



March 22, 2022

Sent via Email: records@utc.wa.gov; cortney.wagner@utc.wa.gov

Rayne Pearson
Director, Administrative Law Division
Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250.

Received
Records Management
03/22/22 12:39
State Of WASH.
UTIL. AND TRANSP.
COMMISSION

Re: PENALTY ASSESSMENT: TH-220108

Mr. Pearson,

We received and reviewed penalty assessment TH-220108 on March 8th, 2022. We are disappointed to report that the violations appear to be accurate. We ask that that commission reduce the penalty amount of \$26,800.00 based on our corrective actions.

We admit that a very small number of drivers were allowed to work pending the scheduling of medical certification re-evaluations. We have had a very difficult time securing medical evaluation dates in a timely manner. Removing drivers from safety-sensitive positions pending the medical evaluation date creates a financial hardship for the drivers and potentially impacts our ability to serve our customers. While these drivers had gaps in medical certification dates, all drivers received medical certifications. I have inserted copies of these medical certifications to this letter (Note: Jacob Higgins has resigned from employment).

In response to the violations and issues with scheduling medical certifications, we have taken proactive steps to ensure these violations will not occur in the future. To confirm we are allotted sufficient time to schedule medical certification appointments, we are now attempting to schedule re-certification examinations 90 days in advance of expiration. We are informing drivers upfront that if they fail to show to the certification examination, they will be removed from any safety-sensitive position pending the resolution of the expired medical certification. Our operations staff now removes all drivers with expired medical certifications from safety-sensitive positions until they have a valid and active medical certification.

If you wish to discuss this matter further, please contact me at your convenience.

Thank you,

A handwritten signature in black ink, appearing to read 'Mark Knickerbocker'.

Mark Knickerbocker, AIC, AINS, AIS
Senior Director, Safety & Risk Management
Hallcon Corporation
O:(913)890-6195
M:(913)317-6042
mknickerbocker@hallcon.com



DOT Medical Examiner Letter to Clinician: Sleep Apnea

Date: JAN 12 2022
Driver Name: Jacob Higgins DOB: 11-7-90

Dear Medical Clinician:

During a Department of Transportation (DOT) medical certification examination, the above driver was:

- Disqualified
- Given a Limited Certification expiring on: _____
- Given a Pending Determination – expires 45 days from: JAN 12 2022

The following condition(s) and/or concerns were identified: Possible or known sleep disorder.

- Known history of sleep apnea requiring documentation of treatment compliance
- Possible sleep apnea or sleep disorder based on the following risk factors:
 - Age > 42 BMI ≥ 33 Mallampati class 3 or 4 Neck circ. ≥ 17" (M), ≥ 15.5" (F)
 - BMI ≥ 40
 - Presence of comorbid conditions: Hypertension, hypothyroidism, and/or diabetes
 - Symptomatic: snoring, daytime sleepiness, witnessed apneas, etc.
 - Has fallen asleep while driving
 - Male or postmenopausal female

We request that you evaluate and treat the driver for the above condition(s). Upon completion of treatment, please complete the bottom section of this form and provide any additional documentat on requested, as follows:

- Results of sleep apnea/sleep disorder evaluation (i.e. PSG, HST, MWT, MSLT)
- Recent compliance report. Satisfactory compliance is defined at a minimum as use of CPAP for 4 or more hours per night for 70% of nights. 90 days compliance report

A summary of DOT regulations are listed below for your reference. As certified examiners for the purpose of evaluating medical fitness for driving a commercial motor vehicle, we have identified the above mentioned condition(s). However, occasionally drivers will have other medical conditions not identified by the medical history questions on the Federal Motor Carriers Safety Administration Report Form. Therefore, please provide below a complete list of all current medical conditions and all medications your patient is currently taking or has taken in the past.

Treating Clinician's Statement

Sleep Apnea Regulation summary:

DOT Standard Section 391.41(b)(5): A driver may operate a commercial motor vehicle if the driver has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely.

As the treating clinician of the above commercial driver, I am familiar with the driver's condition(s) and treatment. I have read the relevant DOT regulation(s) and guidelines; I understand that the driver is in compliance and that:

- The identified condition(s) and/or treatment should not cause sudden impairment or interfere with the driver's ability to safely operate a commercial motor vehicle.
- The following condition(s) and/or treatment have the potential to suddenly impair or interfere with the safe operation of a commercial vehicle: _____
- The driver has the following acute or chronic medical condition(s): _____

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** PERKINS **First Name:** KENNETH in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone ([49 CFR 391.62](#)) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of [49 CFR 391.64](#) (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
1/24/2023

Medical Examiner's Signature 	Medical Examiner's Telephone Number 206-575-3136	Date Certificate Signed 1/24/2022
Medical Examiner's Name (please print or type) John Murphy	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number PA10000382	Issuing State WA	National Registry Number 9914655401

Driver's Signature 	Driver's License Number WDL56178693B	Issuing State/Province WA
Driver's Address Street Address: <u>23707 13TH PL S, UNIT 1204</u> City: <u>DES MOINES</u> State/Province: <u>WA</u> Zip Code: <u>98198</u>		CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No

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