



P.O. Box 1960, Buckley, WA 98321 | Phone: 360-761-7814 | Fax: 360-829-9363

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April 10, 2017

Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250

Subject: Proposed Safety Management Plan– TN-170156

To Whom It May Concern:

The Buckley Senior Citizens would like to request that the UTC consider an upgrade to their safety rating based on corrective actions laid out in the attached Safety Management Plan.

Thank you for your time and consideration in this matter.

Sincerely,

Ellen Boyd
Recreation Services Director,
City of Buckley

Ec: File

Buckley Senior Center Transportation Safety Management Plan

Nonprofit Transportation Provider Details

Organization Name	Buckley Senior Citizens	Phone Number	360-761-7814
Organization Address	811 Main St, Buckley, WA 98321		
E-Mail	eboyd@cityofbuckley.com		
Certificate	CH000996		

Details of Persons at Workplace with Nonprofit Transportation Responsibilities

Name	Position
Ellen Boyd	Recreation Services Director
Chloe Lopez	Activities Coordinator

Current Drivers

Name	Termination Date
Burkett, Wanda	N/A
Fagerquist, Gene	N/A
Grote, Sandy	N/A
Lopez, Chloe	N/A
Reno, Arlen	N/A

Organization Mission

The purpose of this organization shall be to encourage senior citizens to enhance their dignity, support their independence, and encourage their involvement in the community through their participation in health and nutrition programs and services, and through educational, social, and recreational classes and activities. Buckley Senior Citizens strive to promote a home-like atmosphere at the Center for recreation and companionship.

Introduction

The Buckley Senior Center is open to all men and women 55 and older in the greater Buckley area. The Center had its beginnings with an informal group of senior citizens who met regularly for companionship and recreation in one of several places in downtown Buckley during the late 1960's and early 1970's. It was through the acquisition of state funding and Federal Housing and Urban Development monies administered by the Pierce County Community Development Block Grant program, the Buckley Multi-Purpose Center was built in 1979. This enabled the Buckley Senior Citizens to have an unchanging and publicly supported facility and place to meet. The group went on to attain its non-profit status in November of 1990.

In 2001 the Buckley Senior Citizens obtained a 14 passenger van to provide educational and recreational trips for individuals 55 + in the White River School District area. The van was placed into operation under the oversight of then Senior Center Director Skogen. In March, 2006 Ms. Skogen retired and was replaced by Director Jennifer Bacon. During the retirement and transfer of duties the requirement of meeting Federal guidelines related to the Center's nonprofit transportation status through the Utilities and Transportation Commission was not relayed to Ms. Bacon. Because Ms. Bacon had no knowledge of the Federal requirements this information was not passed down to Ms. Boyd when she was hired on to replace Ms. Bacon in August of 2011. Had the Senior Center had knowledge and known about these requirements they would have been proactive in ensuring that all requirements under the law were met. Now that the Center is aware they are committed to implementing this Plan to ensure that Federal compliance is maintained.

This Transportation Safety Management Plan addresses the unsatisfactory rating established by the Utilities and Transportation Commission as a result of their onsite compliance review on January 24th, 2017, the Buckley Senior Citizens have taken corrective actions on the following violations to change their safety rating and establish practices that are in accordance with Federal standards:

Violation: 391.45(a) – Using a driver not medically examined and certified

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well as steps to assure future compliance.

Corrective Action: In order come into compliance with applicable laws and rules the Senior Center has coordinated efforts with White River Family Care in Buckley, WA and established that their office is eligible to perform medical examinations in accordance with Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49). All current drivers have completed their medical examinations since the UTC's onsite review in January and have their medical examinations included in Attachment A.

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has created driver qualification files (Attachment B) to verify driver information (this file includes medical examinations). Additionally, the Senior Center Director has created two annual pop-up reminders on Outlook to remind drivers when it's time to be re-examined. This calendar reminder is viewable by multiple City of Buckley staff to assure cross-communication. Driver's medical examinations and Outlook calendar reminders can be viewed in Attachment A.

Violation: 391.51(a) – Failing to maintain a driver qualification file on each driver employed

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well as steps to assure future compliance.

Corrective Action: In order come into compliance with applicable laws and rules the Senior Center now has complete driver qualification files for each (current) driver and can be viewed in Attachment B. Files contain the following information:

- Driver Intake Checklist for Staff
- Drivers Application for Employment
- Drivers Investigative History File
- Inquiry to State Agencies
- Annual Review of Driving Record
- Annual Driver’s Certification of Violations
- Drivers Road Test Certificate
- Medical Examiners Certificate
- Medical Examiner Verification

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has created driver qualification files (Attachment B) to verify driver information. The Activities Coordinator will be responsible for driver intake by acquiring the above specified information prior to any active duty of a new driver.

Violation: 395.8(a) – Failing to require driver to make a record of duty status

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well as steps to assure future compliance.

Corrective Action: Although the Senior Center has always maintained a travel log which includes mileage, trip specifications, driver time, and maintenance reports, they have not maintained a separate record of duty status. In order to come into compliance with applicable laws and rules the Senior Center has printed Driver Time Record sheets for drivers to now separately track their duty status. Monthly Time Record sheets will be stored in the bottom right drawer of the receptionist desk at the Senior Center. Each driver will have their own file in this drawer and be expected to update their status each day they drive.

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has communicated this corrective action plan to staff and provided copies of the Driver Time Record sheet to be distributed. Copies of this correspondence can be found in Attachment C.

Violation: 390.19(a)(1) – Failing to file a Motor Carrier Identification Report, Form MCS-150 (Motor Carrier)

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well as steps to assure future compliance.

Corrective Action: The Senior Center is now aware that Federal Motor Carrier Safety Administration (FMCSA) registration process requires that companies define the type of business operation (Motor Carrier, Broker, Shipper, Freight Forwarder and/or Cargo Tank Facility) that they plan to establish. In order come into compliance with applicable laws and rules the Senior Center has updated their Form MCS-150 (Attachment D) and will maintain a copy on site.

Future Compliance: In order to keep this violation from happening again, the Recreation Services Director has created an annual calendar reminder on Outlook to remember to update this form on an annual basis. This can be viewed in Attachment D.

Violation: 395.8(j)(2) – Failing to obtain from driver, used for the first time or intermittently, a signed statement giving the total time on duty during the preceding 7 days and time at which last relieved from duty.

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did

not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well as steps to assure future compliance.

Corrective Action: The Senior Center is now aware that Federal Motor Carrier Safety Administration (FMCSA) requires carriers to obtain a signed statement from each driver giving their total time on duty during the immediately preceding 7 days and the time at which he/she was last relieved of duty when they're used for the first time or intermittently. Additionally, the Senior Center recognizes that they must then keep the record of duty status (log) for 6 months at the Senior Center. In order come into compliance with applicable laws and rules the Senior Center has distributed copies of the Hours-Of-Service Record for First Time or Intermittent Drivers form for Intake Staff to have drivers complete prior to their first time driving

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has distributed copies of the Hours-Of-Service Record for First Time or Intermittent Drivers form for Intake Staff to have drivers complete prior to their first time driving. This has been communicated to staff via e-mail. A copy of the correspondence can be found in Attachment E.

Violation: 396.3(b) – Failing to keep minimum records of inspections and vehicle maintenance

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well as steps to assure future compliance.

Corrective Action: In order come into compliance with applicable laws and rules the Senior Center has obtained a comprehensive Vehicle Service History Report from Buckley Automotive which is now kept on file at the Senior Center. This can be viewed in Attachment F.

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center will continue to add to this file when the van goes in for maintenance. The expectation that vehicle maintenance records be maintained has been communicated to staff and can be found in Attachment F.

Violation: 396.17(c) – Using a commercial motor vehicle not periodically inspected in accordance with minimum standards

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well as steps to assure future compliance.

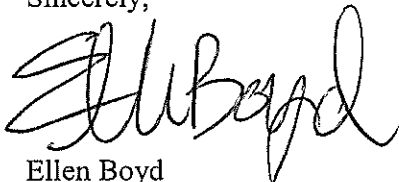
Corrective Action: In order come into compliance with applicable laws and rules the Senior Center has printed pre and post-trip vehicle inspection sheets for drivers to check off and submit back to staff with each trip. Additionally, the Senior Center has had the van inspected by a qualified mechanic and will continue to do so on an annual basis. The annual inspection and trip inspection sheets will be kept on file at the Senior Center. These documents can be viewed in Attachment G.

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has communicated the importance of pre and post-trip vehicle inspections to all drivers and has created a calendar reminder on Outlook for their annual vehicle inspection. This correspondence can be viewed in Attachment G.

Now that the Buckley Senior Center is aware of these laws they are committed to implementing this SMP to assure Federal compliance is maintained. In order to keep these violations from happening again Senior Center Staff will communicate these regulations to the Buckley Senior Citizens Board of Directors as well as the City of Buckley Administrator to assure cross departmental communication in case of any unforeseen staff turnover.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ellen Boyd', written in a cursive style.

Ellen Boyd
Recreation Services Director,
City of Buckley

Attachment A

Last Name: Burkett First Name: Wanda DOB: [REDACTED] Exam Date: 2/10/17

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with 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):

- Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____
 - Meets standards in 49 CFR 391.41 with any applicable State variances
 - Meets standards, but periodic monitoring required (specify reason): _____
- Driver qualified for: 3 months 6 months 1 year other (specify): _____
- Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
- Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State)

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): Jayne M. Hartz, MD

Medical Examiner's Address: 2820 Griffin Ave #204 City: Enumclaw State: WA Zip Code: 98022

Medical Examiner's Telephone Number: 360-825-8900 Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: MD00038185 Issuing State: WA

- MD DO Physician Assistant Chiropractor Advanced Practice Nurse
- Other Practitioner (specify): _____

National Registry Number: 1649285298

Medical Examiner's Certificate Expiration Date: 2/10/19



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 it has collection of information on displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0005. Public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. 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-CR04, 1209 New Jersey Avenue, SE, Washington, DC 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: F. A. Bergquist** **First Name: Eugene** 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
- 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
1-26-2018

Medical Examiner's Signature 

Medical Examiner's Name (please print or type)
Jefferson Boulet, M.D.

Medical Examiner's State License, Certificate, or Registration Number
PA10003557WA

Medical Examiner's Telephone Number
360-829-0625

Date Certificate Signed
1-26-18

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Issuing State
Washington

National Registry Number
7454456030

Driver's Signature
Eugene Bergquist

Driver's License Number
[Redacted]

Issuing State/Province
WASHINGTON

Driver's Address
[Redacted]

City: [Redacted]

State/Province: WA

Zip Code: [Redacted]

CLP/CDL Applicant/Holder
 Yes No

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 average 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 Office, Federal Motor Carrier Safety Administration, MC-RTA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

I certify that I have examined **Last Name: Brote** **First Name: Sarda** 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
 - Wearing hearing aid
 - Accompanied by a _____ waiver/exemption
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate
 - Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 - Grandfathered from State requirements (State)
 - Qualified by operation of 49 CFR 391.64 (Federal)

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: 2/10/18

Medical Examiner's Signature _____

Medical Examiner's Name (please print or type) Michael A. Welsh, MD

Medical Examiner's State License, Certificate, or Registration Number MD00026055WA

Medical Examiner's Telephone Number 360-829-0625

Date Certificate Signed 2/10/17

Issuing State Washington

National Registry Number 419346351

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Driver's Signature Sarda S. Brote

Driver's Address _____

Street Address _____

City _____

State/Province WA **Zip Code** _____

Driver's License Number _____

Issuing State/Province WA

Yes No **CLP/CDL Applicant/Holder**

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 burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and reviewing the data provided, and completing and reviewing the collection of information. 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 Office, Federal Motor Carrier Safety Administration, MC/DFL, 1200 New Jersey Avenue, SE, Washington, DC 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: LORZ** **First Name: CHASE** 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

1-26-2014

Medical Examiner's Signature

Medical Examiner's Telephone Number

360-829-0625

Date Certificate Signed

1-26-14

Medical Examiner's Name (please print or type)

Jefferson Boulet, PA-C

- MD Physician Assistant Advanced Practice Nurse
- DO Chiropractor Other Practitioner (Specify) _____

Medical Examiner's State License, Certificate, or Registration Number

PA10003567WA

Issuing State

Washington

National Registry Number

7454456030

Driver's Signature

Driver's License Number

[Redacted]

Issuing State/Province

WASHINGTON

Driver's Address

[Redacted]

CLP/CDL Applicant/Holder

Yes No

Street Address

City

State/Province

WA

Zip Code

[Redacted]

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 if it does not display this burden statement. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 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 for information collection, to Washington, DC 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:** Reed **First Name:** Allen 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
 - Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
 - Grandfathered from State requirements (State) Qualified by operation of 49 CFR 391.64 (Federal)

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
1-26-2019

Medical Examiner's Signature [Signature] **Medical Examiner's Telephone Number** 360-829-0625 **Date Certificate Signed** 1-26-19

Medical Examiner's Name (please print or type) Jefferson Boulger, MD **Issuing State** Washington

Medical Examiner's State License, Certificate, or Registration Number PA10003567WA **National Registry Number** 7454456030

Driver's Signature [Signature] **Driver's License Number** [Redacted] **Issuing State/Province** WA

Driver's Address [Redacted] **City** [Redacted] **State/Province** WA **Zip Code** [Redacted] **CLP/CDL Applicant/Holder** Yes No

Ellen Boyd

Subject: Buckley Senior Center UTC Compliance Reminders

Start: Fri 12/15/2017 12:00 AM
End: Sat 12/16/2017 12:00 AM
Show Time As: Free

Recurrence: Yearly
Recurrence Pattern: every December 15

Meeting Status: Meeting organizer

Organizer: Ellen Boyd
Required Attendees: Chloe Lopez (Parks & Rec)

In January of 2017 the Buckley Senior Center was cited for the following violation(s) by the Utilities and Transportation Commission. This is the 1st of two calendar reminders for Chloe to check the status the following to assure compliance in the year(s) to come:

Violation: 391.45(a) – Using a driver not medically examined and certified

Chloe- touch base with each driver whose medical examination is expiring in the coming year and work with them to schedule an exam in the coming month. Cost for the examination will be at the Senior Center's expense.

Ellen Boyd

Subject: Buckley Senior Center UTC Compliance Reminder

Start: Mon 1/15/2018 12:00 AM
End: Tue 1/16/2018 12:00 AM
Show Time As: Free

Recurrence: Yearly
Recurrence Pattern: every January 15

Meeting Status: Meeting organizer

Organizer: Ellen Boyd
Required Attendees: Chloe Lopez (Parks & Rec)

In January of 2017 the Buckley Senior Center was cited for the following violation(s) by the Utilities and Transportation Commission. This is the 2nd of two calendar reminders for Chloe to check the status the following to assure compliance in the year(s) to come:

Violation: 391.45(a) – Using a driver not medically examined and certified

Chloe- touch base with each driver who should have been scheduled for a medical examination over the past month and make sure their up-to-date exam is on file.

Attachment B

Driver Intake Checklist

Driver Name Wanda Bunnett

Intake Staff Chloe Lopez



Step 1

1. Application ✓
2. Driver Investigative History File ✓
 - a. (Abstract history report/driving record)
3. Annual Driving Record Review ✓
4. Annual Certificate of Violations ✓
5. Drivers Road Test ✓
6. Drivers Road Test Certificate ✓
7. Medical Exam Certificate ✓
8. Medical Examiners Verification ✓
 - a. (National Registry Certified Medical Examiner)

**DRIVER QUALIFICATION FILE
CHECKLIST 391.51**

<p>1. <u> </u> Driver's Application for Employment - A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment. NOTE: The application form must, as a minimum, contain the information in 391.21(b).</p>	<p align="center">49 CFR, 391.21</p>
<p>2. <u> </u> Driver Investigative History File **- Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #75.</p>	<p align="center">49 CFR, 391.53</p>
<p>3. <u> </u> Inquiry to State Agencies - An investigation into the employee's driving record for the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.</p>	<p align="center">49 CFR, 391.21(a) (1) & (b)</p>
<p>4. <u> </u> Annual Review of Driving Record. At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the driver's qualification file. At least once every 12 months, a motor carrier must make an inquiry into the driving record of each driver.</p>	<p align="center">49 CFR, 391.25</p>
<p>5. <u> </u> Annual Driver's Certification of Violations. At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.</p>	<p align="center">49 CFR, 391.27</p>
<p>6. <u> </u> Driver's Road Test and Certificate (or equivalent). A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate that the motor carrier accepted as equivalent to the driver's road test, pursuant to section 391.33</p>	<p align="center">49 CFR, 391.31 & 33</p>
<p>7. <u> </u> Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A driver must be issued a medical examiner's certificate, which must be carried at all times, and renewed at least every two years. A copy of the medical certificate must be kept in the driver file.</p> <p><u> </u> CDL Drivers (Interstate Only). Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A valid medical certificate can be used up to 15 days after issuance. After 15 days, the CDLIS motor vehicle record obtained from the current licensing state must be in the driver qualification file.</p>	<p align="center">49 CFR, 391.42 & 45 & 51</p> <hr/> <p align="center">See Exception Page 70</p>
<p>8. <u> </u> LCV Certificate of Training or Certificate of Grandfathering. A person must not be allowed to drive a LCV until he/she has been issued a LCV Driver-Training Certificate or a LCV Driver-Training Certificate of Grandfathering.</p>	<p align="center">49 CFR, 380.505 & 380.111</p>
<p>9. <u> </u> Entry-Level Driver-Training Certificate (CDL Driver only). A person must not be allowed to drive a CMV requiring a CDL without first obtaining the required Entry-Level Driver-Training Certificate.</p>	<p align="center">49 CFR, 380.500</p>
<p>10. <u> </u> Medical Examiner Verification. Carriers must maintain in the driver's qualification file a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners.</p>	<p align="center">49 CFR, 391.23(m)</p>

***The prospective motor carrier must:**

- Inform the applicant that the information provided on the application concerning previous employers may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history.
- Notify the driver in writing of his/her due process rights (see Due Process Rights in 391.23).

** Records must be maintained in secured location with controlled access.

APPLICATION FOR EMPLOYMENT

COMPANY Buckley Senior Center STREET ADDRESS 811 Main Street
 CITY, STATE AND ZIP CODE Buckley WA 98321
 APPLICANT'S NAME Wanda ~~K~~ Y. Kleppe BURKETT
(Middle) (Maiden Name, if any) (Last)
 ADDRESS [REDACTED] HOW LONG? 11 yr.
(Street) (City) (State and Zip Code)
 DATE OF BIRTH [REDACTED] PHONE [REDACTED] SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	[REDACTED]	[REDACTED]	[REDACTED]	4 yr.
2	/			
3	/			
4	/			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	[REDACTED]	regular	03-03-2020

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	VAN/LLV/1/4 ton	1990	2015	43,000.
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:	car/pickup/suv	1990	2015	300,000.

(and prior years since age 16)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
/	/		/

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
 	 	 	
 	 	 	
 	 	 	

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME U. S. POSTAL SERVICE

ADDRESS 1005 Washington Ave, Enumclaw, WA 98022

POSITION HELD Letter Carrier FROM 1985 TO 2015 SALARY Varied

REASON FOR LEAVING Retired

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO

SECOND LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

THIRD LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

03-14-17
 (Date)

Wanda J. Surbelle
 (Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not—

- (1) Require the person to furnish an application for employment (391.21);
- (2) Make an inquiry into the person’s driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person’s employment record during the preceding three years (391.23);
- (3) Perform annual review of the person’s driving record (391.25); or
- (4) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECKLIST

Name Burkett, Wanda

Social Security Number [REDACTED]

Driver’s License Number [REDACTED]

Type of License REGULAR (Non-CDL) State WA

In addition to the above information, copies of the following must be obtained.

- Medical Examiner’s Certificate
- Road Test (or equivalent)
- Certificate of Road Test
- Controlled Substances Test

Driving Record - [REDACTED]

Abstract of Complete Driving Record
This information is current as of 3/31/2017 1:36:06 PM

Driver Information	
PIC	[REDACTED]
Last	BURKETT
First	WANDA
Middle	KLEPPE
Suffix	[REDACTED]
DOB	[REDACTED]
Gender	Female

Restrictions	
PDL C Corrective Lenses -	

Driver license status	
Status	Clear
Issued	2/4/2016
Expires	3/3/2020
Original issue date	4/15/1975

No violations, convictions, or accidents currently on file for this record.

DRIVER'S ROAD TEST EXAMINATION

Driver's Name Wanda Buckett Phone [REDACTED]
 Driver's Address [REDACTED]
 City [REDACTED] State WA Zip Code [REDACTED]

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- 10 The pretrip inspection. (As required by Sec. 392.7)
- NA Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- 9 Placing the equipment in operation.
- 10 Use of vehicle's controls and emergency equipment.
- 9 Operating the vehicle in traffic and while passing other vehicles.
- 8 Turning the vehicle.
- 10 Braking, and slowing the vehicle by means other than braking.
- 8 Backing, and parking the vehicle.
- Other, Explain: _____

Type of equipment used in giving test: 2002 E-450

Date 03/27 2017 Examiner's Signature [Signature]

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks Slow down around corners. Great parking Job

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(1)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on 03/27/17 consisting of approximately 8 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Buckley Senior Center
 (Carrier Name)

811 Main Street
 (Carrier Address)

Buckley
 (City)

WA
 (State)

98321
 (Zipcode)

Jesse Mickelson
 (Name of Examiner)


 (Signature of Examiner)

Last Name: Burkett First Name: Wanda DOB: [REDACTED] Exam Date: 2/10/17

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with 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):

- Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____
 - Meets standards in 49 CFR 391.41 with any applicable State variances
 - Meets standards, but periodic monitoring required (specify reason): _____
- Driver qualified for: 3 months 6 months 1 year other (specify): _____
- Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
- Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State)

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): Jane M. Hartz, MD

Medical Examiner's Address: 2820 Griffin Ave #204 City: Enumclaw State: WA Zip Code: 98022

Medical Examiner's Telephone Number: 360-875-8900 Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: MD00038185 Issuing State: WA

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____


National Registry Number: 1649285198 Medical Examiner's Certificate Expiration Date: 2/10/19

Provider Information for 1649285198

[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)

DR. JANE M HOUTZ MD

Gender: FEMALE

 NPI: 1649285198

 Last Updated: 2010-07-30

Details

Name	Value																					
NPI	1649285198																					
Enumeration Date	2006-07-30																					
NPI Type	1 - Individual																					
Sole Proprietor	YES																					
Status	Active																					
Mailling Address	2820 GRIFFIN AVE SUITE 204 ENUMCLAW, WA 98022-2373 United States Phone: 360-825-8900 Fax: 360-825-8904 View Map (/registry/map-view?q=2820 GRIFFIN AVE, ENUMCLAW, WA, 980222373, United States) @																					
Primary Practice Address	2820 GRIFFIN AVE SUITE 204 ENUMCLAW, WA 98022-2373 United States Phone: 360-825-8900 Fax: 360-825-8904 View Map (/registry/map-view?q=2820 GRIFFIN AVE, ENUMCLAW, WA, 980222373, United States) @																					
Taxonomy	<table><thead><tr><th>Primary Taxonomy</th><th>Selected Taxonomy</th><th>State</th><th>License Number</th></tr></thead><tbody><tr><td>Yes</td><td>207R00000X - Internal Medicine</td><td>WA</td><td>MD00038185</td></tr></tbody></table>	Primary Taxonomy	Selected Taxonomy	State	License Number	Yes	207R00000X - Internal Medicine	WA	MD00038185													
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Driver Intake Checklist

Driver Name Eugene Fagerquist
Intake Staff Chloe Lopez



Step 1

1. Application ✓
2. Driver Investigative History File J
 - a. (Abstract history report/driving record)
3. Annual Driving Record Review J
4. Annual Certificate of Violations J
5. Drivers Road Test ✓
6. Drivers Road Test Certificate ✓
7. Medical Exam Certificate ✓
8. Medical Examiners Verification ✓
 - a. (National Registry Certified Medical Examiner)

**DRIVER QUALIFICATION FILE
CHECKLIST 391.51**

<p>1. <input checked="" type="checkbox"/> Driver's Application for Employment - A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment. NOTE: The application form must, as a minimum, contain the information in 391.21(b).</p>	<p>49 CFR, 391.21</p>
<p>2. <input type="checkbox"/> Driver Investigative History File **- Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #75.</p>	<p>49 CFR, 391.53</p>
<p>3. <input type="checkbox"/> Inquiry to State Agencies - An investigation into the employee's driving record for the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.</p>	<p>49 CFR, 391.21(a) (1) & (b)</p>
<p>4. <input type="checkbox"/> Annual Review of Driving Record. At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the driver's qualification file. At least once every 12 months, a motor carrier must make an inquiry into the driving record of each driver.</p>	<p>49 CFR, 391.25</p>
<p>5. <input type="checkbox"/> Annual Driver's Certification of Violations. At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.</p>	<p>49 CFR, 391.27</p>
<p>6. <input type="checkbox"/> Driver's Road Test and Certificate (or equivalent). A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate that the motor carrier accepted as equivalent to the driver's road test, pursuant to section 391.33</p>	<p>49 CFR, 391.31 & 33</p>
<p>7. <input checked="" type="checkbox"/> Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A driver must be issued a medical examiner's certificate, which must be carried at all times, and renewed at least every two years. A copy of the medical certificate must be kept in the driver file.</p> <p><input type="checkbox"/> CDL Drivers (Interstate Only). Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A valid medical certificate can be used up to 15 days after issuance. After 15 days, the CDLIS motor vehicle record obtained from the current licensing state must be in the driver qualification file.</p>	<p>49 CFR, 391.42 & 45 & 51</p> <hr/> <p>See Exception Page 70</p>
<p>8. <input type="checkbox"/> LCV Certificate of Training or Certificate of Grandfathering. A person must not be allowed to drive a LCV until he/she has been issued a LCV Driver-Training Certificate or a LCV Driver-Training Certificate of Grandfathering.</p>	<p>49 CFR, 380.505 & 380.111</p>
<p>9. <input type="checkbox"/> Entry-Level Driver-Training Certificate (CDL Driver only). A person must not be allowed to drive a CMV requiring a CDL without first obtaining the required Entry-Level Driver-Training Certificate.</p>	<p>49 CFR, 380.500</p>
<p>10. <input checked="" type="checkbox"/> Medical Examiner Verification. Carriers must maintain in the driver's qualification file a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners.</p>	<p>49 CFR, 391.23(m)</p>

N/A

***The prospective motor carrier must:**

- Inform the applicant that the information provided on the application concerning previous employers may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history.
- Notify the driver in writing of his/her due process rights (see Due Process Rights in 391.23).

** Records must be maintained in secured location with controlled access.

APPLICATION FOR EMPLOYMENT

COMPANY Buckley Senior Center STREET ADDRESS 811 Main Street
 CITY, STATE AND ZIP CODE Buckley WA 98321
 APPLICANT'S NAME Eugene R Fagerquist
(First) (Middle) (Maiden Name, if any) (Last)
 ADDRESS [REDACTED] HOW LONG? 16 yrs
(Street) (City) (State and Zip Code)
 DATE OF BIRTH [REDACTED] PHONE [REDACTED] SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	<u>WA</u>	[REDACTED]		<u>3-04-2018</u>

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:	<u>TRUCK/5TH WHEEL</u>	<u>1994</u>	<u>PRESENT</u>	<u>120,000</u>

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
	<u>NONE</u>		

(Form 2 Rev. 10-2001)

VIOLATION AND REVIEW RECORD

Driver's Name Fagerquist, Eugene Employee Number N/A

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
	NO OFFENSE		

Operator's License: (Revoked, Suspended, or Withdrawn) _____ Date: _____ Restored: _____		
License Number: _____	State _____	Date: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months, because of any violation required to be listed.

Eugene Fagerquist
Driver's Signature

3-13-2017
Date

Reviewed by: Signature

Volunteer
Title

Motor Carrier's Name

Motor Carrier's

REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below (and on the reverse side of this form if additional room was necessary).

Reviewed by: Signature _____ Title _____ Date _____

(Form 9 - Rev. 10-2001)

Driving Record - [REDACTED]
Abstract of Complete Driving Record
This information is current as of 3/31/2017 1:36:59 PM

Driver information			
PIC	[REDACTED]	Suffix	[REDACTED]
Last	FAGERQUIST	DOB	[REDACTED]
First	EUGENE	Gender	Male
Middle	RAYMOND		

Restrictions	
PDL C	Corrective Lenses -

Driver license status	
Status	Clear
Issued	2/28/2013
Expires	3/4/2018
Original issue date	

No violations, convictions, or accidents currently on file for this record.

DRIVER'S ROAD TEST EXAMINATION

Driver's Name Eugene) Fagerquist Phone [Redacted]
 Driver's Address [Redacted]
 City [Redacted] State WA Zip Code [Redacted]

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- 10 The pretrip inspection. (As required by Sec. 392.7)
- N/A Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- 10 Placing the equipment in operation.
- 10 Use of vehicle's controls and emergency equipment.
- 10 Operating the vehicle in traffic and while passing other vehicles.
- 10 Turning the vehicle.
- 10 Braking, and slowing the vehicle by means other than braking.
- 10 Backing, and parking the vehicle.
- Other, Explain: Bumped curb at mpc But otherwise passed.

Type of equipment used in giving test: 2002 E-450

Date 03/27 2017 Examiner's Signature [Signature]

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks Great Driver Good Speed, Signal Recall, backing and use of Mirrors

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(1)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on 03/27th 2017 consisting of approximately 7 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Buckley Senior Center
 (Carrier Name)

811 Main Street Buckley WA 98321
 (Carrier Address) (City) (State) (Zipcode)

Jesse Mickelson Jesse Mickelson
 (Name of Examiner) (Signature of Examiner)

Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2125-0006. Public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. 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 Office, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

I certify that I have examined Last Name: FAGERER First Name: Ernest 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
1-26-2019

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): Jefferson Boulet, M.D.

Medical Examiner's State License, Certificate, or Registration Number: PA10003567WA

Medical Examiner's Telephone Number: 360-829-0625

Date Certificate Signed: 1-26-19

Issuing State: Washington

National Registry Number: 7454456030

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Driver's Signature: [Signature]

Driver's License Number: FAGERER 693DD

Issuing State/Province: WASHINGTON

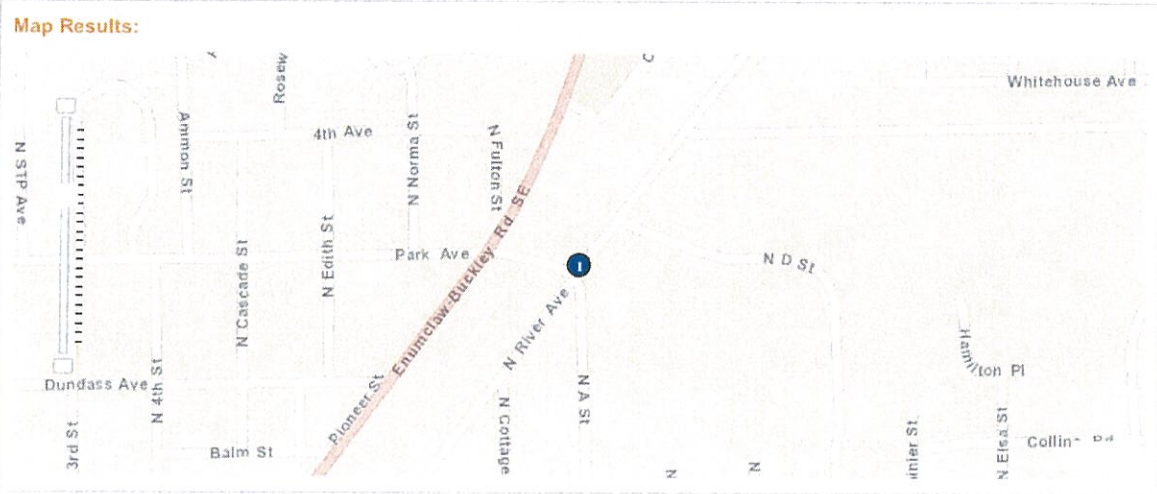
Driver's Address: [Redacted] City: [Redacted] State/Province: WA Zip Code: [Redacted]

CLP/CDL Applicant/Holder: Yes No

Home > Medical Examiner Search Results

[Print](#)

You searched for Medical Examiners with NRID #7454456030. Showing Results Page 1 of 1



Jefferson L. Boulet
 Physician Assistant, National Registry #: 7454456030
 Certification Date: 3/18/2014

White River Family Care
 Employer: White River Family Care
 305 N River Ave., Buckley, WA, 98321-8978
 360-829-0625, Fax:
 Hours of Operation:

[No Website](#) | [Email](#) | [Get Directions](#)

1/26/17 [Signature]

Search for Medical Examiner

Last Name	First Name
National Registry ID # 7454456030	
Business Name	
Employer Name	
Medical Profession <input type="text"/>	
City	State <input type="text"/>
OR	Zip Code Radius 25 <input type="text"/>
<input type="button" value="Search"/>	



Driver Intake Checklist

Driver Name Sandra Grote

Intake Staff Chloe Lopez



Step 1

1. Application ✓
2. Driver Investigative History File ✓
 - a. (Abstract history report/driving record)
3. Annual Driving Record Review ✓
4. Annual Certificate of Violations ✓
5. Drivers Road Test ✓
6. Drivers Road Test Certificate ✓
7. Medical Exam Certificate ✓
8. Medical Examiners Verification ✓
 - a. (National Registry Certified Medical Examiner)

DRIVER QUALIFICATION FILE CHECKLIST 391.51

1. ____ Driver's Application for Employment - A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment. NOTE: The application form must, as a minimum, contain the information in 391.21(b).	49 CFR, 391.21
2. ____ Driver Investigative History File **- Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #75.	49 CFR, 391.53
3. ____ Inquiry to State Agencies - An investigation into the employee's driving record for the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.	49 CFR, 391.21(a) (1) & (b)
4. ____ Annual Review of Driving Record . At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the driver's qualification file. At least once every 12 months, a motor carrier must make an inquiry into the driving record of each driver.	49 CFR, 391.25
5. ____ Annual Driver's Certification of Violations . At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.	49 CFR, 391.27
6. ____ Driver's Road Test and Certificate (or equivalent). A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate that the motor carrier accepted as equivalent to the driver's road test, pursuant to section 391.33	49 CFR, 391.31 & 33
7. ____ Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate . The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A driver must be issued a medical examiner's certificate, which must be carried at all times, and renewed at least every two years. A copy of the medical certificate must be kept in the driver file. ____ CDL Drivers (Interstate Only). Medical Examiner's Certificate . The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A valid medical certificate can be used up to 15 days after issuance. After 15 days, the CDLIS motor vehicle record obtained from the current licensing state must be in the driver qualification file.	49 CFR, 391.42 & 45 & 51 See Exception Page 70
8. ____ LCV Certificate of Training or Certificate of Grandfathering. A person must not be allowed to drive a LCV until he/she has been issued a LCV Driver-Training Certificate or a LCV Driver-Training Certificate of Grandfathering.	49 CFR, 380.505 & 380.111
9. ____ Entry-Level Driver-Training Certificate (CDL Driver only). A person must not be allowed to drive a CMV requiring a CDL without first obtaining the required Entry-Level Driver-Training Certificate.	49 CFR, 380.500
10. ____ Medical Examiner Verification . Carriers must maintain in the driver's qualification file a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners.	49 CFR, 391.23(m)

***The prospective motor carrier must:**

- Inform the applicant that the information provided on the application concerning previous employers may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history.
- Notify the driver in writing of his/her due process rights (see Due Process Rights in 391.23).

** Records must be maintained in secured location with controlled access.

APPLICATION FOR EMPLOYMENT

COMPANY Buckley Senior Center STREET ADDRESS 811 Main Street

CITY, STATE AND ZIP CODE Buckley WA 98321

APPLICANT'S NAME Sandra Grote
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS [REDACTED] HOW LONG? 9 yrs
(Street) (State and Zip Code)

DATE OF BIRTH [REDACTED] PHONE [REDACTED] SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA			02/02/20

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME Tri-West (Tri-Care)

ADDRESS Tacoma, WA

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING Job cut back

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

SECOND LAST EMPLOYER NAME Wal Mart Bakery

ADDRESS Bonney Lake, WA

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING Job Change

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

THIRD LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

3-17-2017
(Date)

Sandy K. Grote
(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not—

- (1) Require the person to furnish an application for employment (391.21);
- (2) Make an inquiry into the person’s driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person’s employment record during the preceding three years (391.23);
- (3) Perform annual review of the person’s driving record (391.25); or
- (4) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECKLIST

Name Grote, Sandy

Social Security Number [REDACTED]

Driver’s License Number [REDACTED]

Type of License Standard State License State WA

In addition to the above information, copies of the following must be obtained.

- Medical Examiner’s Certificate
- Road Test (or equivalent)
- Certificate of Road Test
- Controlled Substances Test

Driving Record - [REDACTED]
Abstract of Complete Driving Record
This information is current as of 3/31/2017 1:34:59 PM

Driver Information	
PIC	[REDACTED]
Last	GROTE
First	SANDRA
Middle	KAY
Suffix	[REDACTED]
DOB	[REDACTED]
Gender	Female

Driver license status	
Status	Clear
Issued	1/22/2015
Expires	2/2/2020
Original issue date	

No violations, convictions, or accidents currently on file for this record.

DRIVER'S ROAD TEST EXAMINATION

Driver's Name Sandra Grote Phone [REDACTED]
 Driver's Address [REDACTED]
 City [REDACTED] State WA Zip Code [REDACTED]

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- 10 The pretrip inspection. (As required by Sec. 392.7)
- N/A Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- 10 Placing the equipment in operation.
- 10 Use of vehicle's controls and emergency equipment.
- 10 Operating the vehicle in traffic and while passing other vehicles.
- 10 Turning the vehicle.
- 10 Braking, and slowing the vehicle by means other than braking.
- 8 Backing, and parking the vehicle.
- Other, Explain: _____

Type of equipment used in giving test: 2002 Ford E-450

Date 03/27 2017 Examiner's Signature [Signature]

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks more confidence. She did Great!!!

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on 03/27~~th~~ 2017 consisting of approximately 12 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Buckley Senior Center
(Carrier Name)

811 Main Street
(Carrier Address)

Buckley
(City)

WA
(State)

98321
(Zipcode)

Jesse Mickelson
(Name of Examiner)

Jesse Mickelson
(Signature of Examiner)

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 average 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 Office, Federal Motor Carrier Safety Administration, MCRTA, 1200 New Jersey Avenue, SE Washington, DC, 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: Prote First Name: Sandra 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
 - Wearing hearing aid
 - Accompanied by a _____ waiver/exemption
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate
 - Driving within an exempt intracity zone (49 CFR 391.52) (Federal)
 - 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: 2/10/18

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 360-829-0625 Date Certificate Signed: 2/10/17

Medical Examiner's Name (please print or type): Michael A. Welsh, MD

Medical Examiner's State License, Certificate, or Registration Number: MD00026055WA

Issuing State: MD Physician Assistant: DO: Chiropractor: Other Practitioner (specify): _____

National Registry Number: Washington 4193446351

Driver's Signature: [Signature] Driver's License Number: [Redacted] Issuing State/Province: WA

Driver's Address: [Redacted] City: [Redacted] State/Province: WA Zip Code: [Redacted] CLP/CDL Applicant/Holder: Yes No

Home > Medical Examiner Search Results



 [Print](#)

You searched for Medical Examiners with NRID #7454456030, Showing Results Page 1 of 1



1 **Jefferson L. Boulet**
 Physician Assistant, National Registry #: 7454456030
 Certification Date: 3/18/2014

White River Family Care
 Employer: White River Family Care
 305 N River Ave., Buckley, WA, 98321-8978
 360-829-0625, Fax:
 Hours of Operation:

No Website | Email  | Get Directions 

2/10/17 Chloey

Search for Medical Examiner

Last Name First Name

National Registry ID #
7454456030

Business Name

Employer Name

Medical Profession

City State

OR Zip Code Radius



Driver Intake Checklist



Driver Name Chloe Lopez

Intake Staff Chloe Lopez

Step 1

1. Application ✓
2. Driver Investigative History File ✓
 - a. (Abstract history report/driving record)
3. Annual Driving Record Review ✓
4. Annual Certificate of Violations ✓
5. Drivers Road Test ✓
6. Drivers Road Test Certificate ✓
7. Medical Exam Certificate ✓
8. Medical Examiners Verification ✓
 - a. (National Registry Certified Medical Examiner)

DRIVER QUALIFICATION FILE CHECKLIST 391.51

1. Driver's Application for Employment - A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment. NOTE: The application form must, as a minimum, contain the information in 391.21(b).	49 CFR, 391.21
2. Driver Investigative History File **- Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #75.	49 CFR, 391.53
3. Inquiry to State Agencies - An investigation into the employee's driving record for the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.	49 CFR, 391.21(a) (1) & (b)
4. Annual Review of Driving Record. At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the driver's qualification file. At least once every 12 months, a motor carrier must make an inquiry into the driving record of each driver.	49 CFR, 391.25
5. Annual Driver's Certification of Violations. At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.	49 CFR, 391.27
6. Driver's Road Test and Certificate (or equivalent). A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate that the motor carrier accepted as equivalent to the driver's road test, pursuant to section 391.33	49 CFR, 391.31 & 33
7. Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A driver must be issued a medical examiner's certificate, which must be carried at all times, and renewed at least every two years. A copy of the medical certificate must be kept in the driver file. CDL Drivers (Interstate Only). Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A valid medical certificate can be used up to 15 days after issuance. After 15 days, the CDLIS motor vehicle record obtained from the current licensing state must be in the driver qualification file.	49 CFR, 391.42 & 45 & 51 See Exception Page 70
8. LCV Certificate of Training or Certificate of Grandfathering. A person must not be allowed to drive a LCV until he/she has been issued a LCV Driver-Training Certificate or a LCV Driver-Training Certificate of Grandfathering.	49 CFR, 380.505 & 380.111
9. Entry-Level Driver-Training Certificate (CDL Driver only). A person must not be allowed to drive a CMV requiring a CDL without first obtaining the required Entry-Level Driver-Training Certificate.	49 CFR, 380.500
10. Medical Examiner Verification. Carriers must maintain in the driver's qualification file a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners.	49 CFR, 391.23(m)

***The prospective motor carrier must:**

- Inform the applicant that the information provided on the application concerning previous employers may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history.
- Notify the driver in writing of his/her due process rights (see Due Process Rights in 391.23).

** Records must be maintained in secured location with controlled access.

APPLICATION FOR EMPLOYMENT

COMPANY Buckley Senior Center STREET ADDRESS 811 Main Street
 CITY, STATE AND ZIP CODE Buckley WA 98321
 APPLICANT'S NAME Chloe E LOPEZ
(First) (Middle) (Maiden Name, if any) (Last)
 ADDRESS [REDACTED] HOW LONG? 1
(Street) (City) (State and Zip Code)
 DATE OF BIRTH [REDACTED] PHONE [REDACTED] SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	[REDACTED]	[REDACTED]	[REDACTED]	6 years
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	[REDACTED]		8/25/2021

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
Speeding / Bonney Lake	Dec 2016	Speeding	ticket
Speeding / South Prairie	2017	Speeding	ticket

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO /
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO /

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME City of Buckley

ADDRESS P.O. BOX 1960

POSITION HELD Activities Coordinator FROM _____ TO present SALARY _____

REASON FOR LEAVING _____
 Subject to Federal Motor Carrier Safety Regulations: YES _____ NO X
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO X

SECOND LAST EMPLOYER NAME USMC

ADDRESS _____

POSITION HELD SGT/E-S FROM 2005 TO 2013 SALARY _____

REASON FOR LEAVING END OF CONTRACT
 Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

THIRD LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____
 Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____
 Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

3/14/16
 (Date)

[Signature]
 (Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not—

- (1) Require the person to furnish an application for employment (391.21);
- (2) Make an inquiry into the person's driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding three years (391.23);
- (3) Perform annual review of the person's driving record (391.25); or
- (4) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECKLIST

Name CHLOE LOPEZ

Social Security Number [REDACTED]

Driver's License Number [REDACTED]

Type of License _____ State WA

In addition to the above information, copies of the following must be obtained.

- Medical Examiner's Certificate
- Road Test (or equivalent)
- Certificate of Road Test
- Controlled Substances Test

DRIVER'S ROAD TEST EXAMINATION

Driver's Name CLAUDE LOPEZ Phone [REDACTED]
 Driver's Address [REDACTED]
 City [REDACTED] State WA Zip Code [REDACTED]

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- _____ The pretrip inspection. (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing, and parking the vehicle.
- _____ Other, Explain: _____

Type of equipment used in giving test: _____

Date _____ 20____ Examiner's Signature _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks _____

Driving Record - [REDACTED]
Abstract of Complete Driving Record
 This information is current as of 3/31/2017 1:37:18 PM

Driver information			
PIC	[REDACTED]		
Last	LOPEZ	Suffix	
First	CHLOE	DOB	[REDACTED]
Middle	ESTHER	Gender	Female
Restrictions			
PDL C Corrective Lenses -			

Driver license status	
Status	Clear
Issued	6/24/2015
Expires	3/25/2021
Original issue date	6/25/2010

Drive record history									
Action date	Reason	Action taken	Eligibility date	Release date	Violation date	Violation #	DUI/BAC detail	THC	Licensing state
6/25/2010	Failure to make required payment of fine and costs	Released	6/25/2010	11/24/2018		105445995			
1/10/2009	Failure to make required payment of fine and costs	Suspended	1/15/2009	11/24/2018		105445995			

DRIVER'S ROAD TEST EXAMINATION

Driver's Name Chloe Lopez Phone [REDACTED]
 Driver's Address [REDACTED]
 City _____ State _____ Zip Code _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- 10 The pretrip inspection. (As required by Sec. 392.7)
- N/A Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- 10 Placing the equipment in operation.
- 10 Use of vehicle's controls and emergency equipment.
- 10 Operating the vehicle in traffic and while passing other vehicles.
- 10 Turning the vehicle.
- 10 Braking, and slowing the vehicle by means other than braking.
- 8 Backing, and parking the vehicle.
- Other, Explain: _____

Type of equipment used in giving test: 2002 Ford E-450

Date 03/27 2017 Examiner's Signature [Signature]

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks Driving was Great. Keep a look out for Street Signs.

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on 03/27 2017 consisting of approximately 10 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Buckley Senior Center
(Carrier Name)

811 Main Street
(Carrier Address)

Buckley
(City)

WA
(State)

98321
(Zipcode)

Jesse Mickelson
(Name of Examiner)

Jesse Mickelson
(Signature of Examiner)

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 the collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 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 Office, Federal Motor Carrier Safety Administration, MC-9004, 1209 New Jersey Avenue, SE, Washington, DC 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: LOPEZ First Name: CHAD 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 intrastate 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 1-26-2019

Medical Examiner's Signature 

Medical Examiner's Telephone Number 360-829-0625

Date Certificate Signed 1-26-19


Medical Examiner's Name (please print or type) Jefferson Boulet, PA-C

- MD
- Physician Assistant
- Advanced Practice Nurse
- DO
- Chiropractor
- Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number PA10003567WA

Issuing State Washington

National Registry Number 7454456030

Driver's Signature 

Driver's License Number _____

Issuing State/Province WASHINGTON

Driver's Address _____

City _____

State/Province: WA Zip Code _____

Street Address _____

City _____

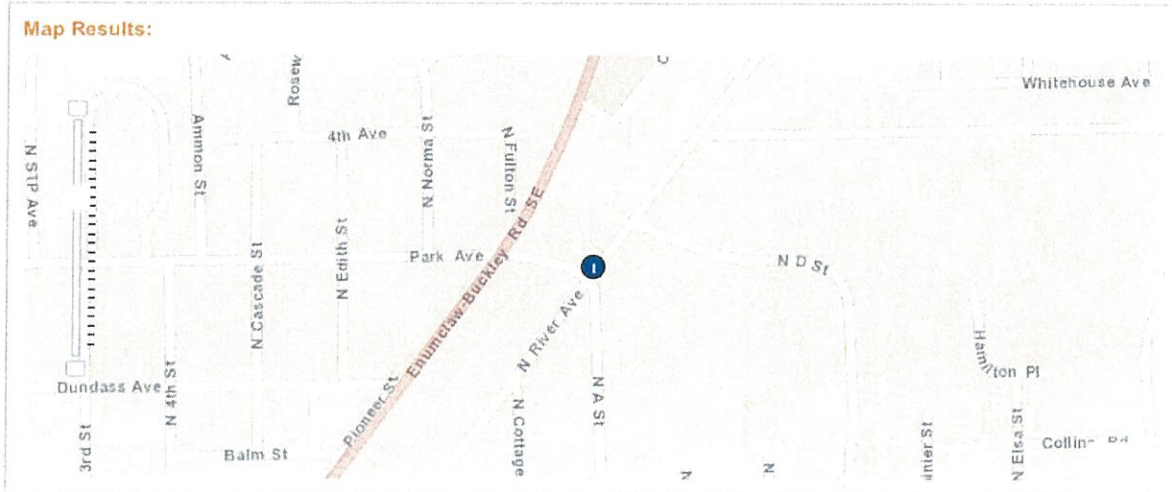
State/Province: WA Zip Code _____

CLP/CDL Applicant/Holder Yes No

Home > Medical Examiner Search Results

 [Print](#)

You searched for Medical Examiners with NRID #7454456030, Showing Results Page 1 of 1



Jefferson L. Boulet
 Physician Assistant, National Registry #: 7454456030
 Certification Date: 3/18/2014

White River Family Care
 Employer: White River Family Care
 305 N River Ave., Buckley, WA, 98321-8978
 360-829-0625, Fax:
 Hours of Operation:

[No Website](#) | [Email](#) | [Get Directions](#)

1/24/17 *[Signature]*

Search for Medical Examiner

Last Name First Name

National Registry ID #
7454456030

Business Name

Employer Name

Medical Profession

City State

Zip Code Radius
 OR 25



Driver Intake Checklist

Driver Name Arlen Reno

Intake Staff Chloe Lopez



Step 1

1. Application ✓
2. Driver Investigative History File ✓
 - a. (Abstract history report/driving record)
3. Annual Driving Record Review ✓
4. Annual Certificate of Violations ✓
5. Drivers Road Test ✓
6. Drivers Road Test Certificate ✓
7. Medical Exam Certificate ✓
8. Medical Examiners Verification ✓
 - a. (National Registry Certified Medical Examiner)

**DRIVER QUALIFICATION FILE
CHECKLIST 391.51**

1. Driver's Application for Employment - A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment. NOTE: The application form must, as a minimum, contain the information in 391.21(b).	49 CFR, 391.21
2. Driver Investigative History File ** - Documentation required by CFR Part 391.23 regarding the driver's Safety Performance History. Refer to Page #75.	49 CFR, 391.53
3. Inquiry to State Agencies - An investigation into the employee's driving record for the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.	49 CFR, 391.21(a) (1) & (b)
4. Annual Review of Driving Record. At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the driver's qualification file. At least once every 12 months, a motor carrier must make an inquiry into the driving record of each driver.	49 CFR, 391.25
5. Annual Driver's Certification of Violations. At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months.	49 CFR, 391.27
6. Driver's Road Test and Certificate (or equivalent). A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate that the motor carrier accepted as equivalent to the driver's road test, pursuant to section 391.33	49 CFR, 391.31 & 33
7. Non-CDL Drivers & Self-Certified Intrastate CDL Drivers. Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A driver must be issued a medical examiner's certificate, which must be carried at all times, and renewed at least every two years. A copy of the medical certificate must be kept in the driver file. CDL Drivers (Interstate Only). Medical Examiner's Certificate. The driver must pass a medical examination conducted by a certified medical examiner that is listed on the National Registry. A valid medical certificate can be used up to 15 days after issuance. After 15 days, the CDLIS motor vehicle record obtained from the current licensing state must be in the driver qualification file.	49 CFR, 391.42 & 45 & 51 See Exception Page 70
8. LCV Certificate of Training or Certificate of Grand fathering. A person must not be allowed to drive a LCV until he/she has been issued a LCV Driver-Training Certificate or a LCV Driver-Training Certificate of Grand fathering.	49 CFR, 380.505 & 380.111
9. Entry-Level Driver-Training Certificate (CDL Driver only). A person must not be allowed to drive a CMV requiring a CDL without first obtaining the required Entry-Level Driver-Training Certificate.	49 CFR, 380.500
10. Medical Examiner Verification. Carriers must maintain in the driver's qualification file a note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners.	49 CFR, 391.23(m)

***The prospective motor carrier must:**

- Inform the applicant that the information provided on the application concerning previous employers may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history.
- Notify the driver in writing of his/her due process rights (see Due Process Rights in 391.23).

** Records must be maintained in secured location with controlled access.

APPLICATION FOR EMPLOYMENT

COMPANY Buckley Senior Center STREET ADDRESS 811 main Street
 CITY, STATE AND ZIP CODE Buckley WA 98321
 APPLICANT'S NAME Arlen Reno
(First) (Middle) (Maiden Name, if any) (Last)
 ADDRESS [REDACTED] HOW LONG? 22 yrs
(Street) (City) (State and Zip Code)
 DATE OF BIRTH [REDACTED] PHONE [REDACTED] SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA			1/16/18

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO X
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO X

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME Antioch USD

ADDRESS Antioch CA

POSITION HELD Teacher FROM 1973 TO 1979 SALARY _____

REASON FOR LEAVING Bought Business

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

SECOND LAST EMPLOYER NAME Self Employed - Valley Stationer

ADDRESS Northbend WA

POSITION HELD OWNER FROM 1979 TO 1997 SALARY _____

REASON FOR LEAVING Sold

Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

THIRD LAST EMPLOYER NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

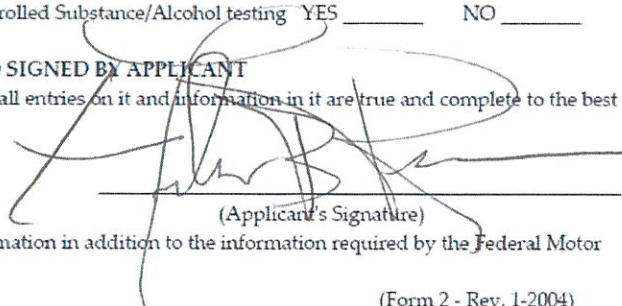
Subject to Federal Motor Carrier Safety Regulations: YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing: YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

3/14/17
(Date)


(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

MULTIPLE-EMPLOYER DRIVERS

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in 49 CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not—

- (1) Require the person to furnish an application for employment (391.21);
- (2) Make an inquiry into the person’s driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person’s employment record during the preceding three years (391.23);
- (3) Perform annual review of the person’s driving record (391.25); or
- (4) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

DRIVER QUALIFICATION FILE CHECKLIST

Name Arlen Reno

Social Security Number _____

Driver’s License Number [REDACTED]

Type of License _____ State WA

In addition to the above information, copies of the following must be obtained.

- Medical Examiner’s Certificate
- Road Test (or equivalent)
- Certificate of Road Test
- Controlled Substances Test

Driving Record - [REDACTED]
Abstract of Complete Driving Record
This information is current as of 3/31/2017 1:36:37 PM

Driver information			
PIC	[REDACTED]	Suffix	
Last	RENO	DOB	[REDACTED]
First	ARLEN	Gender	Male
Middle	BRADLEY		

Restrictions	
PDL C	Corrective Lenses -

Driver license status	
Status	Clear
Issued	7/13/2012
Expires	1/16/2018
Original issue date	3/18/1981

No violations, convictions, or accidents currently on file for this record.

med

DRIVER'S ROAD TEST EXAMINATION

Driver's Name Arlen Reno Phone _____

Driver's Address _____

City _____ State WA Zip Code _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance

- 10 The pretrip inspection. (As required by Sec. 392.7)
- N/A Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- 10 Placing the equipment in operation.
- 10 Use of vehicle's controls and emergency equipment.
- 10 Operating the vehicle in traffic and while passing other vehicles.
- 10 Turning the vehicle.
- 10 Braking, and slowing the vehicle by means other than braking.
- 10 Backing, and parking the vehicle.
- Other, Explain: _____

Type of equipment used in giving test: 2002 Ford E-450

Date 03/27 2017 Examiner's Signature Jesse Mitchell

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks Watch for low overhead.

CERTIFICATION OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(f)(g)(1)(2) of the Federal Motor Carrier Safety Regulations.

This is to certify that the above-named driver was given a road test under my supervision on 03/27 2017 consisting of approximately 13 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Buckley Senior Center
(Carrier Name)

811 Main Street Buckley WA 98321
(Carrier Address) (City) (State) (Zipcode)

Jesse Mickelson
(Name of Examiner)

Jesse Mickelson
(Signature of Examiner)

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of this Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2125-0006. Public reporting for this collection of information is estimated to average 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 Office, Federal Motor Carrier Safety Administration, 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:** Reno **First Name:** Allen 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)

Medical Examiner's Certificate Expiration Date

1-26-2019

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 Signature

Medical Examiner's Telephone Number

360-829-0625

Date Certificate Signed

1-26-19

Medical Examiner's Name (please print or type)

Jefferson Bougey, MD

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (Specify)

Medical Examiner's State License, Certificate, or Registration Number

PA10003567WA

Issuing State

Washington

National Registry Number

7454456030

Driver's Signature

Driver's License Number

[Redacted]

Issuing State/Province

WA

Driver's Address

[Redacted]

City:

[Redacted]

State/Province: WA

Zip Code:

[Redacted]

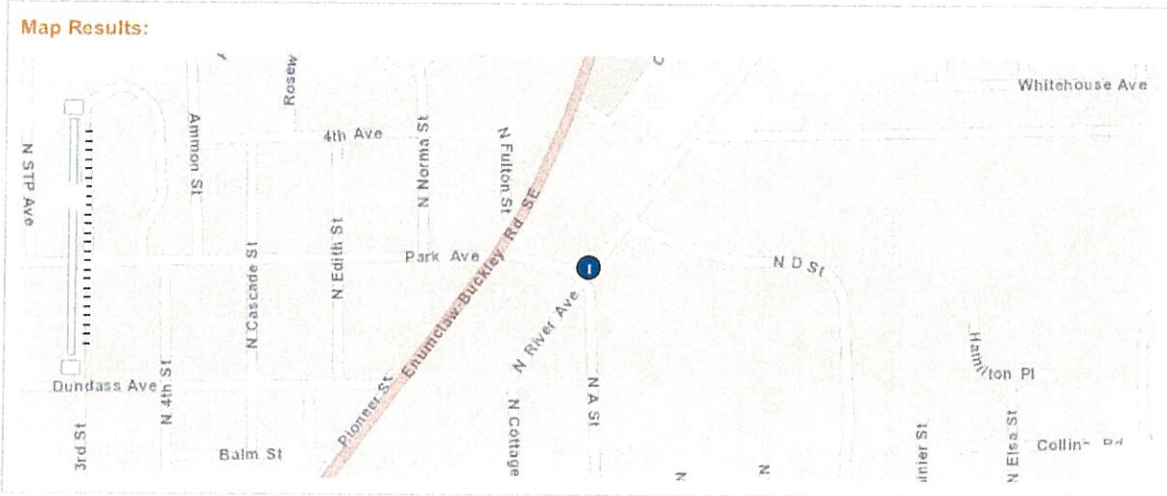
CLP/CDL Applicant/Holder

Yes No

Home > Medical Examiner Search Results

 [Print](#)

You searched for Medical Examiners with NRID #7454456030. Showing Results Page 1 of 1



1 **Jefferson L. Boulet**
 Physician Assistant, National Registry #: 7454456030
 Certification Date: 3/18/2014

 White River Family Care
 Employer: White River Family Care
 305 N River Ave., Buckley, WA, 98321-8978
 360-829-0625, Fax:
 Hours of Operation:

[No Website](#) | [Email](#) | [Get Directions](#)

1/26/17 *Alief*

Search for Medical Examiner

Last Name First Name

National Registry ID #
7454456030

Business Name

Employer Name

Medical Profession

City State

Zip Code Radius

OR



Attachment C

Ellen Boyd

From: Ellen Boyd <eboyd@cityofbuckley.com>
Sent: Monday, April 10, 2017 8:48 AM
To: Chloe Lopez (Parks & Rec)
Subject: Driver Duty Status
Attachments: Drivers Time Log- Record of Duty Status.pdf

Hi Chloe,

Please make up files for each of the volunteer drivers in the bottom right drawer of the receptionist desk. The files should be labeled with the driver's first and last names and placed in alphabetical order in the very front of the drawer. Inside the files should include the (attached) Driver Time Log to record their duty status.

Violation: 395.8(a) – Failing to require driver to make a record of duty status

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well steps to assure future compliance.

Corrective Action: Although the Senior Center has always maintained a travel log which includes mileage, trip specifications, driver time, and maintenance reports, they have not maintained a separate record of duty status. **In order come into compliance with applicable laws and rules, the Senior Center has printed Driver Time Record sheets for drivers to know separately track their duty status. Monthly Time Record sheets will be stored in the bottom right drawer of the receptionist desk at the Senior Center. Each driver will have their own file in this drawer and be expected to update their status each day they drive.**

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has communicated this corrective action plan to staff and provided copies of the Driver Time Record sheet to be distributed. Copies of this correspondence can be found in Attachment C.

Ellen Boyd

Recreation Services Director
P.O. Box 1960
811 Main St
Buckley, WA 98321
O: 360-761-7814
F: 360-829-9363

Driver Time Record

Month: _____ Year: _____

Driver's Name (Print): _____

Employee No. _____

COMPANIES MAY PREPARE THIS REPORT INSTEAD OF THE DRIVERS DAILY LOG IF THE FOLLOWING APPLY:

The driver operates wholly within 100 air mile radius of the work reporting location (150 air mile radius for NON CDL property carrier drivers), the driver is released from work at the work reporting location within 12 consecutive hours and the driver has at least 10 consecutive hours off duty (8 consecutive hours off duty for Passenger carriers). The drivers are still subject to the maximum driving and on duty times per CFR 49 Part 395.

Date	Start Time	Stop Time	Total On Duty Time	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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26				
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28				
29				
30				
31				

Attachment D

MOTOR CARRIER IDENTIFICATION REPORT
(Application for U.S. DOT NUMBER)

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

REASON FOR FILING (Check Only One)
 NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER BUCKLEY SENIOR CITIZENS		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME				
3. PRINCIPAL ADDRESS 811 MAIN STREET		4. CITY BUCKLEY	5. STATE/PROVINCE WASHINGTON	6. ZIP CODE + 4 98321	7. COLONIA (MEXICO ONLY)	
8. MAILING ADDRESS PO BOX 147		9. CITY BUCKLEY	10. STATE/PROVINCE WASHINGTON	11. ZIP CODE+4 98321	12. COLONIA (MEXICO ONLY)	
13. PRINCIPAL BUSINESS PHONE NUMBER (360) 829-0190		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER (360) 829-9363		
16. USDOT NO. 1983561	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN# 911194872 SSN#			
20. INTERNET E-MAIL ADDRESS SENIORCENTER@CITYOFBUCKLEY.COM			21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year)		YEAR 2016	

22. COMPANY OPERATION (Mark all that apply)
 A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)
 A. Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government
 B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe
 C. Private Property F. Migrant I. State Government L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)
 A. GENERAL FREIGHT F. LOGS, POLES, BEAMS, LUMBER J. FRESH PRODUCE P. GRAIN, FEED, HAY V. COMMODITIES DRY BULK BB. CONSTRUCTION
 B. HOUSEHOLD GOODS G. BUILDING MATERIALS K. LIQUIDS/GASES Q. COAL/COKE W. REFRIGERATED FOOD CC. WATER WELL
 C. METAL; SHEETS; COILS; ROLLS H. MOBILE HOMES L. INTERMODAL CONT. R. MEAT X. BEVERAGES DD. OTHER
 M. PASSENGERS S. GARBAGE, REFUSE, TRASH Y. PAPER PRODUCTS
 D. MOTOR VEHICLES I. MACHINERY, LARGE OBJECTS N. OIL FIELD EQUIPMENT T. U.S. MAIL Z. UTILITY
 E. DRIVE AWAY/TOWAWAY O. LIVESTOCK U. CHEMICALS AA. FARM SUPPLIES

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C S A. DIV 1.1	B NB C S K. DIV 2.2A (Ammonia)	B NB C S U. DIV 4.2	B NB C S EE. HRCQ	B NB
C S B. DIV 1.2	B NB C S L. DIV 2.3A	B NB C S V. DIV 4.3	B NB C S FF. CLASS 8	B NB
C S C. DIV 1.3	B NB C S M. DIV 2.3B	B NB C S W. DIV 5.1	B NB C S GG. CLASS 8A	B NB
C S D. DIV 1.4	B NB C S N. DIV 2.3C	B NB C S X. DIV 5.2	B NB C S HH. CLASS 8B	B NB
C S E. DIV 1.5	B NB C S O. DIV 2.3D	B NB C S Y. DIV 6.2	B NB C S II. CLASS 9	B NB
C S F. DIV 1.6	B NB C S P. Class 3	B NB C S Z. DIV 6.1A	B NB C S JJ. ELEVATED TEMP MAT.	B NB
C S G. DIV 2.1	B NB C S Q. Class 3A	B NB C S AA. DIV 6.1B	B NB C S KK. INFECTIOUS WASTE	B NB
C S H. DIV 2.1 LPG	B NB C S R. Class 3B	B NB C S BB. DIV 6.1 Poison	B NB C S LL. MARINE POLLUTANTS	B NB
C S I. DIV 2.1 (Methane)	B NB C S S. COM LIQ	B NB C S CC. DIV 6.1 SOLID	B NB C S MM. HAZARDOUS SUB(RQ)	B NB
C S J. DIV 2.2	B NB C S T. DIV 4.1	B NB C S DD. CLASS 7	B NB C S NN. HAZARDOUS WASTE	B NB
			C S OO. ORM	B NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus	Van		Limousine					
							Number of vehicles carrying number of passengers (including the driver) below										
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+		
OWNED												1					
TERM LEASED																	
TRIP LEASED																	

27. DRIVER INFORMATION

Within 100-Mile Radius	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Beyond 100-Mile Radius		5	5	

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes ___ No X
 If Yes, enter your U.S. DOT Number. _____

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. ELLEN BOYD, RECREATION SERVICES DIRECTOR
 (Please print Name)

2. LYNNE HONSOWETZ, PRESIDENT
 (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, ELLEN BOYD
 (Please print Name)

Signature ELLEN BOYD Date 04/10/2017 Title RECREATION SERVICES DIRECTOR
 (Please print)

I certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Ellen Boyd

Subject: Motor Carrier Identification Report Update Reminder

Start: Mon 1/15/2018 12:00 AM
End: Tue 1/16/2018 12:00 AM
Show Time As: Free

Recurrence: Yearly
Recurrence Pattern: every January 15

Organizer: Ellen Boyd

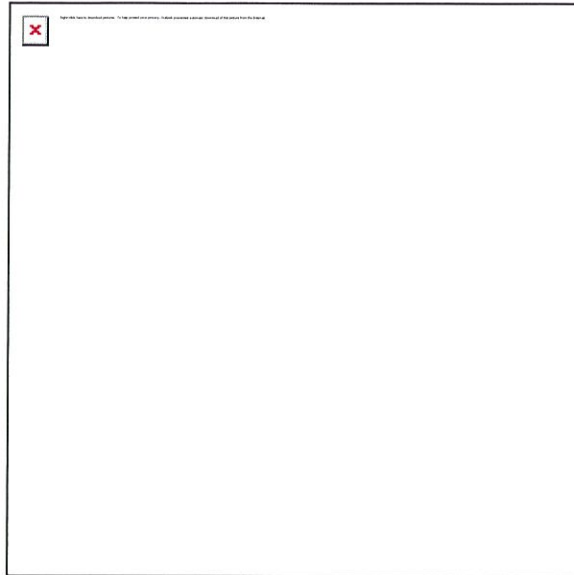
Annual reminder and instructions to file MCS-150.

Violation: 390.19(a)(1) – Failing to file a Motor Carrier Identification Report, Form MCS-150 (Motor Carrier)

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well steps to assure future compliance.

Corrective Action: The Senior Center is now aware that Federal Motor Carrier Safety Administration (FMCSA) registration process requires that companies define the type of business operation (Motor Carrier, Broker, Shipper, Freight Forwarder and/or Cargo Tank Facility) that they plan to establish. In order come into compliance with applicable laws and rules, the Senior Center has updated their Form MCS-150 (Attachment D) and will maintain a copy on site.

Future Compliance: In order to keep this violation from happening again, the Recreation Services Director has created an annual calendar reminder on Outlook to remember to do so on an annual basis. This can be viewed in Attachment D.



Recently you requested assistance from FMCSA Contact Center support. Below is a summary of your request and our response. If this issue is not resolved to your satisfaction, please contact us again and provide the incident reference # below. Thank you for allowing us to be of service to you.

Subject

USDOT - Biennial Update / USDOT PIN Number

Response By Email (Chasity J) (04/10/2017 01:18 PM)

Ms. Boyd,

Thank you for contacting the FMCSA Contact Center. Recently you requested assistance from FMCSA Contact Center support regarding completing a biennial update.

Please use the link below to request your USDOT PIN via email. Please note that all information entered must match what FMCSA has on file for your company.

- a) Request USDOT PIN: <https://safer.fmcsa.dot.gov/AutoPin/index.xhtml>
- b) The page that opens you will select *Request USDOT Number PIN Reset*.
- c) The next page displayed you will enter your company information and click Continue.
- d) After that page you will enter your credit card information to verify that you are a person requesting this information. There is no charge for the USDOT PIN number.
- e) Retrieve the USDOT PIN from your email account.

Once you have received your USDOT PIN, proceed to the online registration website where you will go to complete your update. In order to complete an online biennial update, please perform the following steps:

- a) Go to http://li-public.fmcsa.dot.gov/LIVIEW/PKG_REGISTRATION.prc_option.
- b) Next page will be Fraudulent and Misleading Marketing to New FMCSA Applicants. Scroll to the bottom of the screen and click FMCSA Online Registration System.

- c) Under Existing Registration Updates click on the radio button next to the prompt "*I need to update my USDOT number registration information or file my biennial update (MCS-150)*". Scroll to the bottom of the screen and then click Continue. On the next screen click *File Electronically*.
- d) When the USDOT Number MCS-150 Update (Including Biennial) informational screen is displayed, click File Electronically to continue the process.
- e) Enter your full USDOT Number, PIN, US Federal ID (EIN/SSN), Company Official and Title, and then click Continue.
- f) When the FMCSA Company Verification screen is displayed, verify the data and then click Continue. On the following pages you will update your information by clicking on the box the information is displayed in and correcting. You will select continue at the bottom, until you reach the last page which will have a modify button instead of a continue. Be sure to update the MCS-150 Mileage and Mileage Year. Once you click the modify you should get a notification that your update is completed.

If you have additional questions or need further assistance please contact us via <https://ask.fmcsa.dot.gov/app/ask/>, reply to this email, or call the FMCSA contact center number listed below.

Thank you,
Chasity
FMCSA Contact Center
Phone: 1-800-832-5660
Ask a Question: <https://ask.fmcsa.dot.gov/app/ask/>

Reminder: You may update your record immediately at our FMCSA registration portal which can be accessed from www.fmcsa.dot.gov.

Question Reference # 170410-001882

Date Created: 04/10/2017 01:18 PM
Date Last Updated: 04/10/2017 01:18 PM
Status: Solved

The Unified Registration System is here! For more information on how the phased approach affected new applicants (12/12/2015) and those already registered (later phases), [click here](#).

Questions for the Federal Motor Carrier Safety Administration? Please [Contact Us](#).

CONFIDENTIALITY NOTE: This e-mail and any attachments are confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of this e-mail or any attachment is prohibited. If you have received this e-mail in error, please notify us immediately by returning it to the sender and delete this copy from your system. Thank you for your cooperation.

Attachment E

Ellen Boyd

From: Ellen Boyd <eboyd@cityofbuckley.com>
Sent: Monday, April 10, 2017 10:01 AM
To: Chloe Lopez (Parks & Rec)
Subject: Hours-Of-Service Record for First Time or Intermittent Drivers
Attachments: Hours of Service Record for First Time Drivers.pdf

Hi Chloe,

When using a new or intermittent driver, please be sure you have them fill out the attached form. The form should be obtained prior to any driver driving for the first time and kept in our volunteer file in our office.

Violation: 395.8(j)(2) – Failing to obtain from driver, used for the first time or intermittently, a signed statement giving the total time on duty during the preceding 7 days and time at which last relieved from duty.

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well steps to assure future compliance.

Corrective Action: The Senior Center is now aware that Federal Motor Carrier Safety Administration (FMCSA) requires carriers to obtain a signed statement from each driver giving their total time on duty during the immediately preceding 7 days and the time at which he/she was last relieved of duty when they're used for the first time or intermittently. Additionally, the Senior Center recognizes that they must then keep the record of duty status (log) for 6 months at the Senior Center. In order come into compliance with applicable laws and rules, the Senior Center has distributed copies of the Hours-Of-Service Record for First Time or Intermittent Drivers form for Intake Staff to have drivers complete prior to their first time driving

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has distributed copies of the Hours-Of-Service Record for First Time or Intermittent Drivers form for Intake Staff to have drivers complete prior to their first time driving. This has been communicated to staff via e-mail. A copy of the correspondence can be found in Attachment E.

Ellen Boyd

Recreation Services Director
P.O. Box 1960
811 Main St

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on-duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) _____

<u>Day</u>	<u>Total time on duty</u>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from

_____ to _____
(Hour/date) (Hour/date)

Driver's Signature _____ Date _____

Attachment F

Ellen Boyd

Subject: Vehicle Inspections

Start: Mon 1/15/2018 12:00 AM
End: Tue 1/16/2018 12:00 AM
Show Time As: Tentative

Recurrence: Yearly
Recurrence Pattern: every January 15

Meeting Status: Not yet responded

Organizer: Ellen Boyd
Required Attendees: Chloe Lopez (Parks & Rec)

Chloe- This is a reminder for you to touch base with drivers about the importance of pre and post trip vehicle inspections.

Ellen- This is a reminder for you to schedule the van for its annual vehicle inspection.

Violation: 396.17(c) – Using a commercial motor vehicle not periodically inspected in accordance with minimum standards

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well steps to assure future compliance.

Corrective Action: In order come into compliance with applicable laws and rules, the Senior Center has printed pre and post trip vehicle inspection sheets for drivers to check off and submit back to staff with each trip. Additionally, the Senior Center has had the van inspected by a qualified mechanic and will continue to do so on an annual basis. The annual inspection and trip inspection sheets will be kept on file at the Senior Center. These documents can be viewed in Attachment G.

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has communicated the importance of pre and post trip vehicle inspections to all drivers and has created a calendar reminder on Outlook for their annual vehicle inspection. This correspondence can be viewed in Attachment G.

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
1/24/17	Invoice	71999		\$15.62	1/24/17	0	0

Parts		Description		Category	Qty	UOM	Condition
Mfg	Item						
LIT	40204	Lamps / Back Up NAPA Lighting			1		

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
1/20/17	Invoice	71969		\$11.04	1/20/17	0	0

Parts		Description		Category	Qty	UOM	Condition
Mfg	Item						
-	BU45CBP	BACK UP LIGHT			1		

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
12/23/16	Invoice	71722		\$117.07	12/23/16	0	123577

Labor		Category	Tech	Description
Item				
ML			BRAN	MISC.REPAIRS =CHECK FOR VEHICLE SHIFTER WONT COME OUT OF PARK, AFTER TESTING BRAKE SWITCH AND SHIFT INTERLOCK SWITCH FOUND THAT WHEELCHAIR SWITCH WAS ON AND WHEN ITS ON VEHICLE WONT COME OUT OF PARK FOR SAFETY...

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
10/28/16	Invoice	71298		\$47.15	11/3/16	0	122694

Labor		Category	Tech	Description
Item				
SERV6.5		LUBE	TYLR	LUBE/OIL FILTER, 6.5 QTS OIL CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 6 QTS OF OIL & VISUAL INSPECTION OF STEERING/BRAKES/SUSPENSION. ANTI-FREEZE GOOD TO -35 BELTS, GOOD HOSES, GOOD AIR FILTER, GOOD ALL OTHER FLUIDS GOOD FILLED WASHER FLUID GREASED FRONT END.

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
1/21/16	Invoice	68889		\$1,471.71	1/27/16	0	117473

Labor

Item	Category	Tech	Description
SERV6	LUBE	BRAN	LUBE/OIL FILTER, 6 QTS OIL CHANGE OIL FILTER AND OIL. LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 6 QTS OF OIL & VISUAL INSPECTION OF STEERING/BRAKES/SUSPENSION. ANTI-FREEZE GOOD TO -45
BFF	BRKS	BRAN	REPAIRS -INCLUDES REPLACING OF BRAKE PADS, CLEANING AND LUBE CALIPER SLIDES AND TOPPING OFF BRAKE FLUID. -INSTALLED NEW BRAKE ROTORS -INSTALLED BRAKE CALIPERS, BLED SYSTEM -PACK WHEEL BEARINGS ---DURING BRAKE REPAIRS WE FOUND THE RIGHT UPPER BALL JOINT OF THE FRONT SUSPENSION WARM WORN OUT CAUSING THE WHEEL TO MOVE IN/OUT 3/4 OF AN INCH SO WE REPLACED IT WITH NEW. ---PICTURES ATTACHED =====
			- BASIC TEST OF WHEEL CHAIR LIFT. CHECK WHEEL CHAIR HYDRAULICS=OK, PERFORM BASIC POWER TESTING AND FOUND POWER TO UNIT BUT NO SIGNAL FROM CONTROLLER= NEEDS TO GO TO RICON CENTER= SEE BELOW
			-LIFT NEEDS TO GO TO RICON WHEELCHAIR LIFT REPAIR CENTER. THERE IS ONE IS SUMNER-KERSEY MOBILITY 253-863-4744. CALL FOR AN APPOINTMENT

NOTE

Parts	Mfg	Item	Description	Category	Qty	UOM	Condition
	NCP	2601349	BALL JOINT, upper right	SUS	1	EA	New
	NOS	24017	OIL SEAL	BRKS	2	EA	New
	WIP	60020	Wiper Blade - AccuFit	GEN	2	EA	New

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
1/21/16	Invoice	68889		\$1,471.71	1/27/16	0	117473
Parts							
Mfg	Item	Description	Category	Qty	UOM	Condition	
-	8195589	SIDE DOOR WHEEL CHAIR CYLINDER		2			
UP	UP7535SD	SEVERE DUTY BRAKE PADS	BRKS	1	SET	New	
NB	4886529	Brake Rotor & Hub Assy - Front - Premium	BRKS	2	EA	New	
CAL	SE5166A	Brake Caliper w/ Hardware - Left Front		1			
CAL	SE5165A	Brake Caliper w/ Hardware - Right Front		1			
BF	QT	BRAKE FLUID	BRKS	1.5	QT	New	
--	BSC	SPRAY CLEANER	BRKS	2	CAN	New	
Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
2/23/15	Invoice	65931		\$1,740.85	3/6/15	111111	111111
Labor							
Item	Category	Tech	Description				
BRD	BRKS		REAR DISC BRAKE REPAIRS =REPLACE REAR BRAKE PADS & CALIPERS, SERVICE CALIPER SLIDES, BLEED OUT BRAKE SYSTEM. =POWER BUFF BRAKE ROTORS				
GUIDE			REPLACE LEFT REAR AXLE OIL SEAL, SERVICE REAR DIFFERENTIAL				
RDS	PM		REMOVE COVER,CLEAN,FLUSH AND FILL,APPLY SEALER TO COVER.				
GUIDE		JOE	FUEL PUMP - R&R WE DRAINED & REMOVED THE FUEL TANK. THE BOLTS HOLDING THE FUEL PUMP ASSEMBLY INTO THE TANK WERE VERY RUSTED AND ALL BROKE OFF BUT ONE SO WE HAD TO DRILL OUT BROKEN BOLTS, RETAP THREADS, INSTALL NEW BOLTS, FUEL PUMP ETC. -REFILL TANK.				
Parts							
Mfg	Item	Description	Category	Qty	UOM	Condition	
UP	UP7299SD	SEVERE DUTY BRAKE PADS LIFETIME WARRANTY	BRKS	1	SET	New	

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice	Odometer		
Date	Type	Number	Reference	Amount	Date	In	Out
2/23/15	Invoice	65931		\$1,740.85	3/6/15	111111	111111
Parts							
Mfg	Item	Description		Category	Qty	UOM	Condition
CAL	SE5238	Caliper w/ Hardware - Left Rear (Eclipse OE Phenolic Piston			1		
CAL	SE5237	Caliper w/ Hardware - Right Rear (Eclipse OE Phenolic Piston			1		
BF	QT	BRAKE FLUID		BRKS	1	QT	New
NOS	28754	Wheel Seal - Rear Wheel			1		
--	BSC	SPRAY CLEANER		BRKS	1	CAN	New
-	75W90	SYNTHETIC GEAR OIL		LUBE	4	QT	New
--	XL3	GEAR OIL ADDATIVE		GEN	1	EA	New
SFI	23595	FUEL FILTER		TUN	1	EA	New
DFP	FE0479	Fuel Pump - (Electric In-Tank Type) - OEM			1		
-	1030	GAS FILLER NECK HOSE			2		

Original		Repair Order		Invoice	Odometer		
Date	Type	Number	Reference	Amount	Date	In	Out
2/13/15	Invoice	65843		\$165.84	2/23/15	0	110927

Labor Item	Category	Tech	Description
SERV-6.5		JOE	SERVICE 6.5 QTS CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 6.5 QTS OF OIL. ANTIFREEZE GOOD TO -45
ML		JOE	MISC.REPAIRS =CHECK FOR NO START AT TIMES CHECK FUEL PRESSURE 13 PSI SPEC IS 35 PSI NEEDS FUEL PUMP. CHECKED FOR CODES FOUND NONE.
NEED	PM	JOE	NEEDED REPAIRS!!!!!!!!!!!!!! =NEEDS FUEL PUMP, REAR BRAKES, LEFT AXLE SEAL IS LEAKING

Original		Repair Order		Invoice	Odometer		
Date	Type	Number	Reference	Amount	Date	In	Out
3/5/14	Invoice	62813		\$47.15	3/10/14	0	105418

Labor Item	Category	Tech	Description
SERV-6.5		JEFF	SERVICE 6.5 QTS CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL.

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

INCLUDES FILTER AND UP TO 6.5 QTS OF OIL.
ANTIFREEZE GOOD TO -40

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
6/14/13	Canceled	60636		\$0.00		0	0

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
6/14/13	Invoice	60633		\$47.15	6/17/13	99877	99877

Labor

Item	Category	Tech	Description
SERV6.5	LUBE	JOE	LUBE/OIL FILTER, 6.5 QTS OIL CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 6 QTS OF OIL & VISUAL INSPECTION OF STEERING/BRAKES/SUSPENSION. ANTI-FREEZE GOOD TO -40

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
9/14/12	Invoice	58468		\$555.64	11/12/12	94876	94876

Labor

Item	Category	Tech	Description
DIT8	TU	5	DIRECT IGN.TUNE UP 10 CYL. - REPLACE SPARK PLUGS, COIL BOOTS AIR & FUEL FILTERS.PCV.PERFORM MINOR CLEANING OF FUEL INJECTION THROTTLE BODY & MAF SENSOR. -SCAN TEST PCM & WAVE FORM O2 SENSORS=OK ==TUNE PARTS WERE WORN OUT!

LCD

Item	Category	Tech	Description
SERV-6.5		6	LOYAL CUSTOMER DISCOUNT SERVICE 6.5 QTS CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 6.5 QTS OF OIL. ANTI-FREEZE GOOD TO -35

Parts

Mfg	Item	Description	Category	Qty	UOM	Condition
SFI	26418	AIR FILTER	TUN	1	EA	New

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
9/14/12	Invoice	58468		\$555.64	11/12/12	94876	94876
Parts							
Mfg	Item	Description	Category	Qty	UOM	Condition	
SFI	23595	FUEL FILTER	TUN	1	EA	New	
CRB	29397	PCV VALVE	TUN	1	EA	New	
CHA	7963	DOUBLE PLATINUM SPARK PLUG	TUN	10	EA	New	
ECH	ICB100	IGN COIL BOOT	TUN	10	EA	New	
--	CSC	FUEL SYSTEM SPRAY CLEANER	GEN	1	CAN	New	

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
9/14/12	Canceled	58467		\$0.00		0	0

Labor
 Item
 NEED

Category
 PM

Tech

Description
 NEEDED REPAIRS!!!!!!!!!!!!!!

90K SERVICES @ NEXT OIL CHANGE!!!!
 = SPARK PLUGS/DOUBLE PLATNUM
 = FUEL FILTER
 = DIFFERENTIAL OIL
 = COOLING SYSTEM FLUSH
 = PACK FRONT WHEEL BEARINGS
 = POWER STEERING FLUSH

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
4/20/12	Invoice	57271		\$66.73	4/30/12	90037	90037

Labor
 Item
 SERV-6.5

Category

Tech
 JOE

Description
 SERVICE 6.5 QTS
 CHANGE OIL FILTER AND OIL, LUBRICATE ALL
 FITTINGS, INSPECT ALL FLUID LEVELS AND FILL.
 INCLUDES FILTER AND UP TO 6.5 QTS OF OIL.
 ANTIFREEZE GOOD TO -30 DEGS.

ML

6

MISC.REPAIRS
 - REMOVED ROD FROM REAR HANDICAP DOOR AND
 TIGHTEN BRACKET SCREWS, REINSTALL ROD.

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
10/3/11	Invoice	55728		\$47.37	10/6/11	86088	86088

Labor
 Item
 SERV-6.5

Category

Tech
 9

Description
 SERVICE 6.5 QTS
 CHANGE OIL FILTER AND OIL, LUBRICATE ALL

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

FITTINGS, INSPECT ALL FLUID LEVELS AND FILL.
INCLUDES FILTER AND UP TO 6.5 QTS OF OIL.
ANTIFREEZE GOOD TO -40

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
5/17/11	Invoice	54611		\$90.46	5/23/11	82808	82808

Labor Item	Category	Tech	Description
SERS6.5		9	LUBE/OIL/FILTER, 6.5 QTS SYNTHETIC

CHECK ALL FLUIDS, AIR UP TIRES, PERFORM VISUAL BRAKE,STEERING,SUSPENSION CHECK.
AF-40

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
4/18/11	Invoice	54398		\$71.61	4/19/11	81880	81880

Labor Item	Category	Tech	Description
ML		5	MISC.REPAIRS

- TEST ELECTRICAL SYSTEM FOR REVERSE BEEPER AND REAR HEATER NO WORKING.
- FOUND 60AMP MAXI FUSE BLOWN IN THE POWER DISTRIBUTION BOX, REPLACED FUSE WITH NEW AND EVERYTHING WORKS, CHECKED BASIC WIRING=OK
- WE DID NOTICE THERE IS A NEW BATTERY, DID SOMEONE ARCH SOMETHING DURING INSTALLATION??

Parts Mfg	Item	Description	Category	Qty	UOM	Condition
BK	7822104	60AMP MAXI FUSE		1		

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
12/7/10	Invoice	53387		\$491.33	12/9/10	79325	79325

Labor Item	Category	Tech	Description
GUIDE			RADIUS ARM BUSHING - R&R

DOES NOT include alignment

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
12/7/10	Invoice	53387		\$491.33	12/9/10	79325	79325
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
ALT		ALIN		LASER THRUST ALIGNMENT (DUAL)			
INCLUDES USING ALIGNMENT HEADS ON ALL FOUR WHEELS TO ENSURE A STRAIGHT STEERING WHEEL.							

Parts		Description	Category	Qty	UOM	Condition
Mfg	Item					
NCP	2749149	RADIUS ARM BUSHING KIT	SUS	2	EA	New

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
12/3/10	Invoice	53360		\$78.56	12/6/10	79276	79276
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
SERV-6.5			5	SERVICE 6.5 QTS			
CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 6.5 QTS OF OIL. ANTIFREEZE GOOD TO -35							

NEED PM 5 NEEDED REPAIRS!!!!!!!!!!!!!!

- LEFT SIDE SUSPENSION RADIUS ARM BUSHING IS WORN AND NEEDS TO BE REPLACED.
- FRONT TIRES ARE WORN DOWN AND NEED TO BE REPLACED VERY SOON.
- RIGHT REAR OUTSIDE TIRE IS CRACKED ALONG THE BEAD.

Parts		Description	Category	Qty	UOM	Condition
Mfg	Item					
WIP	600201	WIPER BLADE	GEN	2	EA	New

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
6/15/10	Invoice	51977		\$46.07	7/12/10	75922	75922
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
SERV7		PM	9	LUBE/OIL/FILTER/7QTS			
CHANGE ENGINE OIL, FILTER, LUBE CHASSIS WHERE REQUIRED, TOP OFF FLUID LEVELS, CHECK AIR PRESSURE. ANTIFREEZE IS GOOD TO -40							

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
6/15/10	Invoice	51977		\$46.07	7/12/10	75922	75922
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
NEED		PM	9	NEEDED REPAIRS!!!!!!!!!!!!!!			
-DRIVERS SIDE MIRROR GLASS BROKEN							

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
4/9/10	Invoice	51516		\$0.00	4/9/10	74241	74241
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
ML			5	MISC.REPAIRS			
- NO-START, GO AND GET STARTED. FOUND STARTER SOLENOID LOOSE ON FENDER. REMOVED BATTERY TO GAIN ACCESS TO SOLENOID, INSTALLED TWO LOCK WASHER UNDER BOLTS. REINSTALL BATTERY, LOAD TESTED BATTERY, 800 AMPS AT 9.5 VOLTS, IN SPECS.							

Parts		Description		Category	Qty	UOM	Condition
Mfg	Item						
-	MP	1/4" LOCK WASHER		GEN	2	EA	New

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
3/5/10	Invoice	51291		\$227.00	3/8/10	73391	73391
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
GUIDE			5	MISC REPAIRS			
-TEST FOR NO TURN OVER AT TIMES TO FIND IGNITION SWITCH DEFECTIVE -REPLACE SWITCH WITH NEW AND TEST SYSTEM AGAIN-ALL OK							

Parts		Description		Category	Qty	UOM	Condition
Mfg	Item						
-	SW5016	IGNITION SWITCH			1		New

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
12/18/09	Invoice	50791		\$585.98	12/23/09	71723	71723
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
SERV7		PM	WSG	LUBE/OIL/FILTER/7QTS			
CHANGE ENGINE OIL,FILTER,LUBE CHASSIS WHERE							

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

REQUIRED, TOP OFF FLUID LEVELS, CHECK AIR PRESSURE. ANTIFREEZE IS GOOD TO -40

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
12/18/09	Invoice	50791		\$585.98	12/23/09	71723	71723

Labor

Item	Category	Tech	Description
BRF	BRKS	5	BRAKES RWD.FRONT REPLACE FRONT BRAKE PADS,CLEAN HARDWARE,LUBE CALIPER SLIDES. REPLACE BOTH CALIPERS, FILL SYSTEM AND BLEED AIR. -MACHINED BOTH ROTORS ON VEHICLE TO OBTAIN MINIMAL RUNOUT

Parts

Mfg	Item	Description	Category	Qty	UOM	Condition
BF	PT	BRAKE FLUID-PINT	BRKS	1	EA	New
PYROIL-CSK:		SPRAY CLEANER	BRKS	2	CAN	New
-	TQM25387	PREMIUM CALIPER WITH PADS		1		
-	TQM25386	PREMIUM CALIPER WITH PADS		1		

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
7/31/09	Invoice	49799		\$90.10	8/4/09	68154	68154

Labor

Item	Category	Tech	Description
SER5/20		5	LUBE OIL FILTER-5W20 -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 7 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-35

ML

Tech	Description
5	MISC.REPAIRS -DRAINED AND FILLED E-BRAKE ASSEMBLY WITH NEW FLUID

Parts

Mfg	Item	Description	Category	Qty	UOM	Condition
AMM	AMSATF	SYNTHETIC ATF	PM	0.5	QT	New

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
2/9/09	Invoice	48521		\$792.08	4/29/09	65080	65080
Labor							
<u>Item</u>		<u>Category</u>	<u>Tech</u>	<u>Description</u>			
SER5/20			WSG	LUBE OIL FILTER-5W20 -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-35			
FUEL		TUN	9	R&R FUEL FILTER -REMOVE AND REPLACE FUEL FILTER AND OR ELEMENT WITH NEW			
RDS		PM	9	SERVICE REAR DIFFERENTIAL REMOVE COVER,CLEAN,FLUSH AND FILL,APPLY SEALER TO COVER.			
CSF		PM	9	COOLING SYSTEM FLUSH CONNECT VEHICLE TO FLUSHING MACHINE & PERFORM SYSTEM CLEANING. REFILL SYSTEM WITH PROPER ANTIFREEZE, PURGE SYSTEM OF AIR.			
FIS		FIS	9	FUEL INJECTION SERVICE. CLEAN FUEL INJECTORS,FUEL RAIL,PENUM RUNNERS,CHECK FUEL PUMP VOLUME.			
BSF		BRKS	9	BRAKE SYSTEM FLUSH. FLUSH AND PURGE ENTIRE SYSTEM WITH NEW FLUID.			
WBP2		PM	9	WHEEL BEARING PACK - 2 WD INSPECT AND WASH AND REPACK WHEEL BEARINGS,			
BI			9	INSPECT BRAKES INSPECT FRONT AND REAR BRAKES TO FIND-- APPROX 60% REMAINING ON FRONTS AND 80% REARS			
Parts							
Mfg	Item	Description	Category	Qty	UOM	Condition	
SFI	23595	FUEL FILTER	TUN	1	EA	New	
POR	ATF	E-BRAKE FLUID	PM	1	QT	New	
-	MVC	ULTRA PREMIUM COOLANT MULTI VEHICLE	GEN	3	EA	New	

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
2/9/09	Invoice	48521		\$792.08	4/29/09	65080	65080
Parts							
Mfg	Item	Description	Category	Qty	UOM	Condition	
MAC	1300	COOLING SYSTEM CONDITIONER	PM	1	EA	New	
PO	90WT	GEAR OIL	LUBE	3	QT	New	
RS	SEALER	GASKET SEALER	GEN	1	EA	New	
BF	QT	BRAKE FLUID	BRKS	1	QT	New	

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
11/14/08	Invoice	48001		\$211.72	11/24/08	61740	61740

Labor		Category	Tech	Description
SERV		GEN	6	LUBE OIL FILTER CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 7 QTS OF OIL. ANTI FREEZE GOOD TO -60
ATF		ATF	6	AUTO TRANSMISSION FLUID EXCHANGE THIS SERVICE CONSISTS OF PLUMBING THE VEHICLE'S TRANSMISSION INLINE WITH THE T-TECH FLUID EXCHANGE MACHINE TO EXCHANGE THE ENTIRE SYSTEM OF OLD CONTAMINATED FLUID AND FILL IT WITH NEW RECOMMENDED ATF. PARTS & LABOR INCLUDED IN THIS SERVICE.

Parts		Description	Category	Qty	UOM	Condition
SFI	26418	AIR FILTER	TUN	1	EA	New

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
6/10/08	Invoice	46781		\$46.50	6/12/08	58028	58028

Labor		Category	Tech	Description
SERV		GEN	9	LUBE OIL FILTER CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 7 QTS OF OIL. ANTI FREEZE GOOD TO -40

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
12/27/07	Invoice	45663		\$46.50	12/27/07	54171	54171
Labor							
Item		Category	Tech	Description			
SER5/20			9	LUBE OIL FILTER-5W20 -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-45			

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
8/27/07	Invoice	44729		\$119.35	8/30/07	50900	50900
Labor							
Item		Category	Tech	Description			
SER5/20			WSG	LUBE OIL FILTER-5W20 -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 6 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-50			
ML			WSG	MISC.REPAIRS -TEST FOR AC AND CLOCK NOT WORKING TO FIND MASTER BATTERY SWITCH ON DRIVERS SEAT TURNED OFF--TURNED ON AND AC AND CLOCK NOW WORK			
NEED		PM	WSG	NEEDED REPAIRS!!!!!!!!!!!!!! -ALL TIRES ASAP!!!!!!!!!! -ALL BRAKES CHECKED -REAR DIFFERENTIAL SERVICED--COVER IS LEAKING			

Parts Mfg	Item	Description	Category	Qty	UOM	Condition	
BK	7041036	DRAIN PLUG	GEN	1	EA	New	
Original							
Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
5/10/07	Invoice	43826		\$46.50	5/10/07	47278	47278
Labor							
Item		Category	Tech	Description			
SER5/20			6	LUBE OIL FILTER-5W20 -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 6.5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-60			

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
5/10/07	Invoice	43826		\$46.50	5/10/07	47278	47278
Labor							
Item		Category	Tech	Description			
NEED		PM	6	NEEDED REPAIRS!!!!!!!!!!!!!!			
-PASSENGERS SIDE INNER DUAL FLAT--							
Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
1/2/07	Invoice	42778		\$42.71	1/4/07	43843	43843
Labor							
Item		Category	Tech	Description			
SER5/20			3	LUBE OIL FILTER-5W20			
-CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-60							
Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
8/28/06	Invoice	41761		\$53.38	8/31/06	40503	40503
Labor							
Item		Category	Tech	Description			
SER5/20			3	LUBE OIL FILTER-5W20			
-CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 6.5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-40							
RAINX			3	WINDSHIELD SERVICE			
-CLEAN WINDSHIELD AND APPLY RAIN-X TREATMENT							
Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
4/27/06	Invoice	40673		\$84.80	5/4/06	37033	37033
Labor							
Item		Category	Tech	Description			
SER5/20			3	LUBE OIL FILTER-5W20			
-CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 6.5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-50							

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original (continued)		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
4/27/06	Invoice	40673		\$84.80	5/4/06	37033	37033

Labor

Item	Category	Tech	Description
FUEL	TUN	3	R&R FUEL FILTER

-REMOVE AND REPLACE FUEL FILTER AND OR ELEMENT WITH NEW

NEED PM 3 NEEDED REPAIRS!!!!!!!!!!!!

-PASSENGERS SIDE REAR INNER TIRE HAS A NAIL IN IT

Parts

Mfg	Item	Description	Category	Qty	UOM	Condition
SFI	23595	FUEL FILTER		1		

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
11/9/05	Invoice	39239		\$38.75	11/9/05	33156	33156

Labor

Item	Category	Tech	Description
SER5/20			LUBE OIL FILTER-5W20

-CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 6.5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-60

Original		Repair Order		Invoice		Odometer	
Date	Type	Number	Reference	Amount	Date	In	Out
4/5/05	Invoice	37346		\$38.75	4/11/05	26340	26340

Labor

Item	Category	Tech	Description
SER5/20		7	MISC REPAIRS

-CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-40
-ADJUST PARKING BRAKE BRAKE

NEED PM 7 NEEDED REPAIRS!!!!!!!!!!!!

-BOTH OUTER TIRES ON RIGHT SIDE OF VEHICLE NEEDED REPLACED. CORDS SHOWING ON REAR!!!!!! THIS IS CAUSED FORM RIDING ON THE CURBS!!!!!!!!!!!!!!!!!!!!

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
11/2/04	Invoice	36133		\$70.57	11/2/04	23074	23074
Labor Item		Category	Tech	Description			
SERV		PM	14	LUBE OIL FILTER 6.5QTS 5W20 CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. INCLUDES FILTER AND UP TO 5 QTS OF OIL. ANTI FREEZE GOOD TO -35			
ML			14	SERVICE E.BRAKE RESERVOIR. DRAIN,FLUSH FILL EMERGENCT BRAKE RESERVOIR WITH NEW FLUID AS THE OLD WAS VERY DARK & DIRTY.			

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
11/1/04	Invoice	36132		(\$36.59)	11/2/04	23074	23074
Labor Item		Category	Tech	Description			
SER5/20			14	LUBE OIL FILTER-5W20-6.5 QTS -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-50			

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
11/1/04	Invoice	36102		\$36.59	11/2/04	23074	23074
Labor Item		Category	Tech	Description			
SER5/20			14	LUBE OIL FILTER-5W20-6.5 QTS -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-50			

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
7/9/04	Invoice	35072		\$36.59	7/13/04	20081	20081
Labor							
Item		Category	Tech	Description			
SER5/20			14	LUBE OIL FILTER-5W20-6.5 QTS -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-50			

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
3/5/04	Invoice	33892		\$36.59	3/9/04	17006	17006
Labor							
Item		Category	Tech	Description			
SER5/20			15	LUBE OIL FILTER-5W20--6.5QTS -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO6.5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-50			

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
10/9/03	Invoice	32521		\$58.99	10/10/03	13890	13890
Labor							
Item		Category	Tech	Description			
SER5/20			14	LUBE OIL FILTER-5W20-6.5 QTS -CHANGE OIL AND OIL FILTER. INSPECT ALL FLUID LEVELS AND FILL,LUBRICATE ALL FITTINGS.INCLUDES FILTER AND UP TO 5 QTS OF 5W20 OIL. ANTIFREEZE GOOD TO-45 -REPLACED AIR FILTER WITH NEW			

Mfg	Item	Description	Category	Qty	UOM	Condition	
SFI	26418	AIR FILTER	GEN	1	EA	New	
Parts							
Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
7/25/03	Invoice	31737		\$19.46	7/29/03	10679	10679
Labor							
Item		Category	Tech	Description			
SERS		PM	14	LUBE OIL FILTER (SPECIAL) SERVICE COMPLETE, 6.5QTS 5W20WV OIL. THIS IS MATERIALS CHARGE ONLY, LABOR \$/N/C			

Vehicle Service History Report

BUCKLEY SENIOR CITIZENS INC.

2002 Ford Truck E450 Super Duty 1 1/2 Ton 6.8 L 415 CID V10 SOHC, Tag:08278, Vin:1FDXE45SX2HB76040

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
4/25/03	Invoice	30743		\$19.46	4/25/03	7510	7510
Labor							
Item		Category	Tech	Description			
SERS		PM	12	LUBE OIL FILTER (SPECIAL) SERVICE COMPLETE, 6.5QTS 5W20WT OIL. THIS IS MATERIALS CHARGE ONLY, LABOR \$N/C			

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
12/20/02	Invoice	29607		\$49.05	12/23/02	3119	3119
Labor							
Item		Category	Tech	Description			
SERV		PM	14	LUBE OIL FILTER -CHANGE OIL FILTER AND OIL, LUBRICATE ALL FITTINGS, INSPECT ALL FLUID LEVELS AND FILL. -INCLUDES 6 QTS OF 5W20 MOTOR OIL AS REQUIRED BY FORD AND OIL FILTER. -COOLANT IS GOOD TO -60			

Original Date	Type	Repair Order Number	Reference	Invoice Amount	Invoice Date	Odometer In	Odometer Out
12/5/02	Invoice	29475		\$0.00	12/6/02	2613	2613
Labor							
Item		Category	Tech	Description			
VI		GEN	12	VEHICLE INSPECTION -- INSPECT PER SHEET, NEEDS COAH BODY CLEANED AND BUFFED ABOVE DRIVERS DOOR. -- ALL OTHER ITEMS LOOKED GOOD.			

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Report Number: WAU008000139
Inspection Date: 01/24/2017
Start: 10:05 AM PT **End:** 10:30:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

BUCKLEY SENIOR CITIZENS PO BOX 147 BUCKLEY, WA 98321 USDOT#: 01983561 Phone#: (360)829-0190 MC/MX#: Fax#: State#: Location: 811 MAIN ST, BUCKLEY Highway: County: PIERCE, WA	Driver: License#: State: Date of Birth: CoDriver: License#: State: Date of Birth: Shipper: Bill of Lading: Cargo: EMPTY
MilePost: Origin: , Destination:	

VEHICLE IDENTIFICATION

<u>Unit</u>	<u>Type</u>	<u>Make</u>	<u>Year</u>	<u>State</u>	<u>Plate #</u>	<u>Equipment ID</u>	<u>VIN</u>	<u>GVWR</u>	<u>CVSA #</u>	<u>CVSA Issued #</u>	<u>OOS Sticker</u>
1	BU	FORD	2002	WA	R508278		1FDXE45SX2HB78040	14,050	00073615	24090022	

BRAKE ADJUSTMENTS

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

VIOLATIONS

<u>Vio Code</u>	<u>Section</u>	<u>Unit</u>	<u>OOS</u>	<u>Citation #</u>	<u>Verify</u>	<u>Crash</u>	<u>Violations Discovered</u>
393.11	393.11	1	N		N	N	No or defective lighting devices or reflective material as required: Front clearance lights inoperable.
393.62E	393.62(e)	1	N		N	N	No or inadequate bus emergency exit marking: Left and Right side emergency exit windows have no emergency exit markings indicating operation.
390.21B	390.21(b)	1	N		N	N	Carrier name and/or USDOT Number not displayed as required: No USDOT number marked on vehicle.

HazMat: No HM Transported. **Placard:** No **Cargo Tank:**

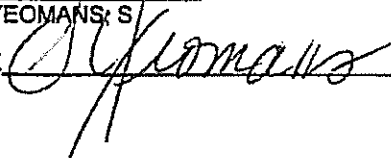
Special Checks: No Data for Special Checks.


Report Prepared By:
YEOMANS, S

Badge #:
WAU586

Copy Received By:

Page 1 of 1

x 

x 



01983561 WA WAU008000139

Attachment G

Ellen Boyd

Subject: Vehicle Inspections

Start: Mon 1/15/2018 12:00 AM
End: Tue 1/16/2018 12:00 AM
Show Time As: Free

Recurrence: Yearly
Recurrence Pattern: every January 15

Meeting Status: Meeting organizer

Organizer: Ellen Boyd
Required Attendees: Chloe Lopez (Parks & Rec)

Chloe- This is a reminder for you to touch base with drivers about the importance of pre and post trip vehicle inspections.

Ellen- This is a reminder for you to schedule the van for its annual vehicle inspection.

Violation: 396.17(c) – Using a commercial motor vehicle not periodically inspected in accordance with minimum standards

Reason Violation Occurred: Current staff at the Buckley Senior Center had no knowledge of this requirement prior to January of 2017. Although the Utilities and Transportation Commission conducted a compliance review of the Buckley Senior Citizens with Senior Center Director Skogen in February of 2005 and provided technical assistance at that time, Ms. Skogen retired in 2006 and did not relay the requirement of meeting this guideline to Ms. Bacon when she was hired to replace her. Without any subsequent inspections by the UTC, adherence to this requirement was lost. Ms. Bacon left the position in August, 2011 and was replaced by Ms. Boyd in the same month. Now that the Buckley Senior Center is aware of this violation they have taken corrective action to rectify it as well steps to assure future compliance.

Corrective Action: In order come into compliance with applicable laws and rules, the Senior Center has printed pre and post trip vehicle inspection sheets for drivers to check off and submit back to staff with each trip. Additionally, the Senior Center has had the van inspected by a qualified mechanic and will continue to do so on an annual basis. The annual inspection and trip inspection sheets will be kept on file at the Senior Center. These documents can be viewed in Attachment G.

Future Compliance: In order to keep this violation from happening again, the Buckley Senior Center has communicated the importance of pre and post trip vehicle inspections to all drivers and has created a calendar reminder on Outlook for their annual vehicle inspection. This correspondence can be viewed in Attachment G.

Driver's Vehicle Inspection Report

Check any defective Item and give details under "Remarks."

DATE: April 7th 2017

TRUCK/TRACTOR NO. _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Compressor | <input checked="" type="checkbox"/> Horn | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Air Lines | <input checked="" type="checkbox"/> Lights | <input checked="" type="checkbox"/> Starter |
| <input checked="" type="checkbox"/> Battery | <input checked="" type="checkbox"/> Head - Stop | <input checked="" type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Tachograph |
| <input checked="" type="checkbox"/> Brakes | <input checked="" type="checkbox"/> Turn Indicators | <input checked="" type="checkbox"/> Tires |
| <input type="checkbox"/> Carburetor | <input checked="" type="checkbox"/> Mirrors | <input checked="" type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input checked="" type="checkbox"/> Muffler | <input checked="" type="checkbox"/> Wheels |
| <input checked="" type="checkbox"/> Defroster | <input checked="" type="checkbox"/> Oil Pressure | <input checked="" type="checkbox"/> Windows |
| <input checked="" type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input checked="" type="checkbox"/> Windshield Wipers |
| <input checked="" type="checkbox"/> Engine | <input checked="" type="checkbox"/> Radiator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input checked="" type="checkbox"/> Rear End | |
| <input checked="" type="checkbox"/> Front Axle | <input checked="" type="checkbox"/> Reflectors | |
| <input checked="" type="checkbox"/> Fuel Tanks | <input checked="" type="checkbox"/> Safety Equipment | |
| <input checked="" type="checkbox"/> Heater | Fire Extinguisher | |
| | Flags-Flares-Fusees | |
| | Spare Bulbs & Fuses | |
| | Spare Seal Beam | |

TRAILER(S) NO.(S) _____

<input type="checkbox"/> Brake Connections	<input type="checkbox"/> Hitch	<input type="checkbox"/> Tarpaulin
<input type="checkbox"/> Brakes	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Tires
<input type="checkbox"/> Coupling Chains	<input type="checkbox"/> Lights - All	<input type="checkbox"/> Wheels
<input type="checkbox"/> Coupling (King) Pin	<input type="checkbox"/> Roof	<input type="checkbox"/> Other
<input type="checkbox"/> Doors	<input type="checkbox"/> Springs	

Remarks: RIGHT SIDE CLEARANCE / TURN LIGHT NOT WORKING
BACK EMERGENCY DOOR NEEDS REPAIR, CAN'T OPEN FROM
OUTSIDE

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature Eugene Hagerquist

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE _____ DATE: _____
 OWNING DRIVER'S SIGNATURE _____ DATE: _____

ANNUAL VEHICLE INSPECTION REPORT

Unit No.	Vin No.	Make	Model	License No.
Motor Carrier			Inspection Location	
Motor Carrier's Address			Inspection Date	Odometer Reading

(Inspector must complete both sides of this form)

COMPONENTS INSPECTED

ITEM	Pass	Defect	ITEM	Pass	Defect
1 BRAKES			7 SAFE LOADING		
a. Service brakes.....	Ø	○	a. Protection against shifting cargo.....	○	○
b. Parking brake system			b. Part(s) of vehicle or condition of loading area such that the spare tire or any part of the load or equipment can fall into the roadway.....	○	○
i. Push rod travel.....	Ø	○	8 STEERING MECHANISM		
ii. Lining thickness.....	Ø	○	a. Steering wheel play.....	Ø	○
c. Brake drums or rotors.....	Ø	○	b. Steering column.....	Ø	○
d. Brake hoses.....	Ø	○	c. Front axle beam and all steering components other than a steering column.....	Ø	○
e. Brake tubing.....	Ø	○	d. Steering gear box.....	Ø	○
f. Low pressure warning device.....	Ø	○	e. Pitman arm.....	Ø	○
g. Tractor protection valve.....	○	○	f. Power steering.....	Ø	○
h. Air compressor.....	○	○	g. Ball and socket joints.....	Ø	○
i. Electric brakes.....	○	○	h. Tie rods and drag links.....	Ø	○
j. Hydraulic brakes.....	Ø	○	i. Nuts.....	Ø	○
k. Vacuum system.....	Ø	○	j. Steering column.....	○	○
2 COUPLING DEVICES			9 SUSPENSION		
a. Fifth wheel.....	○	○	a. Any u-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose, or missing resulting in shifting of an axle from its normal position.....	Ø	○
b. Pintle hook.....	○	○	b. Spring assembly.....	Ø	○
c. Safety devices.....	○	○	c. Torque, radius, or tracking components.....	Ø	○
3 EXHAUST SYSTEM			10 TIRES		
a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.....	Ø	○	a. Cuts or blemishes.....	Ø	○
b. No part of the exhaust system shall be so located as would likely result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.....	Ø	○	b. Tread depth.....	Ø	○
4 FRAME			11 VANS AND OPEN-TOP TRAILER BODIES		
a. Frame members.....	Ø	○	a. Upper rail.....	○	○
b. Tire and wheel clearance.....	Ø	○	b. Lower rail.....	○	○
5 FUEL SYSTEMS AND LINES			c. Floor cross members.....	○	○
a. Visible leaks.....	Ø	○	d. Side panels.....	○	○
b. Fuel tank filler caps.....	Ø	○	12 WHEELS AND RIMS		
c. Fuel tank security.....	Ø	○	a. Lock or side ring.....	Ø	○
6 LIGHTS AND REFLECTORS			b. Wheels and rims.....	Ø	○
a. Turn signals and lenses.....	○	○	c. Fasteners.....	Ø	○
b. 4-way emergency flashers.....	Ø	○	d. Welds.....	Ø	○
c. Headlights.....	○	○	13 WINDSHIELD WIPERS	Ø	○
d. Clearance lights.....	○	○	14 EMERGENCY EXITS ON BUSES	○	○
e. Stop and tail lights and lenses.....	○	○			
f. Reflectors.....	○	○			

BRAKE INSPECTION QUALIFICATIONS

Certification - 49 CFR - Part 396.25

"Brake Inspector" means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier's control, meet the applicable Federal standards.

No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service, or repairs of any brakes on its commercial motor vehicles.

Minimum Qualifications

- Understands and can perform brake service and inspection.
- Is knowledgeable of and has mastered the methods, procedures, tools, and equipment necessary to perform brake service and inspection.
- Is capable of performing brake service or inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

1. Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, a Federal agency, or labor union, or has a certificate from a State or Canadian Province that qualifies the person to perform brake service or inspections. Specify:

or

- 2. Has brake-related training or experience or both, totaling at least one year as follows):
 - A. Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program. Where and date:

 - B. 3 years experience performing brake maintenance or inspection in a motor carrier maintenance program. Name and date:

 - C. _____ years experience performing brake maintenance or inspection at a commercial garage, fleet leasing company, or similar facility. Name of facility and dates:

I certify the above information is true and accurate to the best of my knowledge.

Signature of Mechanic/Inspector Tyler A.C. Date 1/26/17

Signature of Motor Carrier/
Company Employer/Supervisor [Signature] Date 1/26/17

Evidence of Inspector qualifications are on file at: MPC Buckley Senior Center

INSPECTOR QUALIFICATIONS – Certification – 49 CFR – Part 396.19

Motor carriers are responsible for ensuring that individuals performing an annual inspection under 396.19 are qualified as follows:

- Understands the inspection criteria set forth in Part 393 and Appendix G, and can identify defective components.
- Is knowledgeable of and has mastered the methods, procedures, tools, and equipment used when performing an inspection.
- Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

1. Successfully completed a State or Federal training program, or has a certificate from a State or Canadian Province that qualifies the person to perform commercial vehicle safety inspection. Specify: _____

or

2. Have a combination of training or experience totaling at least one year as follows (check all that apply):

A. Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance. Where and date:

B. 13 years experience as a mechanic or inspection in a motor carrier maintenance program. Name and date:

C. _____ years experience as a mechanic or inspection in truck maintenance at a commercial garage, fleet leasing company, or similar facility. Name of facility and dates:

D. _____ years experience as a commercial vehicle inspector for a State, Provincial, or Federal Government. Where and dates:

I certify the above information is true and accurate to the best of my knowledge.

Signature of Mechanic/Inspector Tyson Ay Date 1/26/17

Signature of Motor Carrier/
Company Employer/Supervisor [Signature] Date 1/26/17

Evidence of Inspector qualification are on file at: Multi-Purpose Center Buckley Senior Center