



UTILITIES AND TRANSPORTATION COMMISSION

Licensing

Completed Activity Report Motor Carrier Safety

Upload? Yes No

1. Investigator(s): Ray Gardner J577

2. Assignment No.: 110038

3. Current Date: 2/25/10

4. Date of Activity: 2/23/10

5. Carrier Name: Team Forks LLC

6. Permit: N/A 7. If new entrant, date of temporary authority _____

8. MOTCAR No.: 1D 5823

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

10. Industry Code: 232

11. DOT No.: _____

12. MC No.: _____

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 1
 - ◆ 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. **Compliance Review Data:**

- Safety Rating: Satisfactory Unsatisfactory Conditional
- Number of vehicles operated: _____
- Number of drivers operated: _____
- Total miles for prior year: _____
- Recordable accidents for prior year: _____
- Accident Ratio: _____

19. Part B Violations:

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

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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		1									
Defective Vehicles		0									
OOS Vehicles		0									
Location											
Level		5									

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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											

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22. Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

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23. Relevant carrier history, if any: Team Forks is a new applicant for Charter Authority. This assignment was to inspect the one coach that they will be offering for service and provide technical assistance.

24. Findings: The one vehicle that the company plans on using for their operation was given a Level 5 CVSA safety inspection. No violations were found during the inspection.

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: September 2010)
 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: This carrier was provided with technical assistance and provided with a current copy of the How to Achieve a Satisfactory Safety Audit. The carrier was informed of all of the requirements that cover their operation. Technical assistance was provided on License requirements for a 14 passenger coach. Hours of service regulations were discussed, Inspection criteria was covered as far as Pre and Post trip inspections, Preventive maintenance requirements, and Annual vehicle inspection requirements. Also covered was that the driver even though not needing to have a CDL he does have a current CDL and plans to keep it, so the company was informed that they would be required to implement a drug and alcohol program and meet all of the requirements. They were informed that all drivers of the coach since it does meet the definition of a commercial motor vehicle that all drivers would be required to have a current medical card. I would recommend that a Compliance Review be completed in September 2010. I would recommend that this carrier be granted their authority.

Investigator's signature:

Ray Gardner

Initial review by:

~~Ray Gardner~~

Date:

2-26-10

Reviewer's recommendation:

I agree with recommendations
Recommend granting Authority - close: file

Final review by:

Donath

Date:

2/26/10

Reviewer's recommendation:

Agree with recommendations

- Was the tech assistance checklist used? Should it have been?
Close & file.

Date closed:

3/1/10

By:

CAU

cc:

Ray Gardner
Licensing

Company name

Team Forks LLC

Assignment #

110038

Staff Assigned

Ray Gardner

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1293270

PERSONNEL NO. J577	DIST / DET H/q	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X
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GENERAL			HAZARDOUS MATERIALS		
DATE 2 23 10	TIME (MILITARY) BEGUN 12:00	TIME (MILITARY) FINISHED 12:30	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP Forks OUTLETTERS		SCALEHOUSE NO. CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N
			CARGO TANKS? Y N		

CARRIER

CARRIER NAME (Include DBA when applicable)
TEAM FORKS LLC

ADDRESS
1512 COLE LOOP SE

CITY PORT ORCHARD	STATE WA	ZIP CODE 98366	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO.	ICC NO.
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DRIVER

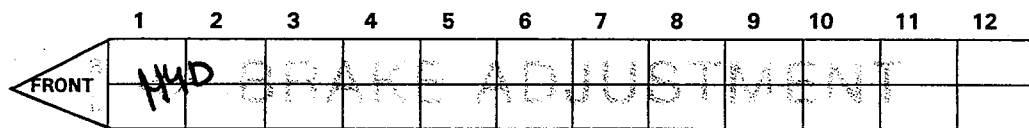
DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR
/		/	/
DATE OF BIRTH	MED. CERT Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.
/ /	/	/	/

VEHICLE

REGISTERED OWNER NAME/ADDRESS
SAME



G.V.W. **14 PASS** PBT RATE

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	BU	2001 FORD	1	431ZPC / 1HA 40634	WA
2					
3					
4					



CFR	VIOLATIONS					D	1	2	3	4	Unit # O/S	Complied

NO VIOLATIONS FOUND

CVSA DECALS UNIT 1 12159686	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
DRIVER SIGNATURE  OFFICER SIGNATURE 				

____ Vehicle may not be operated until O/S defects noted above are repaired.
 ____ Driver may not drive until in compliance.