

Table of Acceptable Documentation

If the New Entrant Safety Audit Report Violation was:	Then Documentation as Proof of Remedy is:
General 1: 387.7(a) General 2: 387.7(d) General 3: 387.31(a) General 4: 387.31(d)	For Property Carriers: A copy of current insurance form MCS-90 For Passenger Carriers: A copy of current insurance form MCS-90B (Certificates of Insurance are not sufficient evidence of coverage)
Driver 10: 391.11(b)(4)	1. Copy of driver’s current, valid Medical Examiner’s Certificate 2. If applicable, proof of waiver, exemption and/or Skills Performance Evaluation (SPE) certificate issued by FMCSA
Driver 11: 391.15(a)	A current state motor vehicle record (MVR) showing that the driver is no longer disqualified. If the driver has been terminated provide a written statement providing date of termination along with payroll documentation.
Driver 2: 391.51(b)(2)	Driving records for all drivers (3 maximum) for the past 3 years
Driver 7: 391.51(b)(7)	Copy of driver’s current, valid Medical Examiner’s Certificate
Driver 12: 382.115(a) and 382.115(b)— (domestic or foreign motor carriers)	1. A copy of your written Controlled Substances and Alcohol Testing Policy meeting DOT requirements. 2. Evidence that 3 drivers received a copy of your company’s written Controlled Substances and Alcohol Testing Policy. (N/A to Owner Operators). 3. Evidence that all designated supervisors have received the required supervisor training for reasonable suspicion. (N/A to Owner Operators). 4. Copies of pre-employment controlled substance test results on 3 drivers. These tests must be USDOT-compliant. 5. Copies of any random controlled substance and/or alcohol test results recently conducted on current drivers subject to 49 CFR Part 382. These tests must be USDOT-compliant. If no drivers selected for random testing, provide statement from consortium and/or random selection documentation. 6. A description of your random testing procedures, if your company has an agreement with a consortium/third-party administrator (C/TPA) including: <ol style="list-style-type: none"> a. The contract with the C/TPA; or b. A letter from the C/TPA demonstrating enrollment (on C/TPA letterhead); or c. A certificate with the C/TPA demonstrating enrollment. d. A list, provided by C/TPA, of the company’s drivers currently enrolled in the Controlled Substances and Alcohol Random Testing program. 7. A description of your company’s random testing procedures if your company <u>does not</u> have an agreement with a consortium/third-party administrator (C/TPA) including: <ol style="list-style-type: none"> a. Description of your random selection process to ensure that all drivers will have an equal chance of being tested; b. Description of your system for contacting the driver(s) selected for testing and rules on what actions the driver should take once contacted c. Description of procedures for updating the list of CDL drivers to be included before the random selection occurs. 8. The list of drivers currently enrolled in the controlled substances and alcohol random testing program 9. A driver list for all CDL required drivers. The list should include driver names and dates of hire as a CDL driver.

<p>If the New Entrant Safety Audit Report Violation was:</p>	<p>Then Documentation as Proof of Remedy is:</p>
<p>Driver 13: 382.213(b) Driver 14: 382.215 Driver 15: 382.201 Driver 25: 382.211 Driver 26: 382.503</p> <p>Operation 16: 392.4(b)-use Operation 17: 392.5(b)(1)-use Operation 18: 392.5(b)(2)</p>	<p>If the driver is going to drive:</p> <ol style="list-style-type: none"> 1. Substance Abuse Professional (SAP) evaluation 2. Evidence of return to duty test 3. SAP written follow-up testing plan 4. All follow-up test results, if applicable <p>If the driver has been terminated, or is not going to drive:</p> <ul style="list-style-type: none"> • Written statement providing date of termination along with payroll documentation, or • Written statement that the driver will not drive again in your employment
<p>Driver 17: 382.301(a)</p>	<ol style="list-style-type: none"> 1. A driver list for all CDL required drivers. The list should include the driver names and dates of hire as a CDL driver. 2. Pre-employment drug test results on three drivers hired during the previous 365 days 3. Custody and Control Forms for each pre-employment controlled substance test
<p>Driver 20: 382.305 Driver 21: 382.305(b)(1) Driver 22: 382.305(b)(2)</p>	<ol style="list-style-type: none"> 1. A driver list of all CDL divers. 2. Evidence showing participation in a Random Testing Program. Evidence could include contract, letter, or certificate with consortium/third party administrator (C/TPA). 3. Information on how the random pool is administered. 4. Random test results and each test's Custody and Control forms (CCF), if applicable. If no drivers selected for random testing, provide statement from consortium and/or random selection documentation. 5. List provided by the Random Testing Program of all names of drivers in the random testing pool. 6. A description of your company's random testing procedures if your company <u>does not</u> have an agreement with a consortium/third-party administrator (C/TPA) including: <ol style="list-style-type: none"> a. Description of your random selection process to ensure that all drivers will have an equal chance of being tested; b. Description of your system for contacting the driver(s) selected for testing and rules on what actions the driver should take once contacted. c. Description of procedures for updating the list of CDL drivers to be included before the random selection occurs.
<p>Driver 29: 383.23(a) Driver 30: 383.37(b) Driver 31: 383.51(a)</p>	<p>If the driver is going to drive provide a copy of state motor vehicle record.</p> <p>If the driver has been terminated, or is not going to drive:</p> <ol style="list-style-type: none"> 1. Written statement providing date of termination and payroll documentation, or 2. Written statement that the driver will not drive again in your employment
<p>Operation 2: 395.8(a) Operation 3: 395.8(i)</p>	<ol style="list-style-type: none"> 1. A detailed description or report of your system for monitoring and controlling hours of service (HOS) and verifying the accuracy of drivers' records of duty status (RODS). 2. Report the titles of personnel responsible for monitoring and verifying the accuracy of RODS and checking for HOS violations. 3. Provide 30 consecutive days of records of duty status (log sheets) or time records displaying time in, time out and total hours (if applicable) on 3 drivers.

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Operation 4: 395.8(k)(1)	<ol style="list-style-type: none"> 1. 30 consecutive days of records of duty status or time cards for 3 drivers 2. Evidence that supporting documents are maintained - for example, fuel receipts, toll receipts, etc.
Operation 5: 395.3(a)(1) Operation 6: 395.3(a)(2) Operation 7: 395.3(b)(1) Operation 8: 395.3(b)(2) Operation 9: 395.5(a)(1) Operation 10: 395.5(a)(2) Operation 11: 395.5(b)(1) Operation 12: 395.5(b)(2) Operation 13: 395.8(e)	<ol style="list-style-type: none"> 1. A detailed description or report of your system for monitoring and controlling hours of service (HOS) and verifying the accuracy of drivers' records of duty status (RODs) 2. Report the titles of personnel responsible for monitoring and verifying the accuracy of RODs and checking for HOS violations 3. Documentation showing hours of service checks and false log checks, and the results 4. Records of duty status for all drivers (3 maximum) for 30 consecutive days
Maintenance 1: 396.3(b)	<ol style="list-style-type: none"> 1. Complete vehicle maintenance files for all vehicles – up to 3 vehicles 2. Copy of preventive maintenance plan
Maintenance 2: 396.17(a)	Vehicle annual inspections or equivalent for each vehicle – up to 3 vehicles
Maintenance 5: 396.11(a)	30 days of driver vehicle inspection reports on each vehicle for up to three vehicles.
Maintenance 6: 396.11(c)	<ol style="list-style-type: none"> 1. Driver vehicle inspection report that was in violation 2. Documentation that the out-of-service defect(s) was repaired
Maintenance 7: 396.9(c)(2)	Documentation that the out-of-service violation(s) was repaired
HM 3: 171.15 HM 4: 171.16	Submit and retain a copy of the Hazardous Materials Incident Report on DOT Form F 5800.1, which can be downloaded from www.phmsa.dot.gov under incident reporting. The form can also be submitted online.
HM 7: 172.700(a)	<ol style="list-style-type: none"> 1. Description of training plan provided to employees involved with hazardous materials. 2. Documentation that personnel received the training; up to three (3) personnel
HM 10: 177.817(a)	An example of properly prepared shipping papers for each class of hazardous material that carrier hauls and/or ships.
Driver 18: 382.303(a) Driver 19: 382.303(b)	<ol style="list-style-type: none"> 1. A copy of the carrier's Controlled Substance and Alcohol Testing Policy, 2. A statement describing how the violation was handled.
Driver 16: 382.505(a) Operation 16: 392.4(b) - possession Operation 17: 392.5(b)(1) – possession Operation 14: 392.2 Operation 15: 392.9(a)(1) HM 11: 177.817(e) HM 12: 177.841(e) HM 18: 397.13(a)	A statement describing how the violation was handled.
HM 14: 180.407(a) HM 15: 180.407(c)	Copies of the inspection and testing reports for all units (maximum of 3).
HM 16: 80.415	Evidence (e.g. pictures, video) that vehicles' inspection and testing markings are shown as required (maximum of 3)
HM 17: 180.417(a)(1)	For all DOT specification cargo tanks (maximum of 3): <ol style="list-style-type: none"> 1. Specification cargo tank's manufacturer certificate. 2. The manufacturer's ASME U1A data report, where applicable. 3. Any required related documents.

Frequently Asked Questions:

1. What is a Corrective Action Plan?

Your Safety Audit Report tells you the reason(s) for failing the safety audit. A corrective action plan is evidence that you have taken, and will continue to take, steps to correct the deficiencies that led to your safety audit failure. Your corrective action plan consists of the completed cover sheet, signed by the company officer or the owner of the company, and documents proving that you have remedied each deficiency. Use the Table of Acceptable Documentation to determine what documents to attach and submit to FMCSA.

2. Why should I prepare and submit a Corrective Action Plan?

If you do not submit an acceptable corrective action plan so that it is received within 15 days of the date of your Safety Audit Failure Notice, your new entrant registration may be revoked, and your operation placed out of service¹ for at least 30 days after the date of revocation.

3. When should I submit my Corrective Action Plan?

As a result of the safety audit, you received the Safety Audit Failure Notice. You must submit your plan so that it is received within 15 days from the date of the notice to ensure that FMCSA has time to review your plan. If you *are* a carrier of *passengers or amounts of hazardous materials requiring placards*, and your corrective action plan is received within 15 days of the date of your written notice, FMCSA will review your corrective action plan within 45 days. If you *are not* a carrier of passengers or hazardous materials requiring placards, and your corrective action plan is received within 15 days from the date of your written notice, FMCSA will review your corrective action plan within 60 days. The deadline to submit a Corrective Action plan is 45 days for passenger carriers or placardable HAZMAT carriers and 60 days for other types of carriers. We encourage carriers to submit their CAPS within 15 days so FMCSA can complete its review before the 45 day or 60 day revocation date.

4. What should I include with my Corrective Action Plan?

Your complete Corrective Action Plan should include the following:

- a. **Completed cover sheet.** Your cover sheet asks for the following information:
 - i. Provide your company's name, USDOT Number, Telephone Number and Email address (if available)
 - ii. Explain why each violation occurred, and what actions you have taken, or will take, to prevent future violations of safety regulations.
 - iii. Sign the statement certifying that your company will operate in compliance with the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations (if applicable), and that the motor carrier's operation currently meets the safety standard found in the FMCSR's, 49 CFR Sections 385.5 and 385.7. The statement must be signed by a corporate officer or owner of the company.
- b. **Documentation that demonstrates the corrective action for each violation that resulted in the safety audit failure.**
 - i. Use the attached Table of Acceptable Documentation to find the acceptable documentation that will demonstrate you have remedied the regulatory violations that caused the failure of your safety audit. You must submit the appropriate documents with your cover sheet.
 - ii. Ensure to address all of the CAP bullet points within the notice letter.
 - iii. If the Safety Audit Report includes a failed Factor 6, Accident Factor, you must include documentation supporting your accident countermeasure program.

5. What additional documentation should I include?

Any documents you believe demonstrate adequate safety management controls

6. Where should I submit my Corrective Action Plan?

Submit your signed Cover Sheet and all documentation to the address on the Cover Sheet. Submit via email or FAX for fastest delivery.

¹ Title 49 CFR section 385.319(c) and 385.325 of the Federal Motor Carrier Safety Regulations.