



YOUR GUIDE TO SUCCESSFUL DRIVER MANAGEMENT.

Reduce collisions and increase productivity by implementing a driver management program.

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TABLE OF CONTENTS

REDUCE COLLISIONS BY IMPROVING DRIVER PERFORMANCE	3
DRIVER SELECTION	4
DRIVER PLACEMENT	8
DRIVER TRAINING	8
DRIVER SUPERVISION	9
DOT DRIVER QUALIFICATION FILES	9
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION - SAFETY REGULATIONS	10
FMCSA (DOT) FORMS	10
SUMMARY	10

FORMS

• Driver's Employment Application	11
• Driver Evaluation Form	13
• Supervisor's Defensive Driving Checklist	15
• Driver's Road Test	17
• Vehicle Collision Review	19
• Motor Vehicle Supervisor's Collision Investigation Report	21
• Automobile Condition Report	23
• Driver's Truck Condition Report	25
• Driver's Van Condition Report	27



Since most vehicle collisions are caused wholly or in part by driver error, many collisions can be prevented by improving the operator's driving performance.

REDUCE COLLISIONS BY IMPROVING DRIVER PERFORMANCE

Providing safe, reliable and economical transportation service is a demanding business that requires significant expertise to stay competitive. A successful manager needs to:

- Develop the fleet's productive capacity
- Be prepared to handle unexpected problems that disrupt the operation's efficiency and reduce profits

Vehicle collisions are some of the most serious threats to a fleet. The effects can reach beyond initial equipment repairs, medical payments, damaged cargo or liability claims.

The indirect costs after a collision can be far more extensive.

They include:

- Interrupted operations
- Unfavorable publicity
- Unscheduled vehicle downtime
- Punitive damages
- Lower employee morale
- Legal penalties
- Dissatisfied customers

IMPLEMENT DRIVER MANAGEMENT PRACTICES

In this guide, you'll find helpful suggestions on:

- 1 DRIVER SELECTION
- 2 DRIVER PLACEMENT
- 3 DRIVER TRAINING
- 4 DRIVER SUPERVISION

We encourage you to use these suggestions and your practical know-how to establish driver management practices at your company. Doing so can help you reduce collisions and increase safety and productivity.



Hiring just one unsatisfactory driver can result in a loss to a fleet. So it's a worthwhile investment to spend time upfront to select the best-qualified drivers.

1 DRIVER SELECTION

PLAN AHEAD TO FILL JOB OPENINGS

It's important to anticipate staffing needs. Seasonal peaks, driver vacations, advance notice of terminations or expected retirements provide you with valuable lead time. Planning ahead to fill job openings gives you the opportunity to match the driver to the job.

SET QUALIFICATION STANDARDS

Establish minimum applicant qualifications for both the driving and non-driving duties of the position. These standards should:

- Reflect the qualities of the fleet's better drivers
- Provide the same opportunity for all capable applicants

WHAT TO CONSIDER WHEN SETTING QUALIFICATION STANDARDS

- Applicable statutory regulations
- Physical requirements
- Transferable work experience
- Required job knowledge
- Vehicle operating skills
- Safe driving record
- History of stable employment
- Reasonable attitude

ATTRACT COMPETENT APPLICANTS

To consistently find qualified drivers, you need to announce the job opening through various sources. Be sure to include:

- Advantages of the job
- Minimum qualifications
- Brief description of the work

WHAT TO CONSIDER WHEN SEEKING DESIRABLE RECRUITS

- Your own employees who can be upgraded
- Leads from the fleet's best operators
- Referrals of associates
- Driver training schools
- Newspaper or trade publication advertising
- A notice to the local hall, if unionized

SELECT THE BEST

The foundation of successful driver management lies in selecting qualified applicants. Hiring just one unsatisfactory driver can result in a loss to a fleet. So it's a worthwhile investment to spend time upfront to select the best-qualified drivers. Fortunately, the time and expense involved can be kept to a minimum by using effective hiring tools.

USE EFFECTIVE HIRING TOOLS

A. APPLICATION FORM

This is the basic tool for gathering essential information on the prospective employee. Compare the completed application form with the position requirements to determine if the candidate should be considered further.

B. PRELIMINARY INTERVIEW

A preliminary interview with a member of management can help to:

- Answer questions that may arise after reviewing the completed application form
- Explain the job responsibilities to the applicant
- Evaluate the applicant's manner, appearance, bearing and attitude
- Determine if the applicant has a genuine interest in the work you're offering

C. WRITTEN EXAMINATION

In some instances, written tests are required to meet government regulations. They can measure specific knowledge, learning capability, personal job preferences, attitudes, and ability to follow instructions.

While written tests evaluate present knowledge, they should be administered as a teaching device to upgrade the new employee to the level of knowledge necessary to perform the job satisfactorily.

D. ROAD TEST

Candidates need to qualify on paper – and demonstrate that they can satisfactorily operate the type of vehicle that'll be assigned. Through a road test, the candidate can demonstrate their driving skills, while the employer can evaluate the candidate's defensive driving techniques.

The road test course should:

- Be at least 15 miles
- Closely simulate actual conditions that'll be encountered on a trip

E. PRE-PLACEMENT MEDICAL EXAMINATION

Once you have extended conditional employment to the candidate, have a company-designated physician complete a medical examination to determine the applicant's physical fitness to operate a motor vehicle. DOT drivers must be examined by a medical professional listed on the National Registry of Certified Medical Examiners.

- ✓ If the applicant is physically fit to safely operate the designated company vehicle, the doctor should issue a medical certificate.
- ✗ If the applicant's physical condition creates a safety hazard while operating the designated company vehicle, the doctor should not issue a medical certificate.

An employee's physical condition is important not only when they're hired, but also throughout the total time of employment. Periodic physicals must be required to ensure driver qualification.

F. PAST EMPLOYMENT INVESTIGATION

Since applicants can forget important facts about their work history, it's important to check their employment background for at least the past three years. A phone call or written request to a former employer can yield additional information about past work experience that'll help you evaluate the candidate's potential.

G. MOTOR VEHICLE RECORD (MVR) CHECK

The applicant's official MVR is extremely important in your evaluation. That's because an applicant's past driving record can indicate any tendency to break traffic laws or get into collisions.



An employee's physical condition is important, not only when they're hired, but also throughout the total time of employment.

As soon as possible:

- Request a transcript from each state in which the candidate held a driver's license during the past three years
- Evaluate this record for reported collisions, traffic arrests and current license status against your company's pre-established guidelines reflecting suitability for the job

H. INITIAL PERFORMANCE EVALUATION

A promising candidate may be further screened when hired on a part-time basis over a trial period. During this period, a supervisor should:

- Review the new driver's work in detail
- Report on suitability for the job

This in-depth evaluation helps management decide whether to keep the driver as a regular employee.

I. CASUAL, TEMPORARY OR INTERMITTENT DRIVERS

When an unexpected demand for labor requires the use of a casual driver, a special problem develops. Time seldom permits a thorough initial evaluation, even though the applicant should meet the same standards as a regular driver.

At a minimum, follow these essential selection measures:

- Review the applicant's completed application
- Interview the applicant
- Check the applicant's driver's license
- Verify the applicant's employment history by phone
- Where required, verify the applicant's current Commercial Driver's License (CDL)

In addition, if the driver will be used in interstate commerce, obtain a:

- Record of hours of service for the previous week
- Medical certificate
- Road test

You can develop manpower flexibility by keeping a current list of former part-time drivers who've been carefully screened. This gives you a reserve of qualified workers who can be called on short notice to fill temporary openings.

J. HIRED & NON-OWNED DRIVERS

Safety managers and risk managers may not be aware of an additional and potentially serious exposure to loss at their company. This exposure arises when employees or others drive a hired or non-owned vehicle for company business.

What's the difference between hired and non-owned?

- "Hired" is the rental of a vehicle for company business. Normally, this doesn't include leased vehicles, which usually are rented for a longer duration.

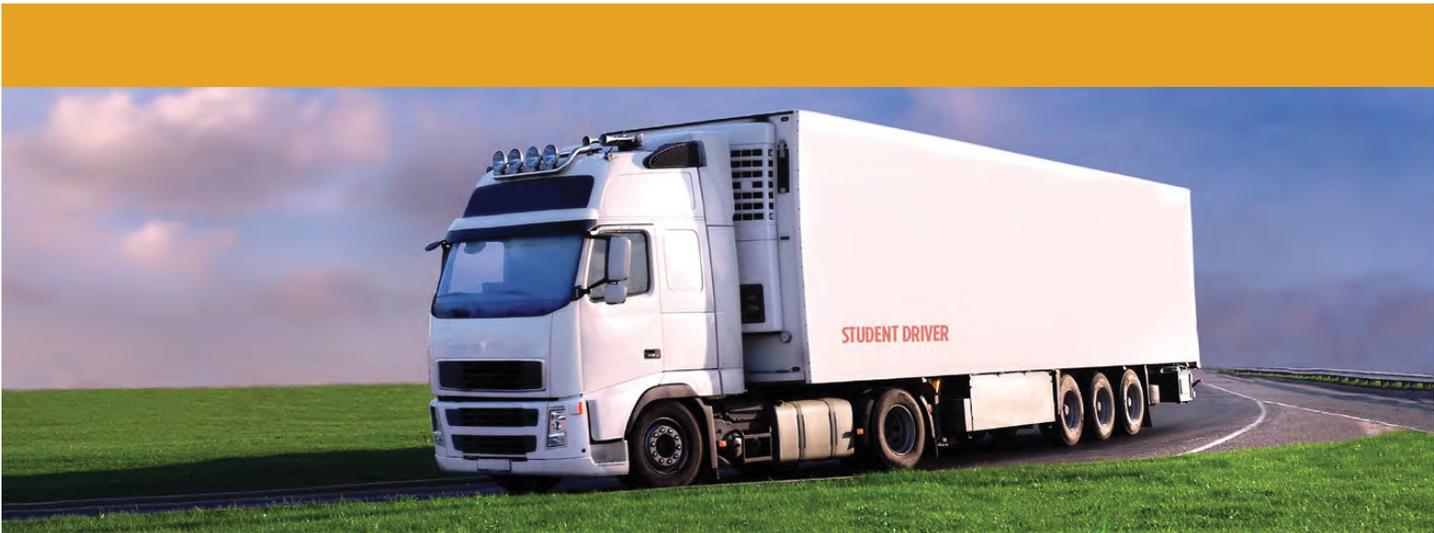
- "Non-owned" is the use of a personal vehicle owned by an employee, volunteer or other person (not a company owned vehicle) for company-related business.

Implement Controls to Help Reduce Risk

Hired and non-owned automobile exposures can place a company's assets at serious risk. To help reduce and minimize these risks, your company should implement controls.

At a minimum, your company should:

- Identify all employees who operate their personal vehicles on company business.
- Require these employees to provide proof of adequate limits of automobile liability insurance.
 - Contact your insurance agent or broker and ask whether \$300,000 or even \$500,000 in limits is adequate.
- Obtain periodic MVRs on all employees with driving responsibilities, including those who operate their personal vehicles on company business.
 - Review their MVRs and evaluate them against written criteria. If you determine an employee's MVR is unacceptable, do not permit the employee to operate their own vehicle or a company-owned vehicle on company business.
- Inspect employee vehicles to determine if they're in good operating condition and that all safety devices are in proper working order. These include: headlights, signals, brake lights, backup lights, horn and windshield wipers.
- Document everything you do so that you have written records/files.
- Establish and apply the same fleet controls as for drivers of company-owned vehicles - if you have a large number of employees who use their own cars on company business. This would include all the steps above, plus driver training programs and formal collision review procedures.



Usually, an operator's professional value is increased by training.

2 DRIVER PLACEMENT

PLACE EACH DRIVER CAREFULLY

Successful job placement involves fitting the individual's strengths and preferences to the job. Everyone has skills, experience and personal interests that are better suited to one phase of operation than to others.

Employees tend to be satisfied and work better on jobs they like. Also, morale improves when workers are allowed to participate in decisions affecting them. That's why it's often worthwhile to let drivers choose their rounds or shifts when circumstances permit. Management may implement a program whereby openings are announced, put up for bid by those interested, and awarded to the best qualified.

3 DRIVER TRAINING

TRAIN FOR BETTER RESULTS

Most fleets have a significant variation in output among drivers. The differences between the marginal performer and the true professional often lie in job knowledge, degree of skill and attitude - all of which are acquired. Usually an operator's professional value is increased by training. Since many operational problems are traceable to inadequate experience, a selectively applied training program can yield profitable results.

Appropriate training of the workforce is an important step in realizing a fleet's productive potential. To be economical, training should be directed toward specific needs. Instruction can include:

- Basic orientation to company procedures
- Equipment familiarization
- Apprenticeship with experienced employees
- Supervised on the job training
- Classroom work
- Group meetings
- Self-taught correspondence courses

4 DRIVER SUPERVISION

SUPERVISE EFFECTIVELY

The task of supervising involves carrying out management policy by properly using staff, equipment and materials. Here are several management principles that have proven to be consistently effective:

- Establish productive, attainable and measurable production goals.
- Organize plans that meet operational objectives systematically and yet remain flexible enough for any necessary adjustments.
- Exercise leadership. To get full cooperation and support from staff, it's essential to motivate them with directives that are clear, to the point and tactful.

- Measure work as it progresses and record significant data. This data provides a factual base from which you can make informed decisions to improve control over the operation.
- Review the outcome of each plan to determine how well the overall goals were met.

Supervisors of driving employees should:

- Evaluate a driver's performance periodically to ensure that poor driving habits aren't developing that could lead to a vehicle collision.
- Discuss any potential driving problems with the driver in order to improve driving performance.

DOT DRIVER QUALIFICATION FILES

Fleets engaged in interstate and intrastate commerce are subject to the U.S. Department of Transportation's (DOT) Federal Motor Carrier Safety regulations (www.fmcsa.dot.gov).

The DOT requires fleets under its jurisdiction to keep certain records. One of these is a qualification file on each driver. This is a sound practice for any fleet, whether it's subject to the regulations or not. Up-to-date personnel records can help you manage drivers effectively by making sound decisions based on documented facts.



WHAT A DRIVER QUALIFICATION FILE SHOULD CONTAIN, FROM FEDERAL MOTOR CARRIER SAFETY REGULATION (FMCSR), §391

- Driver's application for employment
- Inquiry to previous employers - driving record for last 3 years;
- Annual inquiry and review of driving record;
- Annual driver's certification of violations and annual review;
- Driver's road test and certificate, or the equivalent to the road test;
- Medical examiner's certificate;
- If granted, a waiver of physical disqualification (loss or impairment of limbs) §391.49; and
- Multiple-Employer Drivers, see §391.63

At a minimum, maintain files for regular drivers who don't possess a CDL and for incidental drivers. The files should contain:

- State motor vehicle record, reviewed at least annually
- Past employment investigation
- Physical exam or certificate
- Road test

SUMMARY

This guide briefly covers what can be done to manage drivers more effectively through proper selection, training, placement and supervision. It's up to you to follow through with a driver management program for your fleet to help reduce collisions and improve productivity.

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

The Federal Motor Carrier Safety Administration (FMCSA) was established as a separate administration within the U.S. Department of Transportation on January 1, 2000, pursuant to the Motor Carrier Safety Improvement Act of 1999.

SAFETY REGULATIONS

- Part 382 **Controlled Substances and Alcohol Use and Testing**
- Part 383 **Commercial Driver's License Standards; Requirements and Penalties**
- Part 390 **Federal Motor Carrier Safety Regulations; General**
- Part 391 **Qualification of Drivers**
- Part 392 **Driving of Motor Vehicles**
- Part 393 **Parts and Accessories Necessary for Safe Operation**
- Part 395 **Hours of Service of Drivers**
- Part 396 **Inspection, Repair and Maintenance**
- Part 397 **Transportation of Hazardous Materials; Driving and Parking Rules**

FMCSA (D.O.T.) FORMS

All official FMCSA forms are available from the following website: WWW.FMCSA.DOT.GOV

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DRIVER'S EMPLOYMENT APPLICATION

Company Name and Address (No., Street, City, State, Zip)

Applicant's Name (First, Middle, Last)

Social Security Number

Date of Birth

Present Address

Phone

Previous Address(es) for the past 3 years

Driver Licenses: State

License Number

Type

Expiration Date

Is this the only current commercial driver's license held? Yes No If not, explain.

Driving Experience

Class of Equipment (approx.)	Type of Equipment (van, tank, flat, etc.)	Dates of Operation From	To	Total Miles of Operation
Bus				
Straight Truck				
Tractor and Semi-Trailer				
Other				

Safe driving awards you now hold and from whom?

Accident Record for the Past 3 Years (Attach an additional sheet if more space is needed)

	Date of Accident	Nature of Accident (head-on, rear-end, upset, etc.)	No. of Fatalities	No. of Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past 3 Years (Other than parking violations)

Location (City, State)	Date	Charge	Penalty

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 details.

See disclaimer at end of these materials.

Physical History

Date of last physical examination _____ Do you have a current D.O.T. Physical Cert.? (Only answer if applicable) Yes No

Employment Record (Attach an additional sheet if more space is needed.)

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

Last Employer

Name _____

Address _____

Position Held	From	To
---------------	------	----

Salary _____

Reason for leaving _____

Second Last Employer

Name _____

Address _____

Position Held	From	To
---------------	------	----

Salary _____

Reason for Leaving _____

Third Last Employer

Name _____

Address _____

Position Held	From	To
---------------	------	----

Salary _____

Reason for Leaving _____

Please give any further information which may be helpful to us in considering your qualifications.

Read and sign this agreement before submitting the application.

I hereby give _____ the right to make a thorough investigation of my past employment and activities including a check of State Motor Vehicle Records and prior employers, and I release from all liability, all persons, companies and corporations supplying such information.

I agree to furnish such additional information and complete such examinations as may be required to complete the selection process.

I understand that any false answer or statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

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.

Signature of Applicant _____ Date _____

The information provided in these materials is of a general nature, based on certain assumptions, and is intended as background material. The content of these materials may omit certain details and cannot be regarded as advice that would be applicable to all businesses. The background presented is not a substitute for a thorough loss control survey of your business operations. Readers seeking resolution of specific safety issues or business concerns regarding this topic should consult their professional safety consultant. We do not warrant that the implementation of any view or recommendation contained herein will result in the elimination of any unsafe conditions at your business locations or with respect to your business operations. Further, we do not warrant that the implementation of any view or recommendation will result in compliance with any health, fire, or safety standards or codes, or any local, state, or federal ordinance, regulation, statute or law (including, but not limited to, any nationally recognized life, building or fire safety code). We assume no responsibility for the control or correction of hazards, and the views and recommendations contained herein shall not constitute our undertaking, on your behalf or for the benefit of others, to determine or warrant that your business premises, locations, or operations are safe or healthful, or are in compliance with any law, rule or regulation.

DRIVER EVALUATION FORM

Driver Name: _____

Date: _____

Follow these instructions to evaluate existing and prospective driver employees.

Completing this form is a primary step in evaluating an applicant or annually assessing existing drivers. Additional steps include a driving test, medical exam and checking prior employment, etc.

Instructions

1. Use point evaluations for all driver applicants and annually for existing drivers.
2. Circle the correct number of points for sections A-E to the right.
3. Add up total points and grade the applicant.

Total Points	Grade
0-2	Best
3-4	Average
5	Questionable
6 and above	Poor

Note: If the applicant has a score of 6 or above, seriously consider the qualifications prior to being placed in a driving position. For existing drivers, consider eliminating or restricting driving privileges. According to the Fair Credit Reporting Act (FCRA) www.ftc.gov, motor vehicle records are "consumer reports." Therefore, they are subject to the requirements of the FCRA.

A. Years driving	Points
<input type="checkbox"/> Less than 4 years (CDL experience: 2 years or less)	2
<input type="checkbox"/> 5-8 (CDL experience: 3-4 years)	1
<input type="checkbox"/> 9 or more (CDL experience: 5 years or more)	0
B. Work history (jobs started within last 5 years)	Points
<input type="checkbox"/> 1	1
<input type="checkbox"/> 2	2
<input type="checkbox"/> More than 2	4
<input type="checkbox"/> The applicant has worked less than one full year - for any job during the past five years.	1
C. Number of accidents (within last 3 years)	Points
<input type="checkbox"/> 1	3 per incident
<input type="checkbox"/> 2	3 per incident
<input type="checkbox"/> 3	3 per incident
D. Serious moving violations (within last 3 years)	Points
<input type="checkbox"/> Hit and run; leaving the scene of an accident	6 per incident
<input type="checkbox"/> Driving while impaired by, or under the influence of, alcohol or drugs	6 per incident
<input type="checkbox"/> Any felony, homicide or manslaughter involving use of motor vehicle	6 per incident
<input type="checkbox"/> Speeding (20 mph over limit)	6 per incident
<input type="checkbox"/> Reckless, negligent or careless driving	6 per incident
<input type="checkbox"/> License suspension or revocation	6 per incident
<input type="checkbox"/> Evading responsibility after an accident	6 per incident
<input type="checkbox"/> Any distracted driving violation (texting, using a cellphone/electronic device, infotainment, eating, drinking, etc.)	6 per incident
E. Other moving violations (within last 3 years)	Points
<input type="checkbox"/> Speeding (under 20 mph over limit)	3 per incident
<input type="checkbox"/> All other	3 per incident
Result	
Total Points	_____
Grade	_____

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SUPERVISOR'S DEFENSIVE DRIVING CHECKLIST

Driver Name: _____

Date: _____

Does driver ...

	Yes	No	Sometimes
1. Use seat belt ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use farsighted seeing skills to prevent last minute surprises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Drive in lane offering the least hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintain an adequate space cushion while driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drive alone , not in a crowd?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Keep eyes moving continuously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Take in the whole picture by utilizing mirror frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Approach intersections defensively with foot over brake pedal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Slow down gradually when approaching red lights and stop signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Look both ways prior to entering an intersection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Recognize and react to blind intersections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recognize stale green lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Stop for amber lights whenever possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Look both ways before starting up on a green light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Make full stop at stop signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Use turn signals for turns and lane changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Start right turns close enough to curb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Keep steering wheel straight prior to left turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Turn into proper lane when making a turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Communicate effectively with horn and/or signal lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Place foot over brake when sounding horn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Use headlights when visibility is limited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Drive within speed limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Maintain proper speed for conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Blend smoothly with merging traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Keep both hands on the steering wheel properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Allow adequate space cushion when stopped behind other vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do a circle check prior to backing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Check all clearances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Back slowly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Supervisor	Title	Date
-------------------------	-------	------

See disclaimer at end of these materials.

Fuel Conservation Checklist

Yes No Sometimes

Driving Habits

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. 30-second warm-up with cold engine. Drives slowly for one mile. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Accelerates briskly to operating speed (0 to 30 mph in 10 seconds).
No jackrabbit starts. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Uses farsightedness to reduce need for acceleration and braking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Maintains proper space cushion (3-5 seconds or more). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Paces approach to signal lights to eliminate stops where possible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Gets off accelerator early when a need to stop or slow down becomes apparent: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. stop signs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. traffic lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. flashing red lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. sharp turns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. blind corners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. intersections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Increases speed as possible, prior to uphill grade. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Gets off accelerator before crest of hill and coasts over. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Drives within speed limit. Observes corporate maximum. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Maintains steady accelerator control. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Keeps and checks fuel and mileage records. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Minimizes idling time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle Use

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Routes planned efficiently. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Trips combined where possible. Minimizes trips of less than 10 miles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Congested areas avoided where possible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle Care

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Engine idling and running characteristics acceptable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tire pressures at tire manufacturer's recommended maximum. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tires evenly worn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. No excess weight in trunk. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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	Qualified	Needs Improvement	Unqualified
7. Turning the vehicle (Signals in advance, turns from proper lane, checks traffic before turning, turns at reasonable speed into proper lane, yields right-of-way.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Braking and slowing the vehicle by means other than braking (Uses engine to reduce speed by shifting to lower gear smoothly.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Defensive driving (Has good attitude, yields right of way, maintains good space cushion, slows down at intersections, checks cross traffic at intersections.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is to certify that the above-named driver was given a road test under my supervision on _____, 20____ consisting of approximately _____ miles of driving. It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

Signature of Supervisor	Title	Date
Organization and Address of Examiner		

TIPS ON ROAD TESTING

Setting up the course

Road testing is one means of determining how a driver applicant will perform if he is employed by your firm. A standardized road test will involve more than a turn around the block. It should include exposure to routine road hazards which the prospect will likely encounter on a day-to-day basis as a driver for your company. Therefore, you must first plan the course on a map to include streets, alleys, expressways, back roads, bridges, grades, over-passes, school zones, railroad crossings, controlled intersections, left turns, right turns, backing and parking situations. An ideal test run will cover 10 to 20 miles.

Establishing performance standards

Measure the effectiveness of the road test by having several of your best drivers run the course. Use their average score to serve as a standard for qualification.

Administering the road test

Check the applicant's driver's license to determine if he

is licensed to drive the class of vehicle to be operated in. Provide him with a map of the course and give him his instructions. Let him get the feel of the vehicle and become familiar with the controls by proceeding with the yard test of pre-tripping, hooking up, backing and parking before pulling onto the road. Give directions for the route well in advance to avoid last minute maneuvers, but don't distract him with unnecessary conversation en route.

Evaluating the driver

The road test has three categories.

- Qualified – meets company performance requirements.
- Needs improvement – marginal performance but can be improved with training.
- Unqualified – doesn't meet company standards.

Since most drivers will not have a perfect score, you should use the road test results as a basis for future remedial driver training to upgrade their performance.

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VEHICLE COLLISION REVIEW

For reviewing all vehicle collisions. **Not** for claim purposes. **To be completed by driver involved in collision.**
Please attach a second sheet if additional space is needed.

Driver Name:

Date of Hire:

Assigned Location

Date of last driver training

Date, Time, and Location of Collision

Seat belts?

Description of Collision

What was the cause of the collision?

What could you have reasonably done to prevent this collision? (Consider all aspects of defensive driving, i.e. Did you: make no errors yourself; make adequate allowance for conditions of the road, weather and traffic and for errors of other drivers?)

What else could be done to prevent a similar collision in the future? (Consider routing, scheduling, vehicle type, loading, improved lighting, better signs or other factors not within your control.)

Signature

Date

See disclaimer at end of these materials.

Collision Review – By Driver’s Supervisor

I have reviewed this collision with the driver involved and have the following comments:

Name	Position	Date
------	----------	------

Review Committee Decision

The Committee has reviewed this collision in accordance with our vehicle Fleet Control Program and has found that it should be judged: Preventable Non-Preventable

Consideration of the facts indicates the following action should be taken to prevent such accidents in the future:

Name	Position	Date
Name	Position	Date
Name	Position	Date

Driver notified in writing

Driver record card noted

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MOTOR VEHICLE SUPERVISOR'S COLLISION INVESTIGATION REPORT

Driver's Initials or ID Number (no name)

Assigned Location

Date of last driver training

Collision or Incident Date

Time

Place

What happened? Describe what took place or what caused you to make this investigation.

Why did it happen? Get all the facts by studying the job and situation involved. Question by use of Why-What-Where-When-Who-How.

What should be done?

Determine which of the 12 items under EMP require additional attention.

- | Equipment | Material | People |
|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Select | <input type="checkbox"/> Select | <input type="checkbox"/> Select |
| <input type="checkbox"/> Arrange | <input type="checkbox"/> Place | <input type="checkbox"/> Place |
| <input type="checkbox"/> Use | <input type="checkbox"/> Handle | <input type="checkbox"/> Train |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Process | <input type="checkbox"/> Lead |

What have you done thus far? Take or recommend action, depending upon your authority. Follow up - was action effective?

How will this improve operations? Objective: Eliminate job hindrances.

Investigated by

Date

Reviewed by

Date

Preventable

Non-preventable

Seat belts Yes No

See disclaimer at end of these materials.

NOTE

This form is primarily a guide for the fleet supervisor to help with the investigation of collisions and related operating problems. Many of the responsible conditions that are identified will suggest ways and means to improve operations.

1. What happened? Describe what took place. You may attach a completed collision report to satisfy this question.
2. Why did it happen? Question through the use of why, what, where, when, who and how questions.
3. What should be done? Determine which of the 12 items under EMP require additional attention. Here are a few examples of conditions responsible for fleet operational problems.

Check all that apply.

Equipment

Select - Was the vehicle of the size, type and capacity required for the job? Are additional units, components or accessories needed?

Arrange - Can dispatching be improved to better deal with such factors as the availability of drivers, hours of service requirements, miles per trip, tight schedules, traffic conditions, weather, routing, and maintenance downtime?

Use - Was the vehicle loaded and operated within its designed capacity and manufacturer's recommendations? Was the vehicle on a correct route for assigned work?

Maintain - Were there mechanical defects or deficiencies present as the result of a lack of pre-trip inspections, poorly scheduled preventive maintenance service or inadequate repairs?

Other _____

Material

Select - Was the cargo acceptable to be hauled?

Place - Was the cargo properly distributed, secured and protected?

Handle - Was the cargo loaded, stowed and stripped correctly?

Process - Were the dock procedures adequate to avoid misloading, prevent damage to the cargo, and avert delays in departure?

Other _____

People

Select - Did the employee meet the company's minimum job requirements? Recent MVR checked? License okay?

Place - Was the employee qualified and physically fit for the assigned task?

Train - Were there indications that further training is needed?

Lead - Was the employee performing usual duties according to company policy and the supervisor's instructions at the time?

Other _____

4. What have you done thus far? Take or recommend corrective action depending upon your authority and follow up to be sure that it was effective.
5. How will this improve operations? Remember, the objective is to eliminate operational hindrances.

The information provided in these materials is intended to be general and advisory in nature. It shall not be considered legal advice. E-COMP, A Division of Granite Insurance Brokers does not warrant that the implementation of any view or recommendation contained herein will: (i) result in the elimination of any unsafe conditions at your business locations or with respect to your business operations; or (ii) will be an appropriate legal or business practice. E-COMP, A Division of Granite Insurance Brokers assumes no responsibility for the control or correction of hazards or legal compliance with respect to your business practices, and the views and recommendations contained herein shall not constitute our undertaking, on your behalf or for the benefit of others, to determine or warrant that your business premises, locations or operations are safe or healthful, or are in compliance with any law, rule or regulation. Readers seeking to resolve specific safety, legal or business issues or concerns related to the information provided in these materials should consult their safety consultant, attorney or business advisors.

AUTOMOBILE CONDITION REPORT

Vehicle No.		Mileage Reading
Make		Date of Last Service
Model	Year	Next Service Due

The condition of this vehicle, its components and accessories, is satisfactory except as noted below: (X= Defective)

Pre Trip	After Trip	Item Checked	Pre Trip	After Trip	Item Checked
<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Body
<input type="checkbox"/>	<input type="checkbox"/>	Steering	<input type="checkbox"/>	<input type="checkbox"/>	Interior
<input type="checkbox"/>	<input type="checkbox"/>	Tires	<input type="checkbox"/>	<input type="checkbox"/>	Engine
<input type="checkbox"/>	<input type="checkbox"/>	Lights	<input type="checkbox"/>	<input type="checkbox"/>	Transmission system
<input type="checkbox"/>	<input type="checkbox"/>	Glass	<input type="checkbox"/>	<input type="checkbox"/>	Suspension system
<input type="checkbox"/>	<input type="checkbox"/>	Defroster	<input type="checkbox"/>	<input type="checkbox"/>	Electrical system
<input type="checkbox"/>	<input type="checkbox"/>	Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>	Cooling system
<input type="checkbox"/>	<input type="checkbox"/>	Rear view mirror	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system
<input type="checkbox"/>	<input type="checkbox"/>	Speedometer	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment
<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	Seat belts

Explanation of defects, deficiencies or damage	Operator
	Location
	Date
	Reviewed by
	Title
	Date

Report all defects promptly.

DRIVER'S TRUCK CONDITION REPORT

Driver	
Truck No.	Start Mileage
Tractor No.	End Mileage
Trailer No.	Total

Suggested procedures: 1) Check under the hood. 2) Start engine. 3) Proceed with the in-cab check. 4) Walk around and examine the vehicle. 5) Look under for leaks. 6) Test brakes, steering and transmission before leaving. 7) Recheck the equipment en route. 8) Submit this report at the end of each day. (X= Defective)

	Pre Trip	After Trip	Item Checked		Pre Trip	After Trip	Item Checked	
Engine	<input type="checkbox"/>	<input type="checkbox"/>	Cooling system	Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Lights, flashers, signals	
	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system		<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	
	<input type="checkbox"/>	<input type="checkbox"/>	Oil, water, windshield solvent		<input type="checkbox"/>	<input type="checkbox"/>	Tires, wheels, lugs, studs, drums	
	<input type="checkbox"/>	<input type="checkbox"/>	Leaks-water, all, fuel, grease		<input type="checkbox"/>	<input type="checkbox"/>	Suspension	
	<input type="checkbox"/>	<input type="checkbox"/>	Belts - fan, alternator, compressor, etc.		<input type="checkbox"/>	<input type="checkbox"/>	Chassis - frame, tanks, battery box, etc.	
In Cab	<input type="checkbox"/>	<input type="checkbox"/>	Cab condition - locks, latches, doors, mountings, etc.		<input type="checkbox"/>	<input type="checkbox"/>	Fifth wheel & components	
	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors, windshield, windows		<input type="checkbox"/>	<input type="checkbox"/>	Brake hoses & connections	
	<input type="checkbox"/>	<input type="checkbox"/>	Horn, wipers and washers		<input type="checkbox"/>	<input type="checkbox"/>	Electrical line, plug, receptacle	
	<input type="checkbox"/>	<input type="checkbox"/>	Defroster, heater		<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system	
	<input type="checkbox"/>	<input type="checkbox"/>	Low air warning device		<input type="checkbox"/>	<input type="checkbox"/>	Rear-end protection	
	<input type="checkbox"/>	<input type="checkbox"/>	Instruments and gauges		<input type="checkbox"/>	<input type="checkbox"/>	Landing gear	
	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment - fire extinguisher, triangles, fuses, etc.		<input type="checkbox"/>	<input type="checkbox"/>	Cargo area condition - floor, walls, roof, doors	
	<input type="checkbox"/>	<input type="checkbox"/>	Seat belts, sleeper restraint		<input type="checkbox"/>	<input type="checkbox"/>	Kingpin/upper plate	
	<input type="checkbox"/>	<input type="checkbox"/>	Steering		Reporting Driver			
	<input type="checkbox"/>	<input type="checkbox"/>	Brakes-service, parking		Date			
<input type="checkbox"/>	<input type="checkbox"/>	Clutch	Reviewing Driver					
<input type="checkbox"/>	<input type="checkbox"/>	Drive train	Date					
Explanation of defects, deficiencies or damage				Maintenance: <input type="checkbox"/> All repairs made Circle marked items above not needing repairs.				
				Certified by				
				Location/Date				

Report all defects promptly.

DRIVER'S VAN CONDITION REPORT

Driver	Start Mileage
Van	End Mileage
Date	Total

Suggested procedures: 1) Check under the hood. 2) Start engine. 3) Proceed with the in-vehicle check. 4) Walk around and examine the vehicle. 5) Look under for leaks. 6) Test brakes, steering and transmission before leaving. 7) Recheck the equipment en route. 8) Submit this report at the end of each day. (X= Defective)

	Pre Trip	After Trip	Item Checked		Pre Trip	After Trip	Item Checked
Engine	<input type="checkbox"/>	<input type="checkbox"/>	Cooling system	Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Lights, flashers, signals
	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system		<input type="checkbox"/>	<input type="checkbox"/>	Reflectors
	<input type="checkbox"/>	<input type="checkbox"/>	Oil, water, windshield solvent		<input type="checkbox"/>	<input type="checkbox"/>	Tires - adequate pressure, tread & age per OEM, lugs, cuts or bulges
	<input type="checkbox"/>	<input type="checkbox"/>	Leaks - water, all, fuel, grease		<input type="checkbox"/>	<input type="checkbox"/>	Chassis - frame
	<input type="checkbox"/>	<input type="checkbox"/>	Belts - fan, alternator		<input type="checkbox"/>	<input type="checkbox"/>	Suspension
In Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle condition - locks, latches, doors, mountings, etc.		<input type="checkbox"/>	<input type="checkbox"/>	Check for body damage
	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors, windshield, windows		<input type="checkbox"/>	<input type="checkbox"/>	Wiper blades
	<input type="checkbox"/>	<input type="checkbox"/>	Horn, wipers and washers		<input type="checkbox"/>	<input type="checkbox"/>	Electrical line, plug, receptacle
	<input type="checkbox"/>	<input type="checkbox"/>	Defroster, heater		<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system
	<input type="checkbox"/>	<input type="checkbox"/>	Seat belts (driver & passengers)		<input type="checkbox"/>	<input type="checkbox"/>	Rear-end protection
	<input type="checkbox"/>	<input type="checkbox"/>	Instruments and gauges	<input type="checkbox"/>	<input type="checkbox"/>	Hitch, chains, coupler & wiring	
	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment - fire extinguisher, triangles, fuses, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Cargo area condition - floor, walls, roof, doors	
	<input type="checkbox"/>	<input type="checkbox"/>	Steering	Reporting Driver			
	<input type="checkbox"/>	<input type="checkbox"/>	Brakes, parking brake	Date			
	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit	Reviewing Driver			
<input type="checkbox"/>	<input type="checkbox"/>	Special equipment	Date				
Explanation of defects, deficiencies or damage				Maintenance: <input type="checkbox"/> All repairs made Circle marked items above not needing repairs.			
				Certified by			
				Location/Date			

Report all defects promptly.