓		
b. Protection against shifting cargo	NA			List any other condition which may prevent safe operation of this vehicle.			

Instructions: Mark column entries to verify inspection: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, REPAIRED DATE.
 CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

Annual Vehicle Inspection Report

Vehicle History Record	
Report Number	FLEET UNIT NUMBER
	1988 Petebilt
DATE	10-8-21

MOTOR CARRIER OPERATOR Gary's Garbage Services	INSPECTOR'S NAME (PRINT OR TYPE) Gary Maupin
ADDRESS P.O. Box 729	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Ilwaco, WA 99139	VEHICLE IDENTIFICATION (✓) AND COMPLETE LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER C98228C
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) 2731 Hwy 91, Ilwaco, WA

VEHICLE COMPONENTS INSPECTED

ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE
1. BRAKE SYSTEM				7. STEERING MECHANISM	✓		
a. Service Brakes	✓			a. Steering Wheel Free Play	✓		
b. Parking Brake System	✓			b. Steering Column	✓		
c. Brake Drums or Rotors	✓			c. Front axle beam and ALL steering components other than steering column	✓		
d. Brake Hose	✓			d. Steering Gear Box	✓		
e. Brake Tubing	✓			e. Pitman Arm	✓		
f. Low Pressure Warning Device	✓			f. Power Steering	✓		
g. Tractor Protection Valve	✓			g. Ball and Socket Joints	✓		
h. Air Compressor	✓			h. Tie Rods and Drag Links	✓		
i. Electric Brakes	N/A			i. Nuts	✓		
j. Hydraulic Brakes	N/A			j. Steering System	✓		
k. Vacuum Systems	N/A			8. SUSPENSION	✓		
2. COUPLING DEVICES	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	✓		
a. Fifth Wheels	N/A			b. Spring Assembly	✓		
b. Pintle Hooks	N/A			c. Torque, Radius, or Tracking Components	✓		
c. Drawbar/Towbar Eye	N/A			9. FRAME	✓		
d. Drawbar/Towbar Tongue	N/A			a. Frame Members	✓		
e. Safety Devices	N/A			b. Tire and Wheel Clearance	✓		
f. Saddle-Mounts	N/A			c. Adjustable Axle Assemblies (Sliding Subframes)	N/A		
3. EXHAUST SYSTEM	✓			10. TIRES	✓		
a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	✓			a. Tires on any steering axle of a power unit.	✓		
b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2), or (3).	✓			b. All other tires.	✓		
c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	✓			11. WHEELS AND RIMS	✓		
4. FUEL SYSTEM	✓			a. Lock or Side Ring	N/A		
a. Visible leak	✓			b. Wheels and Rims	✓		
b. Fuel tank filler cap missing	✓			c. Fasteners	✓		
c. Fuel tank securely attached	✓			d. Welds	✓		
5. LIGHTING DEVICES	✓			12. WINDSHIELD GLAZING	✓		
All lighting devices and reflectors required by Section 393 shall be operable.	✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).	✓		
6. SAFE LOADING	✓			13. WINDSHIELD WIPERS	✓		
a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.	✓		
b. Protection against shifting cargo	✓			List any other condition which may prevent safe operation of this vehicle.			

Instructions: Mark column entries to verify inspection: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, REPAIRED DATE.
 CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

Annual Vehicle Inspection Report

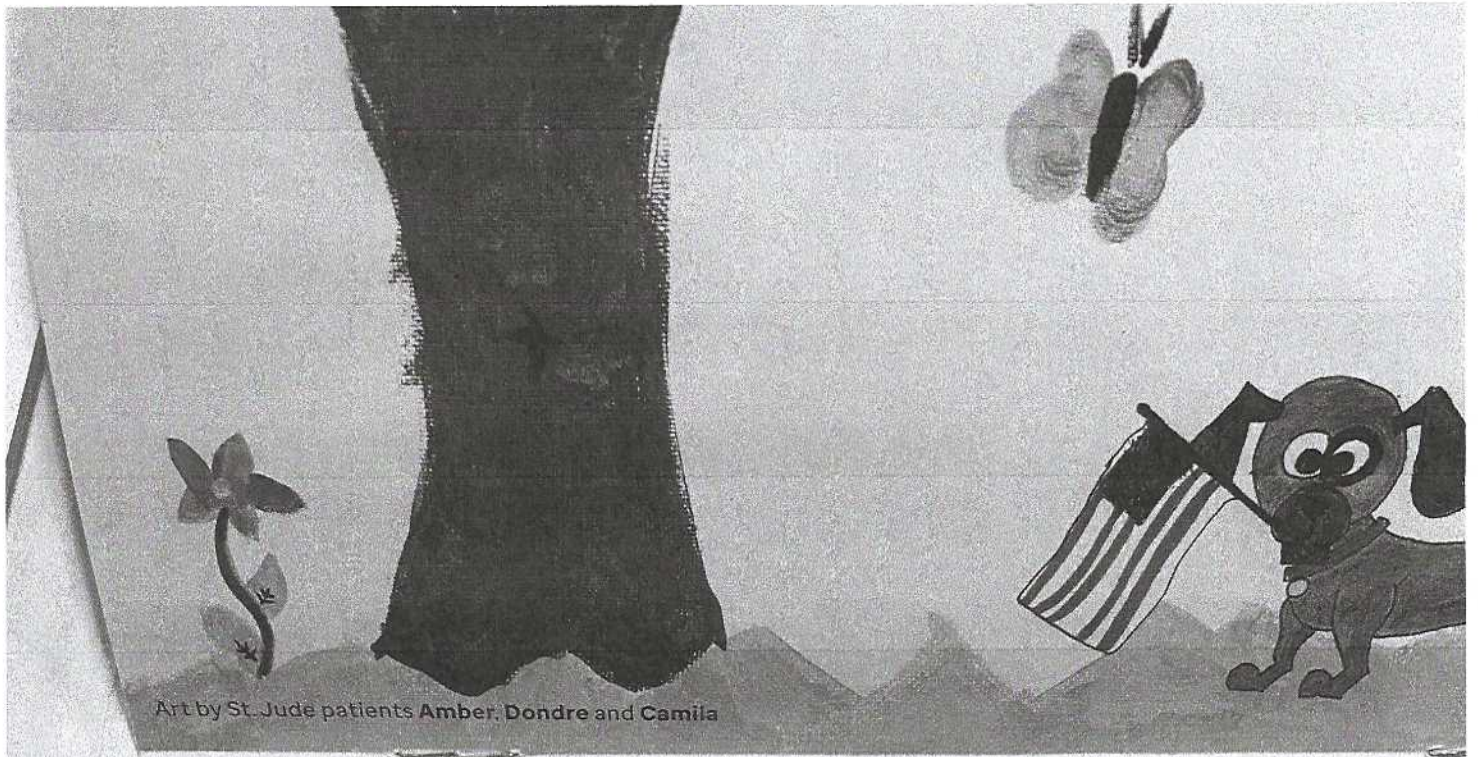
Vehicle History Record	
Report Number	FLEET UNIT NUMBER
	1999 Volvo
DATE	10-12-21

MOTOR CARRIER OPERATOR <i>Gary Haugin</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>Gary Haugin</i>
ADDRESS <i>2731 Hwy 31</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Ione Wa. 99139</i>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>4VMHCMBE7XN772-278</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) <i>Gary's Garbage Services LLC</i>

VEHICLE COMPONENTS INSPECTED

ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE
1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>		
a. Service Brakes	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>		
b. Parking Brake System	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>		
c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Front axle beam and ALL steering components other than steering column	<input checked="" type="checkbox"/>		
d. Brake Hose	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>		
e. Brake Tubing	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>		
f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>		
g. Tractor Protection Valve	<i>NA</i>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>		
h. Air Compressor	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>		
i. Electric Brakes	<i>NA</i>			i. Nuts	<input checked="" type="checkbox"/>		
j. Hydraulic Brakes	<i>NA</i>			j. Steering System	<input checked="" type="checkbox"/>		
k. Vacuum Systems	<input checked="" type="checkbox"/>			8. SUSPENSION			
2. COUPLING DEVICES	<i>NA</i>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>		
a. Fifth Wheels	<i>NA</i>			b. Spring Assembly	<input checked="" type="checkbox"/>		
b. Pintle Hooks	<i>NA</i>			c. Torque, Radius, or Tracking Components	<input checked="" type="checkbox"/>		
c. Drawbar/Towbar Eye	<i>NA</i>			9. FRAME			
d. Drawbar/Towbar Tongue	<i>NA</i>			a. Frame Members	<input checked="" type="checkbox"/>		
e. Safety Devices	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>		
f. Saddle-Mounts	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<i>NA</i>		
3. EXHAUST SYSTEM				10. TIRES			
a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.	<i>NA</i>		
b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2), or (3).	<i>NA</i>			b. All other tires.	<input checked="" type="checkbox"/>		
c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS			
4. FUEL SYSTEM				a. Lock or Side Ring	<i>NA</i>		
a. Visible leak	<input checked="" type="checkbox"/>			b. Wheels and Rims	<input checked="" type="checkbox"/>		
b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			c. Fasteners	<input checked="" type="checkbox"/>		
c. Fuel tank securely attached	<input checked="" type="checkbox"/>			d. Welds	<input checked="" type="checkbox"/>		
5. LIGHTING DEVICES				12. WINDSHIELD GLAZING			
All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>		<i>10/12</i>	Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).	<input checked="" type="checkbox"/>		
6. SAFE LOADING				13. WINDSHIELD WIPERS			
a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.	<input checked="" type="checkbox"/>		
b. Protection against shifting cargo	<i>NA</i>			List any other condition which may prevent safe operation of this vehicle.			

Instructions: Mark column entries to verify inspection: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE.
 CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.



Art by St. Jude patients Amber, Dondre and Camila

July

To read more about who you're

Sunday

Monday

Tuesday

Thursday

JUNE 2022

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

AUGUST 2022

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

3	4  Independence Day	5	6	7
10	11	12 Rose Marie Thomas' Death (2000)	13	14
17	18 Annual Truck Inspections	19	20	21
24 Parents' Day	25	26	27	28
31				

Finding cures. Saving children.®

APPLICATION FOR EMPLOYMENT

COMPANY Gary's Garbage STREET ADDRESS 2731 Hwy 31

CITY, STATE AND ZIP CODE Tone Wa. 99139

APPLICANT'S NAME Gary Wayne Maupin
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS 2731 Hwy 31 Tone Wa. 99139 HOW LONG? 35 years
(Street) (City) (State and Zip Code)

DATE OF BIRTH 04/05/61 PHONE 509-442-3567 SOCIAL SECURITY NO. **4b**

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	<u>Same as above</u>			<u>35 years</u>
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	<u>Wa.</u>	4b	<u>class A/NTank</u>	<u>04-05-2025</u>

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	<u>van, Tank flat</u>	<u>05-01-2013</u>	<u>Oct. 6 2021</u>	<u>97 less 100,000 miles</u>
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
<u>none</u>	<u>none</u>	<u>none</u>	<u>none</u>

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
none	none	none	none

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO X
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO X

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME Garys Garbage

ADDRESS 2731 Hwy 31

POSITION HELD Garbage Truck FROM 05/01/13 TO oct 6, 2021 SALARY _____

REASON FOR LEAVING still working

Subject to Federal Motor Carrier Safety Regulations: YES X NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES X NO _____

SECOND LAST EMPLOYER NAME Teck Washington

ADDRESS 1382 Pand Oreille Mine Rd, Metaline Falls, WA

POSITION HELD Mechanic FROM 2006 TO 2016 SALARY _____

REASON FOR LEAVING work for Garys Garbage Services

Subject to Federal Motor Carrier Safety Regulations: YES X NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES X NO _____

THIRD LAST EMPLOYER NAME Seattle City Light

ADDRESS Boundary Powerhouse, Metaline Falls, WA

POSITION HELD Hydro I FROM 1996 TO 2003 SALARY 18,24

REASON FOR LEAVING Job ended

Subject to Federal Motor Carrier Safety Regulations: YES X NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES X NO _____

TO BE READ AND SIGNED BY APPLICANT

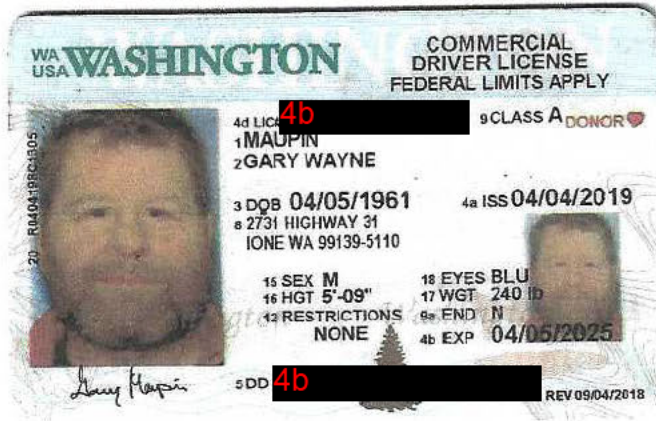
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

10-6-21
(Date)

Gary Plausin
(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)



Form MCSA-5875 OMB No. 2126-0006 Expiration Date: 8/31/2018

Public Burden Statement:
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information if it does not display this current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue SE, Washington, DC 20020.

U.S. Department of Transportation
 Federal Motor Carrier Safety Administration

Medical Examiner's Certificate
 for Commercial Driver's License Certificate

I certify that I have examined Last Name: Maupin First Name: Gary in accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 12/30/21

Medical Examiner's Signature: Kevin J. Sullivan Medical Examiner's Telephone Number: 602-447-3514 Date Certificate Signed: 3/23/21
 Medical Examiner's Name (please print or type): Kevin J. Sullivan
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify) _____
 Medical Examiner's State License, Certificate, or Registration Number: PA 657116898 Issuing State: WA National Registry Number: 8086549262

Driver's Signature: Gary Maupin Driver's License Number: 4b Issuing State/Province: WA
 Driver's Address: 2731 Hwy 31 City: Fare State/Province: WA Zip Code: 99139 CLP/CDL Applicant/Holder: Yes No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Verified - Kevin Sullivan is on the
 National Registry of Medical Examiners
 #8086549262

Driver Information Address Information License and ID Details

<p>DLN: 4b Last: MAUPIN First: GARY Middle: WAYNE Suffix: DOB: 04/05/1961 Gender: M</p>	<p>Address on file</p>	<p>Personal Driver License: Status: Licensed Issue: Expire: Original issue:</p> <p>CDL Class A: Status: Licensed Type: Renewal Issue: 04/04/2019 Expire: 04/05/2025 Original issue: 04/20/2000 Eligibility date: 04/06/2025 Self-certification: Non-Excepted Interstate Self-certification date: 03/13/2013 Medical certification: Pending downgrade Medical certification date: 10/07/2020 Downgraded: 10/08/2021</p>
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Restrictions			Endorsements	
Description	Lic type	Code	Description	Code
No restrictions			Tank Vehicle	N

Reinstatements

Requirement
No requirements

Document History

Type	Issue	Expire	DLN	Issue type	Current Document
CDL Class A	04/04/2019	04/05/2025	4b	Renewal	Yes
CDL Class A	02/28/2014	04/05/2019		Renewal	No

DLN History

DLN	Start	End
4b	04/04/2019	07/30/2004
		04/04/2019

CDL Medical Certification and Waiver Information

Issue date: 10/07/2020	Examiner name: KEVIN SULLIVAN	License/certification #: PA60716898
Expiration date: 10/07/2021	Examiner telephone: 5094423574	Issuing state: WA
	Medical specialty: Physicians Assistant	National registry #: 8086549262

INSPECTOR QUALIFICATIONS - Certification - 49 CFR - Part 396.19

Motor carriers are responsible for ensuring that individuals performing an annual inspection under 396.19 are qualified as follows:

- Understands the inspection criteria set forth in Part 393 and Appendix G, and can identify defective components.
Is knowledgeable of and has mastered the methods, procedures, tools, and equipment used when performing an inspection.
Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

1. Successfully completed a State or Federal training program, or has a certificate from a State or Canadian Province that qualifies the person to perform commercial vehicle safety inspection. Specify: Spokane Community College 2 years

2. Have a combination of training or experience totaling at least one year as follows (check all that apply):

A. Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance. Where and date:

B. years experience as a mechanic or inspection in a motor carrier maintenance program. Name and date:

C. 10 years experience as a mechanic or inspection in truck maintenance at a commercial garage, fleet leasing company, or similar facility. Name of facility and dates:

Teck Washington

D. years experience as a commercial vehicle inspector for a State, Provincial, or Federal Government. Where and dates:

I certify the above information is true and accurate to the best of my knowledge.

Signature of Mechanic/Inspector Gary Haupin Date 8-15-21

Signature of Motor Carrier/ Company Employer/Supervisor Gary Haupin Date 8-15-21

Evidence of Inspector qualification are on file at: 2731 Hwy 31, Ione, WA

Gary's Garbage Services

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: Maupin FIRST NAME: Gary MI: W (MAIDEN NAME IF APPLICABLE): _____

ADDRESS: P.O. Box 729

CITY: Tone STATE: WA ZIP: 99139

TELEPHONE (H): 509-442-3567 (CELL) _____ SPE TESTING SITE STATE: Hwy 31 & Tone

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

- Pre-trip inspection (As required by Sec. 392.7)
- NA Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)
- Placing the equipment in operation
- Use of the vehicle's controls and emergency equipment
- Operating the vehicle in traffic and while passing other vehicles.
- Turning the vehicle
- Braking, and slowing the vehicle by means other than braking
- Backing, and parking the vehicle.
- Other, Explain _____

Type of equipment used in giving test: PETERBILT 320 GARBAGE TRUCK 2008

Date: 2021007 (DD/MM/YYYY) EXAMINER'S NAME (PRINT) William Maupin

EXAMINER'S NAME (SIGNATURE) William Maupin

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

CERTIFICATION OF ROAD TEST

DRIVERS LAST NAME: Maupin FIRST NAME: Gary MI WA

(MAIDEN NAME IF APPLICABLE):

Social Security Number 4b

Operator's or Chauffeur's License Number: 4b

State of Issuance: WA

Type of Power Unit: Truck - Peterbilt 320 2008

Type of Trailer(s):

If Passenger carrier, type of Bus:

This is to certify that the above-named driver completed a road test under my supervision on 01/12/2021 (DD/MM/YYYY) consisting of approximately: 20 miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): WILLIAM MAUPIN

Examiner's Name (Signature): William Maupin

Title: OWNER OF WILL MAUPIN TRUCKING

State Test Site: HWY 31 AND IONE WA

Organization and Address of Examiner: WILL MAUPIN TRUCKING 23672 LE CLERC RD N IONE WA 99139

BRAKE INSPECTION QUALIFICATIONS

Certification – 49 CFR – Part 396.25

“Brake Inspector” means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier’s control, meet the applicable Federal standards.

No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service, or repairs of any brakes on its commercial motor vehicles.

Minimum Qualifications

- Understands and can perform brake service and inspection.
- Is knowledgeable of and has mastered the methods, procedures, tools, and equipment necessary to perform brake service and inspection.
- Is capable of performing brake service or inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):
 1. Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, a Federal agency, or labor union, or has a certificate from a State or Canadian Province that qualifies the person to perform brake service or inspections. Specify:
Diploma from Spokane Community College for Diesel/Heavy Duty Equipment
 2. Has brake-related training or experience or both, totaling at least one year as follows):
 - A. Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program. Where and date:

 - B. 2 years experience performing brake maintenance or inspection in a motor carrier maintenance program. Name and date:
Spokane Community 2 years
 - C. _____ years experience performing brake maintenance or inspection at a commercial garage, fleet leasing company, or similar facility. Name of facility and dates:

I certify the above information is true and accurate to the best of my knowledge.

Signature of Mechanic/Inspector Gary Harpin Date 8-15-21

Signature of Motor Carrier/ Company Employer/Supervisor Gary Harpin Date 8-15-21

Evidence of Inspector qualifications are on file at: 2731 Hwy 31, Tione, WA

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

Maupin, Gary W. DRIVER NAME - LAST, FIRST, MI 4b SOCIAL SECURITY NUMBER 4-1-13 DATE OF EMPLOYMENT
2731 Hwy 31, Ione, WA 4b DRIVER'S LICENSE NUMBER STATE 4/5/25 EXPIRATION DATE

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in the past 12 months.

Table with 4 columns: DATE, OFFENSE, LOCATION, TYPE OF VEHICLE OPERATED. The table is currently empty.

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

10/4/21 DATE Gary Maupin DRIVER'S SIGNATURE

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete information below.

I have reviewed the driving record of the above-named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
Is disqualified to drive a motor vehicle pursuant to Section 391.15 Actions taken with driver:

Empty rectangular box for reviewer information.

Gary's Garbage Services, LLC MOTOR CARRIER NAME P.O. Box 729, Ione, WA 99139 MOTOR CARRIER ADDRESS

LSusan Maupin REVIEWER PRINTED NAME LSusan Maupin REVIEWER SIGNATURE Bookkeeper/owner TITLE 10-4-21 DATE OF REVIEW