



Assignment Report Motor Carrier Safety

Upload? X Yes [ ] No - Reason For Not Uploading: Aspen inspection reports

1. Investigator(s): Alan Dickson 2. Assignment No.: 114004

3. Current Date: 1/24/14 4. Date of Activity: 1/22-23/2014

5. Carrier Name: Employee Transportation Services LLC

6. Permit: 7. New Entrant date of authority:

8. MOTCAR No.: 9. Carrier is: X Intrastate Only [ ] Interstate Only [ ] Intra and Interstate

10. Industry Code: 232 11. USDOT No.: 2461020 12. MC No.:

13. [ ] Destination Check

Form for Destination Check with fields for safety plan, inspection counts, and special emphasis.

14. [ ] Safety Complaint

Form for Safety Complaint with fields for complaint type and inspection levels.

15. [ ] New Entrant - Charter, Auto Transportation

Form for New Entrant with multiple yes/no questions regarding carrier status and inspections.

16.  **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17.  **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile is;</b>
<input type="checkbox"/> Unsafe Driving _____ %
<input type="checkbox"/> Fatigued Driving (HOS) _____ %
<input type="checkbox"/> Crash _____ %
<input type="checkbox"/> Driver Fitness _____ %
<input type="checkbox"/> Drug/Alcohol _____ %
<input type="checkbox"/> Vehicle Maintenance _____ %

18.  **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19.  **Safety Investigation:**

**Safety Audit:**

▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
▪ Number of vehicles operated: _____
▪ Number of drivers operated: _____
▪ Total miles for prior year: _____
▪ Recordable accidents for prior year: _____
▪ Accident Ratio: _____

20.  **Part B Violations:**

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

21.  **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			10								
Defective Vehicles			1								
OOS Vehicles			0								
Level			5								

22.  **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			1								
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

This charter bus applicant is a new company formed to provide employee transportation at the Boeing Company manufacturing plants in Everett and Renton, Washington. The applicant has entered into contracts with Boeing to transport employees from the adjacent vehicle parking lots to various work locations inside the Boeing Everett and Renton aircraft plants.

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**25. Findings:**

I inspected a total of ten minibuses on January 23-24, 2014 at the proposed terminals for ETS in Everett and Renton. One minor lighting defect was noted, an inoperable identification light. All ten buses were issued a CVSA safety sticker. The applicant's certified mechanic stated he would repair the defective light and send in the vehicle inspection report to the WSP for compliance within 15 days.

The applicant submitted current annual (periodic) vehicle inspections for the eight buses that were not available for inspection during the time of the inspection. Copies of these annual inspections are attached showing compliance with the safety regulations.

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**26. 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: \_\_\_\_\_ )
- Revisit to recheck a specific issue (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.

**27. 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 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): \_\_\_\_\_

**28. Additional Comments:** I provided technical assistance to the management personnel on January 23, 2014, Ms. Molly Jones, general manager and Mr. Michael Carter, operations manager. The safety manual was handed and the regulations were reviewed with the managers.

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Forward to licensing services for certificate processing.

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Investigator's Signature: Alan Dickson

Initial Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Recommendation: \_\_\_\_\_

Final Review By: Pratt Date: 1/28/14

Reviewer's Recommendation:

agree with recommendations  
OK to issue authority.

**OFFICE USE ONLY**

Date Closed: 1/28/2014 By: Lindsay Martin

Company Name: Employee Transportation Services LLC

Assignment #: 114004

Staff Assigned: Alan Dickson