

Assignment Report

Motor Carrier Safety

17. Vehicle Inspection Data:

	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type	Carrier Type
Inspections								
Defective Vehicles								
OOS Vehicles								
Level								

18. 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											
Comments:											

19. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Driver's License
Comment:			

20. Relevant Carrier History:

21. Findings:

No serious violations discovered, recommend for permanent authority.

22. Recommended Action:

No further action.

Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.

Require the company to submit a compliance plan in response to the 15-day letter requirement.

Recheck – Safety Investigation (Date: Select Date)

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- Revisit to recheck a specific issue (Date: Select Date)
- Send the company a compliance letter. Require a response: Yes No
- Issue Administrative penalties in the amount of: \$ _____
- Issue a complaint.
- Stop company operations.

23. 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% higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain):

23. Additional Comments:

Investigator's Signature: _____



Date: 2/26/2015

OFFICE USE ONLY

Initial Review By: _____ Date: _____

Initial Reviewer's Recommendation: Safety Rating is Satisfactory.
Carrier had one minor record keeping violation - Forward
To Licensing for permanent authority

Final Review By: Pratt Date: 3/2/15

Final Reviewer's Recommendation: AGREE WITH RECOMMENDATION
CLOSE & FILE

* OK to issue perm authority.

Internal Processing

Date Closed: 3/3/15 By: Jim Martin

Company Name: A Better Company

Assignment #: 115010 Staff Assigned: Robinson & Foster