SAFETY AUDIT CORRECTIVE ACTION PLAN COVER SHEET (Attach Documents and Submit to FMCSA)

Carrier's USDOT Number:	Carrier's Name:	
Carrier's E-mail:	Carrier's Phone #:	

IMPORTANT NOTICE: To avoid having your USDOT registration revoked because of a failed safety audit, you must prepare and submit a <u>complete and acceptable</u> Corrective Action Plan (CAP). To submit your CAP, follow the steps below:

- 1. Complete this CAP Cover Sheet, and the statement of compliance, signed by an officer or the owner of the company.
- 2. Use the attached Table of Acceptable Documentation to find the acceptable documentation that will demonstrate you have remedied each regulatory violation that caused your Safety Audit failure.
- 3. Attach all documentation and evidence supporting your corrective actions.
- 4. Submit your completed CAP Cover Sheet and all documentation to the FMCSA location below.
- 5. We encourage you to submit your CAP so that it reaches FMCSA within 15 days of the date of the Safety Audit Failure Notice. E-mail or FAX will ensure that your CAP reaches FMCSA in an expedited manner.

REQUIRED: Use this space to explain why each violation that caused you to fail the Safety Audit occurred, and what actions you have taken, or will take, to prevent future violations of safety regulations. NOTE: You may use a separate document for your written statement in lieu of this form as long as it contains the required information and signed statement of compliance.

I certify that I operate in compliance with the Federal Motor Carrier Safety Regulations (FMSCR) and, if applicable, the Hazardous Materials Regulations. I also confirm that my operation currently meets the safety standards found in FMCSR, 49 CFR 385.5 and 385.7.

Statement of Compliance: Must be completed by the owner or corporate officer.

Name (Print): ______Signature: _____

Owner/

CorporateTitle: _____ Date: _____

We encourage you to submit your CAP so that it reaches FMCSA within 15 days of the date of the SA Failure Notice to prevent revocation of your new entrant registration before FMCSA is able to make its decision. By law, you are required to submit your CAP within 45/60 days. To expedite receipt of your CAP, it is recommended that you submit via E-mail or FAX. If you choose to submit via mail, ensure that you use a tracking method to verify receipt. E-mail, FAX or mail to the address below:

PAMELA L. RICE/NEW ENTRANT PROGRAM SOUTHERN SERVICE CENTER U.S. DEPARTMENT OF TRANSPORTATION FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION 1800 CENTURY BOULEVARD, SUITE 1700 ATLANTA, GEORGIA 30345 EMAIL: SSCCAP@DOT.GOV PHONE: 404-327-7351 FAX: 877-547-0380

Table of Acceptable Documentation

If the New Entrant Safety Audit Report Violation Then Documentation as Proof of Remedy is: General 1: 387.7(a) For Property Carriers: A copy of current insurance form MCS-90 for Passenger Carriers: A copy of current insurance form MCS-90 (Certificates of Insurance are not sufficient evidence of coverage) General 3: 387.31(a) (Certificates of Insurance are not sufficient evidence of coverage) General 4: 387.31(d) 1. Copy of driver's current, valid Medical Examiner's Certificate Driver 10: 391.11(b)(4) 1. Copy of driver's current, valid Medical Examiner's Certificate 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 7: 391.51(b)(7) Dry oy our written Controlled Substances and Alcohol Testing Policy meeting DOT requirements. Driver 7: 391.51(b)(7) Copy of driver's current, valid Medical Examiner's Certificate supervisor training for reasonable suspicion. (N/A to Owner Operators). 3. Evidence that 3 dirivers received a copy of your company's written Controlled Substances and Alcohol Testing Policy. (N/A to Owner Operators). 4. Copies of pre-employment controlled substance and/or alcohol test results recently conducted on current drivers subject to 49 CFR Part 382. These tests must be USDOT-compliant. 5. Copies of any random controlled substance and/or alcohol test results recently conducted on your random testing procedures, if your compan		
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If the New Entrant Safety Audit Report Violation was:	Then Documentation as Proof of Remedy is:
Wd3. Driver 13: 382.213(b) Driver 14: 382.215 Driver 15: 382.201 Driver 25: 382.211 Driver 26: 382.503	If the driver is going to drive: 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
Operation 16: 392.4(b)-use Operation 17: 392.5(b)(1)- use Operation 18: 392.5(b)(2)	 If the driver has been terminated, or is not going to drive: Written statement providing date of termination along with payroll documentation, or Written statement that the driver will not drive again in your employment
Driver 17: 382.301(a)	 A driver list for all CDL required drivers. The list should include the driver names and dates of hire as a CDL driver. Pre-employment drug test results on three drivers hired during the previous 365 days Custody and Control Forms for each pre-employment controlled substance test
Driver 20: 382.305 Driver 21: 382.305(b)(1) Driver 22: 382.305(b)(2)	 A driver list of all CDL divers. Evidence showing participation in a Random Testing Program. Evidence could include contract, letter, or certificate with consortium/third party administrator (C/TPA). Information on how the random pool is administered. 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. List provided by the Random Testing Program of all names of drivers in the random testing pool. A description of your company's random testing procedures if your company does not have an agreement with a consortium/third-party administrator (C/TPA) including: Description of your random selection process to ensure that all drivers will have an equal chance of being tested; Description of your system for contacting the driver(s) selected for testing and rules on what actions the driver should take once contacted. Description of procedures for updating the list of CDL drivers to be included before the random selection occurs.
Driver 29: 383.23(a) Driver 30: 383.37(b) Driver 31: 383.51(a)	 If the driver is going to drive provide a copy of state motor vehicle record. If the driver has been terminated, or is not going to drive: 1. Written statement providing date of termination and payroll documentation, or 2. Written statement that the driver will not drive again in your employment
Operation 2: 395.8(a) Operation 3: 395.8(i)	 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). Report the titles of personnel responsible for monitoring and verifying the accuracy of RODS and checking for HOS violations. 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.

If the New Entrant Safety Audit Report Violation was:	Then Documentation as Proof of Remedy is:
Operation 4: 395.8(k)(1)	 30 consecutive days of records of duty status or time cards for 3 drivers 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)	 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) Report the titles of personnel responsible for monitoring and verifying the accuracy of RODs and checking for HOS violations Documentation showing hours of service checks and false log checks, and the results Records of duty status for all drivers (3 maximum) for 30 consecutive
Operation 13: 395.8(e) Maintenance 1: 396.3(b)	 days 1. Complete vehicle maintenance files for all vehicles – up to 3 vehicles 2. Copy of preventive maintenance plan
Maintenance 2: 396.17(a) Maintenance 5: 396.11(a)	Vehicle annual inspections or equivalent for each vehicle – up to 3 vehicles 30 days of driver vehicle inspection reports on each vehicle for up to three vehicles.
Maintenance 6: 396.11(c)	 Driver vehicle inspection report that was in violation Documentation that the out-of-service defect(s) was repaired
Maintenance 7: 396.9(c)(2) HM 3: 171.15 HM 4: 171.16	Documentation that the out-of-service violation(s) was repaired 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)	 Description of training plan provided to employees involved with hazardous materials. 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)	 A copy of the carrier's Controlled Substance and Alcohol Testing Policy, 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 HM 17: 180.417(a)(1)	 Evidence (e.g. pictures, video) that vehicles' inspection and testing markings are shown as required (maximum of 3) For all DOT specification cargo tanks (maximum of 3): 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 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?

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Your complete Corrective Action Plan should include the following:

- **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.