TE-080977



## Completed Activity Report Motor Carrier Safety

Upload? Yes X No	
1. Investigator(s):Alan Dickson	2. Assignment No.: 108128
3. Current Date: <u>6-17-08</u>	4. Date of Activity: 6-17-08
5. Carrier Name: Global Services LLC	
6. Permit: Docket # 080977	7. MOTCAR No.: 1) 5089
8. DOT No.:	9. MC No.:
<ul> <li>10. Destination Check Only:</li> <li>Attach a copy of the Destination Check Sat</li> <li>Number of buses inspected: # of 9-15 pas</li> <li>Number of vehicle inspections: Level 1</li> <li>Describe any special emphasis placed on the</li> </ul>	senger # of 16+ passenger Level 5 Level 5
<ul> <li>Date of debriefing meeting:</li> <li>What might we do differently to increase or</li> </ul>	our success at the next destination check:
<ul> <li>Did staff complete all of the elements of the</li> <li>If not, explain why:</li> </ul>	ne Destination Check Safety Plan? Yes No
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11.	Safety Complaint Only:
	Attach a copy of the Individual Safety Complaint Plan.
	What activity did staff complete for this safety complaint:
	Compliance review
	Technical assistance
	Number of vehicle inspections: Level 1 Level 2 Level 5
	Unannounced CR
	Other (please explain):
	Other (piease explain).
	Did staff meet the performance measures for the Individual Safety Plan? Yes No
	Did start meet the performance measures for the marvietan surely 1 min.
-	If not, explain why:
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12	. New Entrant only - Charter, Auto Transportation:
-	Attach a copy of the New Entrant Carrier Safety Plan.
	Is this carrier referred by FMCSA, operating intra and interstate:  Yes No
	♦ Did staff inspect all vehicles between three and nine months: Yes ☐ No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
	◆ Did staff conduct a CR/SA between three and nine months: ☐ Yes ☐ No ☐ CR ☐ SA
	Is this carrier based in another state, requesting intrastate authority: Yes No
	♦ Did staff inspect all vehicles between three and nine months:  Yes No
	♦ Number of vehicle inspections: Level 1 Level 2 Level 5
_	Is this carrier based in Washington, requesting intrastate authority: Yes No
	15 tills carrier based in washington, requesting matabases are and the carrier based in washington,
	A Diff 2001 Hi20ccf Wi Aciticica activation minds with instrument
	◆ Number of vehicle inspections: Level 1 Level 2 Level 5
i	◆ Did staff conduct a CR/SA between three and nine months. ☐ Yes ☐ No ☐ CR ☐ SA

13. New Entrant only – <i>HHG</i> :	1
Attach a copy of the New Entrant Carrier Safety Plan.	
Is this carrier referred by FMCSA, operating intra and interstate:  Yes No	-
♦ Did staff inspect all vehicles between three and eighteen months: Yes No	
Number of vehicle inspections: Level 1 Level 2 Level 5	
◆ Did staff conduct a CR/SA between three and eighteen months: ☐ Yes ☐ No ☐ CR ☐ SA	
The stail college a Civisa between the distribution months.	1
- Is this carrier based in another state, requesting metabase and another state, requesting	
• 17(1) State this pect an venteres between these and organization	
♦ Number of vehicle inspections: Level 1 Level 2 Level 5	
■ Is this carrier based in Washington, requesting intrastate authority: Yes No	
♦ Did staff inspect all vehicles between three and eighteen months: Yes No	-
♦ Number of vehicle inspections: Level 1 Level 2 Level 5	
◆ Did staff conduct a CR/SA between three and eighteen months: ☐ Yes ☐ No ☐ CR ☐ SA	
♦ Did staff conduct technical assistance within three months: Yes No	
▼ Did stail conduct technical assistance within the monature.	
14. ☐ Individual Safety Plan Only:  Attach a copy of the Individual Carrier Safety Plan.  What activity did staff complete for this safety complaint:  ☐ Compliance review ☐ Technical assistance ☐ Number of vehicle inspections: Level 1 Level 2 Level 5 ☐ Unannounced CR ☐ Other (please explain):	
■ Did staff meet the performance measures for the Individual Safety Plan? ☐ Yes ☐ No	
■ If not, explain why:	
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1.5 X7 A 11	Other Aggigmments:					
	Other Assignments: of Activity:				•	
- Type (	Compliance review					
·	Safety audit		•			
	Technical assistance					1
X	Number of vehicle insp	ections: Le	evel 1 _1 Level 2	Leve	el 5	
Ţ <u>.</u>	Unannounced CR		-			
	Complaint (other than	safety)				
X	Other (please explain):	Vehicle ir	spection for charter hus	application	1	İ
	Create (France of L.		•			
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<ul> <li>Descri</li> </ul>	ibe how the performance	e measures	from the safety plan we	re or were n	ot met:	
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16. 🔲 Co	ompliance Review Data:		· .			
	Rating: Satisfa		Unsatisfactory		Conditional	
	er of vehicles operated:		_			
	per of drivers operated:		•			
	miles for prior year:		-			
	dable accidents for prior	r year: —	<u> </u>			
<ul><li>Accid</li></ul>	ent Ratio:					
		- <u></u>				
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17. 🔲 Pa	rt B Violations:			·		
Part	Violations	Part	Violations	Part	Violations	
382/40		383		387		
200		201	,	392	1	1

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

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21. Findings: Level 1 inspection of the minibus checked free of defects and a CVSA safety sticker was issued. The safety manual was provided and reviewed with the owner/driver.

22. Recommended Action:
No further action.
X Notify the company in writing of the findings by providing a copy of the CR, vehicle inspection
report, safety audit or other similar document.
Require the company to submit a compliance plan in response to the 15-day letter requirement.
Send the company a compliance letter. Require a response: Yes No
Issue administrative penalties in the amount of \$
Issue a complaint.
Stop company operations.
23. Recheck: Yes (Date:) X No
24. Is this carrier considered a high risk carrier as a result of this activity?
Carrier accident ratio is higher than aggregate ratio.
Carrier received a conditional rating at the last compliance review.
Carrier received an unsatisfactory rating at the last compliance review.
Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
Carrier had a defect ratio 75% or higher at the last vehicle inspection.
Carrier received more than one conditional or unsatisfactory compliance review rating in more
than one of the last four compliance reviews (or less than four if four are not completed).
Other (please explain):
25. Additional Comments: I would recommend this company be considered for issuance of a charter bus
certificate. Forward to licensing services for processing.
Investigator's signature: Alan Ockson
investigator's signature.
Initial review by: Date: 6-20-08
milital review by. <u>2- 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>
Reviewer's recommendation: 10200 124 Alice Commendation:
Taylee With Change Tecommencer 3 52 3
Reviewer's recommendation: I agree with a bis- recommendation: -  (ON S' deration for issuance of a Charter Bus Cortificate.
Final review by: KANAHW Date: (0-20-0)
Final review by: KYMWW Date: Date:
Projection (5 MHHLC) - Mar and HIC
Reviewer's recommendation:
- I trante

Washington State Patrot UTC

Special Project 08128

## UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225348

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