



TE-121512 *[Signature]*

# Completed Activity Report Motor Carrier Safety

Upload?  Yes  No

1. Investigator(s): Richard Smith 2. Assignment No.: 112160

3. Current Date: 10-03-2012 4. Date of Activity: 10-03-2012

5. Carrier Name: Blue Ski Outfitters Inc

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

8. MOTCAR No.: \_\_\_\_\_ 9. Carrier is:  Intrastate Only  
 Interstate Only  
 Both Intra and Interstate

10. Industry Code: 232

11. DOT No.: 2342545 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): \_\_\_\_\_

*[Signature]*

\_\_\_\_\_

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 3
  - ◆ 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	

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		T									
Level		5									

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											

22.  Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License

23. Relevant carrier history, if any: New Entrant vehicle inspections for authority.

24. Findings: One 2003 Ford Econoline 350 Van capable of holding 15 passengers was fully inspected using CVSA inspection level 5 standards and found to be free of any defects or violations. A CVSA decal was issued to the vehicle. I met with safety manager and company owner Brad Sarver and provided extensive education and technical assistance consisting of 3.5 hours. I issued to Mr. Sarver the UTC manual "Your Guide to Achieving a Satisfactory Safety Record". Each page of the manual was reviewed with Mr. Sarver.

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: \_\_\_\_\_ )
- 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: I recommend authority be granted to this carrier. Close and file.

Investigator's signature: Richard Smith 

Initial review by: *DM* Date: 10/8/12

Reviewer's recommendation: Agree with recommendation

OK to issue authority.

Final review by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's recommendation: \_\_\_\_\_

Date closed: \_\_\_\_\_ By: \_\_\_\_\_  
cc: \_\_\_\_\_

Company name \_\_\_\_\_ Assignment # \_\_\_\_\_

Staff Assigned \_\_\_\_\_



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.0.10



Utilities and Transportation Commission  
1300 S. Evergreen Park Dr. SW  
Olympia, WA 98504-7250  
(360) 664-1236

Report Number: WAU001000574  
Inspection Date: 10/03/2012  
Start: 9:29:00 AM PT End: 10:18:00 AM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

BLUE SKI OUTFITTERS  
5777 EVERGREEN RD  
CASHMERE, WA 98815  
USDOT#: 02342545  
MC/MX#: 000000  
State#: PENDING  
Location: TERMINAL  
Highway:  
County: CHELAN, WA

Phone#:  
Fax#:

MilePost:  
Origin: CASHMERE, WA  
Destination: CASHMERE, WA

Driver:  
License#:  
Date of Birth:  
CoDriver:  
License#:  
Date of Birth:  
Shipper:  
Bill of Lading:  
Cargo:

State:  
State:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	BU	FORD	2003	WA	AIP4818	1	1FDWE35S93HA54129	8,500		17971676	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:  
SMITH, RICHARD

Badge #:  
J580

Copy Received By:

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