



U.S. DEPARTMENT OF
ENERGY

Office of Packaging and Transportation

Motor Carrier Evaluation Program (MCEP)

Volume II: Implementation Procedures

A photograph of a white semi-truck with a large cylindrical tank trailer, number 198, parked at a security checkpoint. The truck is positioned in front of a yellow and black striped barrier. In the background, there are utility poles, a fence, and a building. The sky is clear and blue.

Implementation Plan & Procedures

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Foreword

This document presents the Department of Energy (DOE) Motor Carrier Evaluation Program (MCEP). It is designed to provide DOE management and contractors with a consistent, systematic framework for evaluating commercial carriers' capability to safely conduct DOE shipments of radioactive or hazardous materials.

DOE management is ultimately responsible for the safe execution of its mission, including packaging- and transportation-related activities. The MCEP is one tool available to management in exercising technically defensible due diligence in selecting and acquiring the services of for-hire commercial motor carriers.

The MCEP Implementation Plan and Procedures (MCEP Plan) is a two-volume document. Volume I presents the programmatic processes and procedures. Volume II provides the checklists and tools to support the effective implementation of the MCEP Plan.

The Office of Packaging and Transportation stands ready to provide technical assistance, policy interpretation, and subject matter expertise to DOE management in carrying out this critical mandate.



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September 2015

Date

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Appendix 1. Carrier Profile Form

Carrier Profile Form, Part 1										
CORPORATE INFORMATION										
SCAC		Full Name				DBA				
USDOT No.		MC No.		Dun & Bradstreet No.		DOT Safety Rating				
MCEP	<input type="checkbox"/>	Cleared Drivers	<input type="checkbox"/>	Teams Only	<input type="checkbox"/>	Corporate URL				
Main Phone			Main Fax			SmartWay Partnership Carrier	<input type="checkbox"/>	DOE Tendered	<input type="checkbox"/>	
Main Address					Mailing Address					
BUSINESS TYPE										
(Enter an "X" to signify a positive response)										
<input type="checkbox"/>	Competitive 8(a)			<input type="checkbox"/>	Emerging Small Business			<input type="checkbox"/>	Economically Disadvantaged	
<input type="checkbox"/>	Women Owned Small Business			<input type="checkbox"/>	Historically Underutilized Business Zone			<input type="checkbox"/>	Partial Small Business	
<input type="checkbox"/>	Service-Disabled Veteran-Owned Small Business			<input type="checkbox"/>	Total Small Business			<input type="checkbox"/>	Veteran-Owned Small Business	
<input type="checkbox"/>	Partial Historically Black College or University/Minority Institution				<input type="checkbox"/>	Total Historically Black College or University/Minority Institution				
MOTOR CARRIER TYPE										
<input type="checkbox"/>	Interstate Carrier		<input type="checkbox"/>	Intrastate HazMat Carrier		<input type="checkbox"/>	Interstate HazMat Carrier		<input type="checkbox"/>	Intrastate Non-HazMat Carrier
MOTOR CARRIER OPERATION										
<input type="checkbox"/>	Authorized For-Hire				<input type="checkbox"/>	Exempt For-Hire		<input type="checkbox"/>	Contract Carrier	
MOTOR CARRIER SERVICE CLASSIFICATION										
<input type="checkbox"/>	National		<input type="checkbox"/>	Local		<input type="checkbox"/>	Super Regional		<input type="checkbox"/>	On-site
<input type="checkbox"/>	Regional		<input type="checkbox"/>	Truckload (TL)		<input type="checkbox"/>	Less Than Truckload (LTL)			
MOTOR CARRIER CARGO CLASSIFICATION										
(Responses should match current MCS-150.)										
<input type="checkbox"/>	General Freight			<input type="checkbox"/>	Household Goods			<input type="checkbox"/>	Metal; Sheets, Coils, Rolls	
<input type="checkbox"/>	Motor Vehicles			<input type="checkbox"/>	Drive Away/Towaway			<input type="checkbox"/>	Logs, Poles, Beams, Lumber	
<input type="checkbox"/>	Building Materials			<input type="checkbox"/>	Mobile Homes			<input type="checkbox"/>	Fresh Produce	
<input type="checkbox"/>	Liquids/Gases			<input type="checkbox"/>	Intermodal Containers			<input type="checkbox"/>	Passengers	
<input type="checkbox"/>	Oil Field Equipment			<input type="checkbox"/>	Livestock			<input type="checkbox"/>	Grain, Feed, Hay	
<input type="checkbox"/>	Coal, Coke			<input type="checkbox"/>	Meat			<input type="checkbox"/>	Garbage, Refuse, Trash	
<input type="checkbox"/>	U.S. Mail			<input type="checkbox"/>	Chemicals			<input type="checkbox"/>	Commodities Dry Bulk	
<input type="checkbox"/>	Refrigerated Food			<input type="checkbox"/>	Beverages			<input type="checkbox"/>	Paper Products	
<input type="checkbox"/>	Utility			<input type="checkbox"/>	Farm Supplies			<input type="checkbox"/>	Construction	

Carrier Profile Form, Part 1											
CORPORATE INFORMATION											
<input type="checkbox"/> Water Well				<input type="checkbox"/> Machinery, Large Objects							
MOTOR CARRIER SERVICES PROVIDED											
<input type="checkbox"/> Team Drivers				<input type="checkbox"/> Satellite Tracking				<input type="checkbox"/> Phone in Service			
<input type="checkbox"/> Constant Surveillance				<input type="checkbox"/> Signature Security Service				<input type="checkbox"/> Temperature-Controlled Service			
<input type="checkbox"/> Tarping				<input type="checkbox"/> Other							
CURRENT FMCSA COMPLIANCE, SAFETY, ACCOUNTABILITY BASIC SCORES											
As of [MM YYYY]: _____											
Unsafe Driving		Hours of Service		Driver Fitness		Controlled Substance & Alcohol		Vehicle Maintenance			
24-Month Inspection Totals		Total		Driver		Vehicle		HazMat Placard		HazMat Placard %	
24-Month Crash Totals		Total		Injury/Fatal		Fatal		Injury		Tow-away	
HISTORICAL DATA											
(Enter the number of shipments transported for DOE contractors for each year)											
Reporting Year	Total Miles Traveled		Shipments of HRCQ		Shipments of Truckload Radioactive Materials		Shipments of Hazardous Waste				
	On site	Off Site	On site	Off Site	On site	Off Site	On site	Off Site			
HUMAN CAPITAL											
(Enter the number of employees that best describes your operations.)											
Drivers Employed		Union		Non-Union		Owner/Operators		CDL Drivers		Total Drivers	
Security Clearances		DOE L		DOE Q		DOD Top Secret		Other DOD Clearances			
FINANCIAL RESPONSIBILITY											
Insurance Coverage			Operating Ratio			Current Financial Environment					
Type	Limit	Expiration	Year	Ratio	Is Carrier Restructuring?		<input type="checkbox"/> Yes				
General Liability					Is Carrier Filing for Bankruptcy?		<input type="checkbox"/> Yes				
Cargo Liability					Is Carrier Merging?		<input type="checkbox"/> Yes				
Excess Liability			MCEP		Current Assets-To-Liabilities Ratio						
Total Coverage											

Carrier Profile Form, Part 2		
HAZARDOUS MATERIAL TYPES TRANSPORTED BY CARRIER (Enter an "X" to signify that carrier transports the material.)		
Class 1 Explosives	Class 3 Flammable & Combustible Liquids	Class 6 Toxic Materials
<input type="checkbox"/> Division 1.1	<input type="checkbox"/> Class 3 Flammable Liquids	<input type="checkbox"/> Division 6.1 (Poison Liquid PIH Zone A)
<input type="checkbox"/> Division 1.2	<input type="checkbox"/> Class 3 Flammable Liquids (also PIH Zone A)	<input type="checkbox"/> Division 6.1 (Poison Liquid PIH Zone B)
<input type="checkbox"/> Division 1.3	<input type="checkbox"/> Class 3 Flammable Liquids (also PIH Zone B)	<input type="checkbox"/> Division 6.1, Poison
<input type="checkbox"/> Division 1.4	<input type="checkbox"/> Class 3 Flammable Liquids (also PIH Zone C)	<input type="checkbox"/> Division 6.1, Solid
<input type="checkbox"/> Division 1.5	<input type="checkbox"/> Combustible Liquids	<input type="checkbox"/> Division 6.2
<input type="checkbox"/> Division 1.6		
Class 2 Gases	Class 4 Flammable Solids	Class 8 Corrosive Material
<input type="checkbox"/> Division 2.1 (Flammable Gas)	<input type="checkbox"/> Division 4.1	<input type="checkbox"/> Class 8 Corrosive
<input type="checkbox"/> Division 2.1 (LPG)	<input type="checkbox"/> Division 4.2	<input type="checkbox"/> Class 8 (also PIH Zone A)
<input type="checkbox"/> Division 2.1 (Methane)	<input type="checkbox"/> Division 4.3	<input type="checkbox"/> Class 8 (also PIH Zone B)
<input type="checkbox"/> Division 2.2	Class 5 Oxidizers	Class 9 Miscellaneous Hazardous Materials
<input type="checkbox"/> Division 2.2D (Ammonia)	<input type="checkbox"/> Division 5.1	<input type="checkbox"/> Class 9
<input type="checkbox"/> Division 2.3 PIH Zone A	<input type="checkbox"/> Division 5.2	
<input type="checkbox"/> Division 2.3 PIH Zone B		
<input type="checkbox"/> Division 2.3 PIH Zone C		
<input type="checkbox"/> Division 2.3 PIH Zone D		
MISCELLANEOUS MATERIALS/TYPES TRANSPORTED (Enter an "X" to signify that carrier transports the material.)		
<input type="checkbox"/> Infectious Waste	<input type="checkbox"/> Marine Pollutants	<input type="checkbox"/> Hazardous Substances (RQ)
<input type="checkbox"/> Polychlorinated Biphenyls(PCBs)	<input type="checkbox"/> EPA UHWM quantity of hazardous waste (MCEP)	<input type="checkbox"/> Elevated Temperature Materials
MATERIALS REQUIRING PERMITS/REGISTRATIONS OR MCEP LISTING (Enter an "X" to signify that carrier transports the material.)		
<input type="checkbox"/> >55 pounds of a Division 1.1, 1.2, or 1.3 material in a motor vehicle (PHMSA Registration & FMCSA Safety Permit)		
Division 1.1, 1.2, & 1.3 materials, transported in bulk (\$5,000,000 Liability)		
<input type="checkbox"/> An amount of a Division 1.5 material requiring placarding (FMCSA Safety Permit)		
<input type="checkbox"/> A shipment of compressed or refrigerated liquefied methane or liquefied natural gas, or other liquefied gas with a methane content of at least 85 percent, in a bulk packaging having a capacity equal to or greater than 13,248 L (3,500) gallons (FMCSA Safety Permit)		
<input type="checkbox"/> >1L (1.06 quarts) per package of a poison inhalation hazard, Zone A (PHMSA Registration & FMCSA Safety Permit)		
<input type="checkbox"/> A poison inhalation hazard, Zone C, or Zone D in a packaging having a capacity equal to or greater than 13,248 L (3,500) gallons (FMCSA Safety Permit)		
<input type="checkbox"/> A poison inhalation hazard, Zone B in a bulk packaging (capacity greater than 450 L [119 gallons]) (FMCA Safety Permit)		
<input type="checkbox"/> A quantity of hazardous material that requires placarding (PHMSA Registration)		
<input type="checkbox"/> A shipment of a quantity of hazardous materials in a bulk packaging having a capacity equal to or greater than 13,248 L (3,500 gallons) for liquids or gases or more than 13.24 cubic meters (468 cubic feet) for solids (PHMSA Registration)		

Carrier Profile Form, Part 2		
<input type="checkbox"/>	A shipment in other than a bulk packaging of 2,268 kg (5,000 pounds) gross weight or more of one class of hazardous materials for which placarding of a vehicle is required for that class (PHMSA Registration)	
CLASS 7 RADIOACTIVE MATERIAL PROPER SHIPPING NAMES TRANSPORTED BY CARRIER (Enter an "X" to signify that carrier transports the material)		
<input type="checkbox"/>	UN2908	Radioactive material, Excepted Package – Empty Packaging
<input type="checkbox"/>	UN2909	Radioactive material, Excepted Package – Articles Manufactured from Natural Thorium, Natural Uranium, or Depleted Uranium
<input type="checkbox"/>	UN2910	Radioactive material, Excepted Package – Limited Quantity of Material
<input type="checkbox"/>	UN2911	Radioactive material, Excepted Package– Instruments or Articles
<input type="checkbox"/>	UN2912	Radioactive material, low specific activity (LSA-I) non-fissile or fissile-excepted
<input type="checkbox"/>	UN2913	Radioactive material, low surface contaminated objects (SCO-I) or (SCO-II) non-fissile or fissile-excepted
<input type="checkbox"/>	UN3321	Radioactive material, low specific activity (LSA-II) non-fissile or fissile-excepted
<input type="checkbox"/>	UN3322	Radioactive material, low specific activity (LSA-III) non-fissile or fissile-excepted
<input type="checkbox"/>	UN2915	Radioactive material, type A package non-special form, non-fissile or fissile-excepted
<input type="checkbox"/>	UN3327	Radioactive material, type A package, fissile non-special form
<input type="checkbox"/>	UN3332	Radioactive material, type A package, special form non-fissile or fissile-excepted
<input type="checkbox"/>	UN3333	Radioactive material, type A package, special form, fissile
<input type="checkbox"/>	UN2916	Radioactive material, type B(U) package non-fissile or fissile-excepted
<input type="checkbox"/>	UN2917	Radioactive material, type B(M) package non-fissile or fissile-excepted
<input type="checkbox"/>	UN3328	Radioactive material, type B(U) package, fissile
<input type="checkbox"/>	UN3329	Radioactive material, type B(M) package, fissile
<input type="checkbox"/>	UN2977	Radioactive material, uranium hexafluoride, fissile
<input type="checkbox"/>	UN2978	Radioactive material, uranium hexafluoride non-fissile or fissile-excepted
<input type="checkbox"/>	UN2919	Radioactive material, transported under special arrangement non-fissile or fissile-excepted
<input type="checkbox"/>	UN3331	Radioactive material, transported under special arrangement, fissile
CLASS 7 RADIOACTIVE MATERIAL WASTE TYPES TRANSPORTED (Enter an "X" to signify that carrier transports the material.)		
<input type="checkbox"/>	Low Level Waste	
<input type="checkbox"/>	Mixed (hazardous/radioactive) Waste	
<input type="checkbox"/>	High Level Waste	
<input type="checkbox"/>	Transuranic Waste (TRU)	
CLASS 7 RADIOACTIVE MATERIAL TYPES TRANSPORTED (Enter an "X" to signify that carrier transports the material.)		
<input type="checkbox"/>	A highway route-controlled quantity of a Class 7 (radioactive) material (PHMSA Registration & FMCSA Safety Permit)	
<input type="checkbox"/>	Spent Reactor Fuel	
<input type="checkbox"/>	Yellow III Label	
<input type="checkbox"/>	Truckload quantities of radioactive materials (MCEP)	

Carrier Profile Form, Part 3																
AVAILABLE CARRIER EQUIPMENT TYPES																
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type. Enter an "X" in column for any additional configurations of the equipment that you have in inventory.																
FLAT BED																
Wood Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Metal Floor	Ye s	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Combo Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	w/2 Strips	w/4 Strips
40' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring- Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrier Profile Form, Part 3																
AVAILABLE CARRIER EQUIPMENT TYPES																
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type. Enter an "X" in column for any additional configurations of the equipment that you have in inventory.																
SINGLE DROP (STEP) DECK																
Wood Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Metal Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Combo Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	w/ 2 Strips	w/ 4 Strips
40' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring- Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE DROP DECK (AKA LOWBOY OR RGN)																
Wood Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Metal Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Combo Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	w/ 2 Strips	w/ 4 Strips
40' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring- Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrier Profile Form, Part 3																
AVAILABLE CARRIER EQUIPMENT TYPES																
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type.																
Enter an "X" in column for any additional configurations of the equipment that you have in inventory.																
45' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Combo Floor	<input type="checkbox"/>					
48' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Combo Floor	<input type="checkbox"/>					
48' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Combo Floor	<input type="checkbox"/>					
53' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Combo Floor	<input type="checkbox"/>					
53' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Combo Floor	<input type="checkbox"/>					

Carrier Profile Form, Part 4																
AVAILABLE CARRIER EQUIPMENT TYPES																
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type.																
Enter an "X" in column for any additional configurations of the equipment that you have in inventory.																
CONESTOGA FLAT BED																
Wood Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Metal Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Combo Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	w/ 2 Strips	w/ 4 Strips
40' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrier Profile Form, Part 4																			
AVAILABLE CARRIER EQUIPMENT TYPES																			
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type. Enter an "X" in column for any additional configurations of the equipment that you have in inventory.																			
CONESTOGA SINGLE DROP (STEP) DECK																			
Wood Floor		Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Metal Floor		Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Combo Floor		Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	w/ 2 Strips	w/ 4 Strips
40' Air-Ride, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring-Ride, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Spring, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Air-Ride, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Spring, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Air-Ride, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Spring, Wood Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Combo Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrier Profile Form, Part 4																
AVAILABLE CARRIER EQUIPMENT TYPES																
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type. Enter an "X" in column for any additional configurations of the equipment that you have in inventory.																
CONESTOGA DOUBLE DROP DECK																
Wood Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Metal Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Combo Floor	Yes	w/ Stake Sides	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	w/ 2 Strips	w/ 4 Strips
40' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrier Profile Form, Part 5												
AVAILABLE CARRIER EQUIPMENT TYPES												
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type. Enter an "X" in column for any additional configurations of the equipment that you have in inventory.												
DRY VAN												
Wood Floor	Yes	w/2" e-track < Full Length	w/2" e-track Full Length	w/4" e-track < Full Length	w/4" e-track Full Length	Metal Floor	Yes	w/2" e-track < Full Length	w/2" e-track Full Length	w/4" e-track < Full Length	w/4" e-track Full Length	Refrigerated
40' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrier Profile Form, Part 5												
AVAILABLE CARRIER EQUIPMENT TYPES												
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type. Enter an "X" in column for any additional configurations of the equipment that you have in inventory.												
DRY VAN												
Combo Floor	Yes	w/2" e-track < Full Length	w/2" e-track Full Length	w/4" e-track < Full Length	w/4" e-track Full Length	Pan Floor	Yes	w/2" e-track < Full Length	w/2" e-track Full Length	w/4" e-track < Full Length	w/4" e-track Full Length	
40' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40' Spring- Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring- Ride, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Pan Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Carrier Profile Form, Part 5											
AVAILABLE CARRIER EQUIPMENT TYPES											
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type. Enter an "X" in column for any additional configurations of the equipment that you have in inventory.											
CURTAINSIDE VAN											
Wood Floor	Yes	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Metal Floor	Yes	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks	Combo Floor	Yes	w/ 1 ISO Set Locks	w/ 2 ISO Set Locks
40' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40' Spring- Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40' Spring-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Air-Ride, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Air-Ride, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53' Spring, Wood Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Metal Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53' Spring, Combo Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrier Profile Form, Part 6					
AVAILABLE CARRIER EQUIPMENT TYPES					
Enter an "X" in the "Yes" column to signify that the carrier possesses the base equipment type.					
SPECIALIZED EQUIPMENT					
Specialized Trucks	Yes	Specialized Trailers	Yes	Material Handling	Yes
Box Van, 12–21 ft	<input type="checkbox"/>	Cargo Tank Trailer, Non-Specification	<input type="checkbox"/>	Forklift, < 10K	<input type="checkbox"/>
Box Van, >21 ft	<input type="checkbox"/>	Cargo Tank Trailer, Specification	<input type="checkbox"/>	Forklift, 10K–20K	<input type="checkbox"/>
Cargo Van	<input type="checkbox"/>	Cylinder Rail Truck	<input type="checkbox"/>	Forklift, >20K	<input type="checkbox"/>
Dump Truck, Side	<input type="checkbox"/>	Dry Bulk Hopper Trailer	<input type="checkbox"/>	Freight (Sealand) Containers, Top Opening	<input type="checkbox"/>
Dump Truck, Bottom	<input type="checkbox"/>	Intermodal Chassis, 1-container	<input type="checkbox"/>	Freight (Sealand) Containers, End Opening	<input type="checkbox"/>
Dump Truck, End	<input type="checkbox"/>	Intermodal Chassis, 2-container	<input type="checkbox"/>	Intermodal Container, Open Top	<input type="checkbox"/>
Pickup Truck, ½-Ton	<input type="checkbox"/>	Hot Shot Trailer	<input type="checkbox"/>	Intermodal Container, Sliding Top Lid	<input type="checkbox"/>
Pickup Truck, ¾ Ton	<input type="checkbox"/>	RGN, Multi-Axle	<input type="checkbox"/>	Roll On/Roll Off Boxes	<input type="checkbox"/>
Pickup Truck, 1-Ton	<input type="checkbox"/>	RGN, Expandable	<input type="checkbox"/>		<input type="checkbox"/>
Pickup Truck, 2-Ton	<input type="checkbox"/>	Roll-Off, 1-Box	<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, Flatbed	<input type="checkbox"/>	Roll-Off, 2-Box	<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, Flat, with Stake Sides	<input type="checkbox"/>	Stretch Chassis	<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, Non-Specification Tank	<input type="checkbox"/>	Vacuum	<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, Specification Tank	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, with Dromedary	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, Vacuum	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, Roll-Off, 1-Box	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Straight Truck, Roll-Off, 2-Box	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Carrier Profile Form, Part 7					
EQUIPMENT INSTALLED SAFETY & SECURITY TECHNOLOGY					
Enter an "X" to signify a positive response.					
Tractors					
<input type="checkbox"/> Satellite Tracking	<input type="checkbox"/> Electronic On-board Recorders	<input type="checkbox"/> Hot Buttons			
<input type="checkbox"/> Coded Engine Starting	<input type="checkbox"/> Driver Behavior	<input type="checkbox"/> Other			
Trailers					
<input type="checkbox"/> Tampering Detection	<input type="checkbox"/> Trailer Tethered/Untethered	<input type="checkbox"/> Satellite Tracking			
<input type="checkbox"/> Other:					

CARRIER MUST PROVIDE DOE WITH APPROPRIATE OFFICIAL DOCUMENTS (LETTERS OF REGISTRATION, CERTIFICATES, ETC.) FOR ANY ITEMS THAT ARE HIGHLIGHTED ABOVE.

Appendix 2. DOE Initial Evaluation Criteria

All responses to the questions should be **YES** with the exception of question 7, which should be answered **NO**. If the answer to question 7 is **YES** and the bankruptcy is filed under Chapter 11, carrier eligibility will be determined on a case-by-case basis.

DOE Initial Evaluation Criteria, Part 1: Basic Information		
DOE Evaluation Criteria	Meets Requirements?	
	YES	NO
Initial Evaluation Process Step 1		
1. Carrier must have a satisfactory safety rating (no new entrant carriers or carriers with a conditional or unsatisfactory rating).		
All BASIC scores must be below the intervention thresholds:		
a. Hours of Service		
b. Driver Fitness		
c. Controlled Substances and Alcohol		
d. Vehicle Maintenance		
e. Crash Indicator		
f. Unsafe Driving		
g. Hazardous Materials		
Initial Evaluation Process Step 2		
2. USDOT identification number (Number) _____		
3. PHMSA HazMat registration number (Number) _____		
4. EPA Registration number (if applicable) (Number) _____		
5. Correct amount of liability insurance coverage for the volume and types of commodities transported		
6. Copy of completed MCS-90 and Accord form		
7. Has the carrier filed a bankruptcy petition within the past 12 months (desirable status is NO)?		
8. Copy of Completed Carrier Profile, Carrier Questionnaire and all items on List of Requested Documents, as applicable to the carrier.		
9. Capable of passing CVSA Level I inspection (based on Maintenance records)		
10. DOT HazMat Safety Permit (If applicable)		

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions	
1. Is the carrier a party to any pending or enforcement activities by regulatory agencies? (i.e., DOT, EPA, OSHA, State or Local governments, etc.)	
[] No [] Yes, explain:	
Carrier Safety	
2. Where and how does the carrier maintain records of accidents to meet the requirements of 49 CFR 390.15?	
3. Does the carrier maintain a review board to investigate accidents?	
[] No [] Yes (title of board members):	
4. Does the carrier maintain a review board to ascertain the preventability of accidents or incidents?	
[] No [] Yes (title of board members):	
5. Does the carrier have a Safety Department/Organization?	[] Yes [] No
6. Name and title of persons responsible for compliance in the following areas:	
EPA:	
FMCSR:	
HMR:	
Training:	
Risk Management:	
Fleet Maintenance:	
Drug and Alcohol Program:	
7. Are current copies (as applicable) of 10 CFR, 29 CFR, 40 CFR, and 49 CFR available to employees of the carrier?	
[] No [] Yes, format:	

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions	
8. What is the frequency of regularly scheduled safety meetings?	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually <input type="checkbox"/> Other	
9. What system is used to document a driver's participation in the regularly scheduled safety meetings?	
Emergency Response and Spill Prevention and Control	
10. Does the carrier maintain a capability to respond to emergency situations while trailers, loaded with hazardous materials, are enroute?	
<input type="checkbox"/> In-house capability <input type="checkbox"/> Third-party capability (with whom):	
11. How does the carrier verify appropriate emergency response information is accompanying all hazardous material shipments (49 CFR 172.602)?	
12. Has the carrier developed written procedures for spill prevention and control?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Is the carrier equipped to handle spill remediation and damaged containers at its terminals or on its vehicles when transporting HazMat enroute?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, how:	
Carrier Equipment Profile	
14. What criteria or criterion do(es) the carrier use to determine equipment replacement?	
Tractors:	
Trailers:	
Recap tire control:	
Capability to pass CVSA Level 1 inspection of tractor and trailer:	
Owner/Operators:	
15. What types of communication devices are installed in the carrier's equipment?	
<input type="checkbox"/> CB Radio <input type="checkbox"/> Satellite <input type="checkbox"/> Telephone (mobile or cellular)	
<input type="checkbox"/> Two-way Radio <input type="checkbox"/> Pagers <input type="checkbox"/> Others	

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions	
16. Does the carrier utilize onboard equipment to monitor driving habits and equipment use?	
[] No [] Yes, explain:	
Operations/Customer Service	
17. When pickup or delivery times will not be met, how does the carrier inform the shipper or receiver?	
18. Explain the carrier's ability to trace or track shipments in transit.	
19. Explain the dispatch function.	
20. Does the dispatch function have the ability to lock out drivers or equipment that is not in compliance (HOS or OOS)?	
21. Is the carrier involved in any intermodal programs?	[] No [] Rail [] Vessel
22. What special services may be offered by the carrier?	
[] Drivers with security clearances [] Team drivers [] Call-in services [] Other _____	
23. What Electronic Data Interchange (EDI) capability does the carrier have?	
24. Does the carrier participate in Electronic Funds Transfer (EFT)?	[] No [] Yes
Drivers	
25. Does the carrier's employee hiring policy include checking:	
[] Gaps in employment? [] Frequent job shifts or changes? [] All names (aliases) used by the applicant? [] Applications completed in person, by the applicant, at the facility? [] Type of military discharge? [] U.S. citizenship? [] Appropriate papers on file for resident alien (green card) applicants? [] Present or prior residence information? [] Personal references? [] Criminal history?	

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions	
[] Other:	
26. What is the carrier's driver turnover ratio for the past three years?	
Current Year _____	Previous Year _____ Next Previous Year _____
27. What is the carrier's hiring process and minimum qualifications for driver applicants (49 CFR 391.11)?	
28. What type of background checks are conducted on potential drivers?	
[] Former Employer [] Criminal [] Citizenship [] Financial [] Other	
29. Does the carrier observe or survey drivers' performance while operating equipment?	
[] No [] Yes, explain:	
30. Does the carrier have and enforce a written policy regarding drivers placed out-of-service who operate the vehicle before coming into compliance (jumping)?	
[] Yes [] No, why:	
Training	
31. How does the carrier ensure that drivers are instructed in, and are knowledgeable of, the Federal Motor Carrier Safety Regulations (FMCSR)?	
32. How does the carrier provide recurrent training in FMCSR regulations?	
33. What is the format of instruction used?	
[] Classroom [] Video [] Audio tape [] Newsletters	
[] Read and Sign [] Computer-based training [] Other _____	
34. Has the carrier developed a program to instruct its drivers on the proper use of personal protective equipment (PPE)?	
[] Yes [] No	
35. Are drivers trained in emergency response actions?	[] Yes [] No
36. Are all HazMat employees subject to the carrier's Security Plan requirements (49 CFR 172.800) trained to the Security Plan?	
[] Yes [] No	

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions	
Maintenance of Equipment	
37. How does the carrier verify that drivers conduct pre-trip and post-trip vehicle inspections?	
38. How are the carrier's maintenance capabilities carried out?	
[] In-house [] Third-party	
39. Are drivers authorized to make repairs on equipment?	
[] No [] Yes, (what types):	
Physical Security	
40. Has the carrier developed and implemented a Security Plan to address at-risk commodities or transportation routes?	
[] Yes [] No	
41. Has the carrier developed and implemented a Security Plan per DOT 49 CFR 172.800 as applicable to the commodities being shipped?	
[] Yes [] No	
42. Does the carrier have a formal Security Department/Organization?	[] Yes [] No
43. Can the carrier demonstrate the risk model used in the development of the Security Plan?	
[] Yes [] No	
44. Does the carrier's Security Plan cover the following items:	
[] Personal security? [] Hazardous materials and package control? [] Enroute security? [] Plant or facility security? [] Technical innovations ? [] Management prerogatives? [] Communications?	
45. Does the carrier include security in all decision-making processes?	[] Yes [] No
46. Does the carrier conduct security spot checks of personnel and vehicles?	[] Yes [] No
47. Does the carrier have appropriate access controls for the type of materials being stored/shipped?	[] Yes [] No
48. Is there adequate lighting/security in hazardous materials storage areas?	[] Yes [] No
49. Does the carrier have a policy for ensuring vendor/shipper legitimacy?	[] Yes [] No

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions	
50. Does the carrier maintain and implement security training for employees that includes:	
<input type="checkbox"/> Company security objectives? <input type="checkbox"/> Specific security procedures? <input type="checkbox"/> Employee responsibilities? <input type="checkbox"/> Organizational security structure?	
51. How does the carrier distribute security messages to employees?	
<input type="checkbox"/> Newsletters <input type="checkbox"/> Bulletin boards <input type="checkbox"/> Safety Meetings <input type="checkbox"/> Other _____ _____	
52. Is there a specific frequency to the distribution of the security messages?	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other _____	
53. Does the carrier have a lock policy/procedure?	[] Yes [] No
54. Does the carrier have an access control policy/procedure?	[] Yes [] No
55. Does the carrier have a policy to minimize stops when the shipment is enroute?	[] Yes [] No
56. Does the carrier have a capability for providing escorts or guards for specific shipments of hazardous materials?	[] Yes [] No
57. Has the carrier installed or considering installing advanced tracking technology for tractors and trailers?	
<input type="checkbox"/> Installed (i.e. satellite tracking, hot buttons, coded engine starting procedures, etc.) <input type="checkbox"/> Tractors _____ _____ <input type="checkbox"/> Trailers _____ <input type="checkbox"/> Considering installation	
58. What communication systems have been installed to enhance the flow of information between driver, carrier, shipper, and receiver?	
59. Identify the precautions the carrier has taken to prevent vandalism or theft within its facilities and while shipment of hazardous materials are enroute?	
Facilities:	<input type="checkbox"/> Perimeter fencing <input type="checkbox"/> Lighting <input type="checkbox"/> Animals (i.e., dogs, etc.) <input type="checkbox"/> Security guards <input type="checkbox"/> Cameras <input type="checkbox"/> 24-hour operation <input type="checkbox"/> Other _____
Enroute:	<input type="checkbox"/> King pin locks <input type="checkbox"/> Valve locks <input type="checkbox"/> Team drivers [] Other _____

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions		
Hazardous Materials		
60. How many years' experience does the carrier/staff have transporting the following commodities:		
Hazardous materials? Radioactive materials? Hazardous waste?	Carrier _____ _____ _____	Staff _____ _____ _____
61. What percentage of the carrier's business is composed of hazardous-materials shipments?		
_____ %		
62. Beside requiring hazardous-materials training, does the carrier have any additional requirements for those drivers transporting hazardous materials in contract to general commodity drivers?		
63. Does the carrier provide equipment and training to handle damaged containers and/or spill cleanup?		
[] No [] Yes, describe:		
64. Does the carrier trip-lease hazardous material shipments to other carriers?		
[] No [] Yes, who:		
65. Does the carrier have any driver who must comply with the training requirement for Highway Route Control Quantity (HRCQ) shipments (49 CFR 397.101)?		
[] No [] Yes, explain:		
66. If transporting HRCQ materials, can the carrier provide a copy of the written route plan required by 397.101(d)?		
[] Yes [] No, why:		
Waste Carriers		
67. Describe the record keeping process for uniform hazardous waste manifests.		
68. Does the carrier act as a broker for hazardous waste shipments?		
[] No [] Yes, explain:		
69. Does the carrier interline hazardous waste shipments?		

DOE Initial Evaluation Criteria, Part 2: Evaluation Questions	
[] No [] Yes, explain:	
70. Does the carrier accept shipments of hazardous waste from brokers?	
[] No [] Yes, explain:	
Carriers Transporting Hazardous Materials in Bulk	
71. Does the carrier clean its own cargo tank equipment onsite?	[] Yes [] No
72. Are procedures established for the following cleaning methods, if used:	
Steam Cleaning?	[] Yes [] No
Hot Water Cleaning?	[] Yes [] No
Solvent Cleaning?	[] Yes [] No
73. Does the carrier have its cargo tanks cleaned by an independent third party?	[] Yes [] No
74. Does the carrier have a process to qualify independent cargo tank cleaning facilities?	[] Yes [] No
75. Is there a written policy to ensure loading and unloading responsibilities of a driver and shipper/receiver are documented?	[] Yes [] No
76. Does the carrier use third party DOT registered facilities for cargo tank tests, inspections, and repairs?	[] Yes [] No
77. Has the carrier received a copy of the third parties registration number identification from DOT?	[] Yes [] No
78. How does the carrier perform inspections and re-testing of the bulk packages under its control?	
79. What are the qualifications/certifications of the persons or organizations performing inspection, repairs, and re-testing functions?	
80. List all exemptions for bulk packaging the carrier currently holds or is a party to. If more space is needed, please provide a separate list.	
<u>Exemption</u>	<u>Expiration Date</u>

Appendix 3. Document Request List

Document Request List	
A.	Completed Copy of Carrier Evaluation Questionnaire
B.	Copy of Operating Authorities
C.	Copy of Alcohol Misuse/Controlled Substance Use Policies/Procedures
D.	BTS Form M (OMB#2139-0004), Securities and Exchange Commission Form 10K Report, or Most Current Income Statement and Balance Sheet
E.	Organization Chart
F.	Carrier Quality Assurance Program
G.	Brief History of the Company
H.	DOT HazMat Safety Permit (if applicable)
I.	Hazardous Materials (HazMat) Employees Training Program
J.	List of all identified HazMat employees by category or by training requirements
K.	Emergency Response Procedures/Plan
L.	Copy of Driver's Safety Awards Program & Disciplinary Policy
M.	Copy of the Maintenance Program
N.	Policy on maintaining and auditing Drivers' Record of Duty Status
O.	Complete copy of most recent DOT Compliance Review
P.	Copy of Employee Hiring Policies
Q.	Copy of Confined Space Entry Policy and Procedures (if applicable)
R.	Copy of American Society of Mechanical Engineers (ASME) Board "R" Stamp (if applicable)
S.	Copy of your letter to Federal Motor Carrier Safety Administration requesting a Cargo Tank (CT) number (if applicable)
T.	Copy of Letter from PHMSA with CT number (if applicable)

Appendix 4. Vehicle Maintenance File Checklist

Vehicle Maintenance File Checklist				
Carrier Name:				
Evaluation Date:				
Tractor Number:				
Trailer Number:				
Maintenance Requirements	Codes (Check boxes that apply)			
	C = Compliance	I = Incomplete	M = Missing	* = See comments
Record Retention for Vehicle(s) [(49 CFR 396.2(c)]:				
Comments -				
Follows Systematic Periodic Maintenance (PM) plan (49 CFR 396.3):				
Comments -				
Periodic (Annual) Inspection (49 CFR 396.17):				
Inspector performing Periodic Inspection:				
Comments -				
Maintains Driver Vehicle Inspection Reports (DVIR) (49 CFR 396.11):				
Comments -				
General Comments:				

Appendix 5. Vehicle Inspection (Physical) Checklist

Vehicle Inspection (Physical) Checklist				
Carrier Name:				
Evaluation Date:				
Tractor Number:				
Trailer Number:				
Maintenance Requirements	Codes (Check boxes that apply)			
	C = Compliance	I = Incomplete	M = Missing	* = See comments
Vehicle(s) maintain required markings (49 CFR 390.21):				
Comments -				
Maintains Required Emergency Equipment on Vehicle (49 CFR 392.8):				
Comments -				
Vehicle Shows Validation of Current DOT Periodic (Annual) Inspection [49 CFR 396.17(c)]:				
Comments -				
Copy of PHMSA HazMat Certificate of Registration on Vehicle 49 CFR 107.620:				
Comments -				
Vehicle(s) maintain required markings (49 CFR 390.21):				
Comments -				
General Comments:				

Appendix 6. Driver Qualification File Checklist

Driver Qualification File Checklist, Part 1: Basic Data	
Carrier Name:	
Evaluation Date:	
Driver Name:	

Driver Qualification File Checklist, Part 1: Checklist				
Maintenance Requirements	Codes (Check boxes that apply)			
	C = Compliance	I = Incomplete	M = Missing	* = See comments
Application for Employment (49 CFR 391.21):				
Comments -				
Driving Record Inquiry (MVR) (49 CFR 391.25):				
Comments -				
Previous Employment Inquiry (49 CFR 391.23):				
Comments -				
Road Test Certification (49 CFR 391.31 or 391.33):				
<input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Other:				
Medical Examination Certification or Medical Status Certification (49 CFR 391.41):				
Comments -				
Annual Certification of Violations (49 CFR 391.27):				
Comments -				

Driver Qualification File Checklist, Part 1: Checklist				
Maintenance Requirements	Codes (Check boxes that apply)			
	C= Compliance	I = Incomplete	M = Missing	* = See comments
Annual Review of Driving Record (49 CFR 391.25):				
Comments -				
Commercial Driver's License (49 CFR 383.23):				
Comments -				
State: _____ Expiration: _____ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other: _____				
Endorsements: <input type="checkbox"/> None <input type="checkbox"/> H <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> Other: _____				
Restrictions: <input type="checkbox"/> Air Brake <input type="checkbox"/> Other: _____				
General Comments:				

Appendix 7. Driver's Record-of-Duty Status Checklist

Driver's Record of Duty Status Checklist, Part 1: Basic Information	
Carrier Name:	
Evaluation Date:	
Driver Name:	

Driver's Record of Duty Status Checklist, Part 2: Checklist				
Maintenance Requirements	Codes (Check boxes that apply)			
	C= Compliance	I= Incomplete	M= Missing	* = See comments
Record of Duty Status (49 CFR 395.1 or 395.8):				
<input type="checkbox"/> Log Book <input type="checkbox"/> On-board Computer <input type="checkbox"/> Scannable Log <input type="checkbox"/> Timecard Form Contains Required Information: <input type="checkbox"/> Date <input type="checkbox"/> Main office address <input type="checkbox"/> Name of co-driver <input type="checkbox"/> Total miles driven today <input type="checkbox"/> Driver's signature <input type="checkbox"/> Total hours <input type="checkbox"/> Tractor/trailer number(s) <input type="checkbox"/> 24-hour period start time <input type="checkbox"/> Shipping document no. or commodity & Shipper <input type="checkbox"/> Name of carrier <input type="checkbox"/> Remarks				
Auditing log for form and manner errors:				
Comments -				
Monitoring receipt of logs within 13 days:				
Comments -				
Logs reviewed for Driver's Record of Duty Status errors:				
Errors 11-hour rule: <input type="checkbox"/> No <input type="checkbox"/> Yes Log Date: _____ Errors 14-hour rule: <input type="checkbox"/> No <input type="checkbox"/> Yes Log Date: _____ Errors 70-hour rule: <input type="checkbox"/> No <input type="checkbox"/> Yes Log Date: _____ Errors 30 minute Break <input type="checkbox"/> No <input type="checkbox"/> Yes Log Date _____				
Falsification of Record of Duty Status				
Comments -				
Logs maintained at principle place of business for 6 months				

Driver's Record of Duty Status Checklist, Part 2: Checklist				
Maintenance Requirements	Codes (Check boxes that apply)			
	C = Compliance	I = Incomplete	M = Missing	* = See comments
Comments -				
Supporting documents retained for at least 6 months:				
Comments -				
General Comments:				

Appendix 8. HazMat Employee Training Checklist

HAZMAT Employee Training Checklist, Part 1: Basic Information	
Carrier Name:	
Evaluation Date:	
Driver Name:	

HazMat Employee Training Checklist, Part 2: Checklist				
Maintenance Requirements	Codes (Check boxes that apply)			
	C = Compliance	I = Incomplete	M = Missing	* = See comments
Verify files/document training received (49 CFR 172.704, Training requirements):				
Comments -				
Verify files/document training received (49 CFR 397.101, Requirements for motor carriers and drivers):				
Comments -				
Verify files/document training received (49 CFR 177.816, Driver training):				
Comments -				
Verify recurrent training requirements have been met for 49 CFR 177.816 to include applicable requirements of 49 CFR Parts 390 through 397:				
Comments -				

HazMat Employee Training Checklist, Part 2: Checklist				
Maintenance Requirements	Codes (Check boxes that apply)			
	C = Compliance	I = Incomplete	M = Missing	* = See comments
Identified as HazMat Employee (or Driver per 49 CFR 171.8)?	[] Yes [] No			
Identified to transport Highway Route Controlled Quantities (HRCQ) of radioactive materials?	[] Yes [] No			
Identified to transport hazardous materials in Cargo Tanks or Portable Tanks (49 CFR 177.816)?	[] Yes [] No			
General Comments:				

Appendix 8.5 Evaluation Sample-Size Guide

The following tables and instructions identify the files to be reviewed during an onsite evaluation to determine a carrier's compliance with regulations in its hiring practices, driver management, drivers' Hours of Service (HOS) records, and maintenance policies and procedures.

Note to evaluators:

- If the Federal Motor Carrier Safety Administration (FMCSA) has performed a Compliance Review with a satisfactory rating of the carrier within the past 9 months and their current SMS scores are within the DOE thresholds, no duplicate reviews are necessary. For example, if the FMCSA Compliance Review included hours of service records (HOS), no review of the carrier's HOS files will be required. If the FMCSA Compliance Review included maintenance files no review of the carrier's maintenance files will be required as long as the carrier is given a satisfactory rating in the area reviewed.
- Any systematic problem emerging during reviewing sampled records may be cause for the Evaluation Team Leader to stop the evaluation.

1. Vehicle Inspection and Maintenance

The purpose of this review is to establish the effectiveness of carrier maintenance practices, driver equipment inspections, and carrier follow-up, as well as the overall condition of the carrier's fleet. A carrier's maintenance system involves three elements: vehicle maintenance, vehicle inspection reports, and maintenance records. Evaluators should select, when possible, drivers' daily written inspection reports and maintenance records coinciding with the vehicles available for inspection.

Vehicle and maintenance files should be selected and reviewed for the following:

- Vehicles involved in accidents (evaluators should ask to see accident registers maintained in accordance with 49 CFR § 390.15);
- Vehicles cited for equipment violations during roadside inspections; and

Inspection and maintenance records should be reviewed for at least one of each type of vehicle operated, if possible.

A random selection should be made from the balance of maintenance files to make up the total number to be examined, based on the number of vehicles subject to FMCSR.

Using the DOT sample size charts, sample sizes are as follows:

Evaluation Sample-Size Guide	
If the number of vehicles subject to FMCSRs is	Review at least this many vehicle maintenance files:
1–5	All
6–25	5
26–50	8
51–90	13
91–150	20
151–280	32
281–400	50
401–500	68
501–1,200	80
1,201–3,200	125
3,201–10,000	200
10,001–35,000	315
35,001–150,000	500

Note: Vehicle violations or defects discovered during the evaluation should be immediately reported to the carrier. In addition to the Vehicle Maintenance Checklist, the Training and Qualification Checklist for all maintenance personnel should be completed.

2. Driver Qualification Files

A review of the Driver Qualification Files is conducted to determine whether a carrier’s hiring practices meet the requirements of 49 CFR Part 391.

Driver Qualification Files should be selected and reviewed for the following:

- Drivers involved in accidents (evaluators should ask to see accident registers maintained in accordance with 49 CFR § 390.15); and
- Drivers cited for driver qualification violations during roadside inspections.

A random selection is made from the balance of the Driver Qualification Files to make up the total number to be examined, based on the number of drivers subject to FMCSRs.

Minimum Number of Driver Qualification Files	
If the number of drivers subject to FMCSRs is	Review at this this many Driver Qualification Files:
1–5	All
6–25	5
26–50	8
51–90	13
91–150	20
151–280	32
281–400	50
401–500	68
501–1,200	80
1,201–3,200	125
3,201–10,000	200
10,001–35,000	315
35,001–150,000	500

3. Drivers' Hours of Service

Drivers' HOS records (logbooks, timecards, electronic onboard recording) are reviewed to ensure that drivers are complying with the requirements of 49 CFR Part 395, and that the carrier is strictly complying with regulations for regularly and knowledgeably auditing time documents.

Files should be selected and reviewed for the following:

- Drivers involved in accidents (evaluators should ask to see accident registers maintained in accordance with 49 CFR § 390.15);
- Drivers cited for HOS violations during roadside inspections; and
- Carrier operations having revealed noncompliance potentially linked to driver behavior.

Randomly selected time documents are then selected based on the table below to make up the total number examined. The column titled "Minimum Number of Files to Review" indicates the minimum number of daily time documents to be examined. Typically, evaluators should only use a small number of additional time documents to verify.

Minimum Number of Drivers Time Records			
Number of Drivers Subject to FMCSR	Number of Different Drivers Selected	Time Period of RODS	Minimum Number Reviewed For False Logs, Excess Hours & Other Part 365 Regulations
1– 5	All	1–2 months from prior 6 months	30 x # of drivers
6–15	5	1–2 months from prior 6 months	150
16–50	7	1–2 months from prior 6 months	210
51–150	11	1–2 months from prior 6 months	330
151–500	17	1-2 months from prior 6 months	510
501+	27	1-2 months from prior 6 months	810

Entries on the Drivers' Records of Duty Status are compared to verified entries on other company documents to detect inconsistencies. Documents including mileage or time and date entries can be used to verify Record of Duty Status entries. These may include:

- Delivery receipts
- Toll receipts
- Fuel receipts
- Accident reports
- State vehicle inspection reports
- Maintenance records
- Bills of lading
- Weight tickets
- Time-clock records
- State speeding/moving citations
- Trip reports
- Security guard reports
- Port of entry receipts

Appendix 9. Alcohol and Controlled-Substance Abuse

DOT REQUIREMENTS	YES	NO	N/A
Verify carrier has implemented an alcohol misuse and controlled substances use testing program meeting requirements of 49 CFR Part 40 and 49 CFR 382.115.			
Verify drivers holding Commercial Driver's Licenses (CDL) are in the program - 49 CFR 382.103.			
Verify carrier has and enforces a policy to remove drivers found with alcohol concentrations greater than 0.02 but less than 0.04, from performing safety sensitive functions - 49 CFR 382.505.			
Verify, from the annual summary, carrier meets minimum requirement of 50% for random testing for controlled substances use - 49 CFR 382.305.			
Verify, from the annual summary, carrier meets minimum requirement of 10% for alcohol misuse testing - 49 CFR 382.305.			
Verify carrier prepares and maintains a summary of the results of its alcohol and controlled substances testing for the previous year per 49 CFR 382.403.			
Verify carrier only uses laboratories certified by DOT for its alcohol misuse and controlled substance abuse testing. 49 CFR 40.81			
Verify carrier meets requirements for maintaining records - 49 CFR 382.401.			
Verify carrier ensures post-accident testing for alcohol misuse or controlled substances use has been performed - 49 CFR 382.303.			
Verify Managers and Supervisors designated to supervise drivers have received training for alcohol misuse and controlled substances - 49 CFR 382.603			
Standard: Carrier is knowledgeable of the requirements of 49 CFR Parts 40 and 382, and has established a program designed to prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles.			

The following worksheet provides an additional tool for controlled substances and alcohol testing.

**Controlled Substances and Alcohol Testing
Checklist - Worksheet**

Pre-employment Controlled Substances testing

Number of drivers hired during evaluation period _____

Number of drivers verified as having pre-employment test _____

Drivers used without first obtaining negative test result _____

Comments:

Post-accident drug and alcohol testing

Number of recordable accidents in past 12 months _____

Number of recordable accidents subject to post-accident testing _____

Number of post-accident tests performed _____

Alcohol test performed within 2 hours Yes _____ No _____

Controlled substances test performed within 32 hours Yes _____ No _____

Documentation for tests not performed within required time frames Yes _____ No _____ N/A _____

Comments:

Random drug and alcohol testing

Number of average driver positions in last full calendar year _____

Number of Controlled Substances random tests performed last full calendar year _____

Number of Alcohol random tests performed last full calendar year _____

Tests performed at appropriate rates (50% and 10%) Yes _____ No _____

Semi-annual lab summaries available Yes _____ No _____

Certified laboratory used Yes _____ No _____

Name of laboratory _____

Consortium or self-administered testing program _____

If Consortium, how many drivers in Consortium random pool _____

Only DOT covered drivers in testing pool Yes _____ No _____

Tests spread reasonably throughout year Yes _____ No _____

Tests are unannounced Yes _____ No _____

Scientifically valid method used to select names for random testing Yes _____ No _____

Drivers selected for testing returned to random pool Yes _____ No _____

DOT custody and control forms used Yes _____ No _____

Comments:

Reasonable Suspicion Testing

Number of Reasonable Suspicion Tests performed _____

Supervisory training performed Yes _____ No _____

Comments:

Return to Duty and Follow-Up testing performed Yes _____ No _____

Comments:

Drug and alcohol policy

- 1) Identity of person designated to answer questions _____
- 2) Categories of drivers subject to the provisions of this part _____
- 3) Information about Safety-Sensitive functions _____
- 4) Information about prohibited driver conduct _____
- 5) Circumstances under which a driver will be tested _____
- 6) Procedures that will be used to test _____
- 7) Requirement that a driver submit to alcohol and drug tests _____
- 8) Explanation of what constitutes a refusal to test _____
- 9) Consequences for drivers found to have violated Subpart B
- 10) Consequences for drivers .02 - .04 _____
- 11) Information concerning the effects of drugs and alcohol _____

Designated Employer Representative (DER) _____

Appendix 10. Maintenance

DOT REQUIREMENTS	YES	NO	N/A
Verify carrier has a policy for scheduled maintenance for all vehicles in its control - 49 CFR 396.3(a).			
Verify carrier maintains records for all vehicles in its control for 30 consecutive days or more - 49 CFR 396.3(b). (Per the sample size)			
Verify carrier maintains driver vehicle inspection reports for a period of three months - 49 CFR 396.11(c)(2). (Per the sample size)			
Verify carrier performs periodic (annual) inspections and maintains accurate records - 49 CFR 396.17 - 396.21. (Use sample size)			
Verify carrier maintains Maintenance Inspector Qualifications - 49 CFR 396.19.			
Verify carrier maintains Qualifications of Brake Inspectors - 49 CFR 396.25.			
Using Vehicle Inspection Checklist to inspect vehicles (if applicable) at the facility to verify the following:			
a. Proof of periodic (annual) inspection is carried on each CMV - 49 CFR 396.17 (or current CVSA equivalency)			
b. Carrier's CMVs are marked to meet DOT requirements - 49 CFR 390.21			
c. Verify carriers transporting HazMat maintain a copy of the HazMat certificate of registration at their principal place of business, and on the vehicle - 49 CFR 107.620(b)			
d. Verify the carrier transporting HazMat subject to 48 CFR 385.403 has a copy of the Safety Permit in the vehicle(s)			
Standard: The carrier is knowledgeable of requirements ensuring its vehicles meet the applicable requirements of 49 CFR Parts 107, 390, and 396 and 49 CFR Subchapter B, Appendix G.			

Appendix 11. Driver Qualification Files

DOT REQUIREMENTS	YES	NO	N/A
Verify a completed and signed application for employment is in each files - 49 CFR 391.21.			
Verify a written record of contact with past employers exists - 49 CFR 391.21.			
Verify a response from a State agency pursuant to 49 CFR 391.23 (initial investigation for new hires).			
Verify a response of each State agency to the annual driver record inquiry with annual review and signature - 49 CFR 391.25.			
Verify existence of a driver’s list or certificate relating to vehicle laws and ordinances per 49 CFR 391.27.			
Verify issuance of a certificate of road test to drivers - 49 CFR 391.31, or a copy of a license accepted as equivalent - 49 CFR 391.33.			
Verify Medical Examiner's Certificate or Medical Certification Status information - 49 CFR 391.43.			
Verify waivers are granted by the Regional Director of Motor Carriers as applicable - 49 CFR 391.49			
Verify files of previous drivers are maintained for 3 years after their departure - 49 CFR 391.51.			
Standard: The carrier establishes a Driver Qualification File for each individual hired to drive a commercial motor vehicle, and maintains and reviews each file to meet DOT requirements in 49 CFR Part 391.			

Appendix 12. Driver Hours of Service Records

DOT REQUIREMENTS	YES	NO	N/A
Verify drivers submit time documents to meet requirements of 49 CFR 395.8 and 395.1(e).			
Verify carrier maintains Driver's Hours of Service records for a period of six (6) months per 49 CFR 395.8 or 395.1(e) (5).			
Verify, using the worksheet, drivers use the 100 air-mile radius driver exemption 395.1(e) complying with the following:			
a. Operate within the 100 air-mile radius.			
b. Return to the reporting location and be released from work within 12 consecutive hours.			
c. Have at least 10 consecutive hours off duty separating each 12 hours on duty.			
d. Do not drive more than 11 hours following 10 consecutive hours off duty.			
Verify, using the worksheet, the carrier:			
a. Does not allow drivers to drive more than 11 hours following 10 consecutive hours off duty - 49 CFR 395.3.			
b. Does not allow drivers to drive for any period after the end of the 14 th hour after coming on duty following 10 consecutive hours off duty - 49 CFR 395.3.			
c. Does not allow drivers to drive after being on duty 60 hours in 7 consecutive days (or 70 hours in 8 days) - 49 CFR 395.3.			
Standard: Carrier is knowledgeable of the Drivers Hours of Service regulations requiring the submission, maintenance, and auditing of time documents for drivers of CMV per 49 CFR Part 395.			

Appendix 13. Employee Training

DOT REQUIREMENTS	YES	NO	N/A
Verify employees identified as HazMat employees (defined in 49 CFR 171.8) are trained to the requirements of 49 CFR Part 172, Subpart H, Training, as a minimum.			
Verify employees identified as HazMat employees have satisfied the initial and recurrent training requirement in 49 CFR 172.704(c).			
Verify employees identified as HazMat employees have satisfied the Security Awareness training requirement in 49 CFR 172.704(a)(4).			
Verify employees identified as HazMat employees of a person required to have a Security Plan Per 49 CFR 172, Subpart I, have satisfied the In-depth Security Training requirement in 49 CFR 172.704(a)(5).			
Verify drivers identified as HazMat employees are additionally trained to the applicable requirements of 49 CFR 177.816.			
Verify drivers transporting Highway Route Controlled Quantities (HRCQ) of Class 7 materials receive additional training identified in 49 CFR 397.101(e).			
Standard: Carrier is knowledgeable of the regulations, and trains its drivers and HazMat employees to meet the applicable DOT training requirements per 49 CFR Parts 172, 177 and 397.			

Appendix 14. Security and Emergency Response

DOT REQUIREMENTS	YES	NO	N/A
Verify carrier has implemented a DOT Security Plan as applicable - 49 CFR 172.804.			
Verify Carriers DOT Security Plan contains all components as required on 49 CFR 172.802			
Verify carrier's Emergency Response Procedures address and comply with the reporting requirements - 49 CFR 171.15 and 171.16.			
Standard: The carrier provides information or can demonstrate capabilities to comply with the requirements for a DOT Security Plan and Emergency Response per 49 CFR Parts 171 and 172.			

Appendix 15. Special Training for Cargo Tanks

DOT REQUIREMENTS	YES	NO	N/A
Verify carrier provides additional training to meet the specialized requirements for cargo tanks and/or portable tanks - 49 CFR 177.816(b).			
Verify examinations, tests, and retests are performed to ensure tanker and fitting integrity - 49 CFR 180.407(a).			
Verify carrier has a detailed process for inspecting cargo tanks that provides for the requirements of items on a frequency basis per 49 CFR 180.407(c).			
Verify carrier maintains a file for each cargo tank including the manufacturers data report certificate, and related papers required in 49 CFR 180.417(a)(1).			
Verify those identified as a HazMat employee, Registered Inspector, or Design Certifying Engineer (defined in 49 CFR 171.8) have documented training - 49 CFR Part 172, Subpart H, Training.			
Verify those identified as a HazMat employee, Registered Inspector, or Design Certifying Engineer (defined in 49 CFR 171.8) have appropriate qualifications to perform inspection/testing duties per 49 CFR Part 180.			
Verify carrier maintains documentation showing that their cargo tank inspector is registered with DOT as a Registered Inspector of Cargo Tanks or as a Design Certifying Engineer of Cargo Tanks per 49 CFR 107.500			
Verify carrier has all necessary permits and paperwork to perform inspections, repair and testing of cargo tanks per 49 CFR Part 180.			
Standard: The carrier provides information or can demonstrate capabilities to comply with the requirements for cargo tank truck operation per 49 CFR Parts 107, 172, 177, and 180.			

Appendix 16. DOE-Specific Onsite Evaluation Criteria

Use the information gathered from the previous tables, initial evaluation, and the Onsite Evaluation to complete this DOE-Specific Onsite Evaluation Criteria. All answers should be “YES” or “N/A”. A “NO” answer will disqualify a carrier from MCEP approval.

DOE-Specific Onsite Evaluation Criteria, Part 1			
DOE-Specific Onsite Evaluation Criterion	Meets requirements?		
	YES	NO	N/A
Onsite Evaluation			
1. Carrier has an asset-to-liability ratio of 1.00 or higher.			
2. Carrier has an operating ratio of 1.00 or lower.			
3. Carrier is not party to any pending enforcement actions by regulatory agencies or State or Local governments potentially affecting their ability to perform.			
4. Carrier has an emergency response plan identifying roles and responsibilities for drivers and administrative staff.			
5. Carrier has, and enforces a written disciplinary policy for drivers placed out-of-service and continue operating the vehicle before coming into compliance (jumping).			
6. Carrier has a training program to ensure recurrent training of employees in the FMCSR.			
7. Carrier does not interline hazardous waste shipments with carriers not MCEP evaluated.			
8. Carrier does not contract out/subcontract hazardous material shipments with carriers not MCEP evaluated.			
9. Carrier has the capability to pass CVSA Level 1 inspection.			
10. Carrier has a recap tire policy and control.			

DOE-Specific Onsite Evaluation Criteria, Part 2: MCEP Carrier Checklist	
Carrier Criterion	Acceptable? Yes/No
Hazardous Safety Permit (49 CFR 385.421)	
HazMat Registration verification in accordance with 49 CFR 107	
Insurance Requirements (49 CFR 387.9) (5,000,000 DOE requirement)	
SMS Values (compare to MCEP threshold values)	
Special permit use training verification (if applicable)	
Perform receipt inspection on truck	
Driver's CDL verification for the appropriate endorsement	
HazMat employee training verification in accordance with subpart H and records are maintained appropriately as described in 172.704	
Blocking/bracing of material review	
Proper labeling/marking/placarding verification in accordance with requirements listed in the special permit or DOT regulation	
Driver's Controlled Substances and alcohol program verification	
Emergency response plan verification in accordance with 49 CFR 171.15 and 171.16 and 172.600	
Security plan verification per 49 CFR Part 172, Subpart I	

DOE-Specific Onsite Evaluation Criteria, Part 3: Single-Use Motor Carrier Checklist			
Item	Characteristic	YES, NO, N/A	Comments
1	Hazardous Materials Safety Permit (49 CFR 385.421)		
2	Insurance Requirements are met (49 CFR 387.9) (5,000,000)		
3	SMS values (Run Report on carrier and verify they do not exceed MCEP threshold values)		
4	Verify training has been provided against the special permit that the organization is using		
5	Perform receipt inspection on truck to verify it meets inspection criteria		
6	Verify driver’s CDL has an “h” endorsement.		
7	Verify the driver has HazMat employee training in accordance with 49 CFR Part 172, Subpart H and records are maintained appropriately as described in 172.704		
8	Review blocking/bracing of the material		
9	Verify proper labeling/markings/placarding in accordance with requirements listed in the special permit or DOT, as applicable		
10	Verify driver is currently in a drug and alcohol program and has received a pre-employment drug screen and has been trained to the carrier’s program		
12	Verify an emergency response plan is in place to mitigate hazard report incidents in accordance with 49 CFR 171.15 and 171.16, and 172.600		
13	Verify a security plan is in place as required by 49 CFR Part 172, Subpart I		
14	Verify the carrier has a HazMat registration as required by 49 CFR Part 107		

Appendix 17. DOE Monitoring Criteria

Responses to all questions should be “Yes”, with the exception of question 7, which should be answered “No.” If the answer to question 7 is “Yes” and the bankruptcy is filed under Chapter 11, maintaining carrier approval status will be determined on a case-by-case basis.

DOE Monitoring Criteria		
DOE Monitoring Criterion	Meets Requirements	
	YES	NO
Monthly Monitoring Process (SMS and SAFER)		
1. Carrier must have a DOT satisfactory rating or be not yet rated by DOT. (New Entrant, Conditional or Unsatisfactory rated carriers will not be considered)		
All BASIC scores must be below intervention thresholds.		
a. Unsafe Driving BASIC		
b. Fatigued Driving (Hours-of-Service) BASIC		
c. Driver Fitness BASIC		
d. Controlled Substances and Alcohol BASIC		
e. Vehicle Maintenance BASIC		
f. Cargo-Related BASIC		
g. Crash Indicator BASIC		
Annual Monitoring Process (MCEP Carrier Identification Report)		
2. USDOT identification number _____		
3. PHMSA HazMat registration number (if applicable) _____		
4. EPA registration number (if applicable) _____		
5. Correct amount of liability insurance coverage for the volume and types of commodities transported		
6. Copy of completed MCS-90 and Accord form		
7. Has the carrier filed a bankruptcy petition within the past 12 months (desirable status is NO)?		

Appendix 18. Evaluation Team Member Qualification Form

Evaluation Team Member Qualification Form, Part 1	
U.S. Department of Energy Office of Packaging and Transportation Motor Carrier Evaluation Program (MCEP) Evaluation Team Member Qualification Information	
Last Name:	Date:
First Name:	Middle Name:
Site Organization and Title:	
<p>Specific areas of review for which your qualifications should be considered by the MCEP Manager are listed below:</p> <p> <input type="checkbox"/> DOT/FMCSA Regulations and CVSA Requirements <input type="checkbox"/> Carrier Safety, Security, and Emergency Management Systems <input type="checkbox"/> Equipment Maintenance and Inspection <input type="checkbox"/> Drivers Qualifications and hours-of-service <input type="checkbox"/> Carrier Alcohol misuse and Controlled Substance Abuse Programs <input type="checkbox"/> Cargo Tanker <input type="checkbox"/> Training <input type="checkbox"/> Transportation Management </p>	
Site Affiliation:	
Employment Affiliation:	
Street Address: (FedEx Address)	
Mailing Address: (i.e., P.O. Box)	
City:	
State:	
Zip:	
Phone/Fax/ E-mail :	

Evaluation Team Member Qualification Form, Part 2	
Evaluation Team Member Qualification Summary	
Date:	
Name:	
General:	
Education:	
Knowledge:	
Experience:	
Evaluations:	
Training:	
Certifications:	

Appendix 19. Example Initial Carrier Contact Letter

(Name and Title of Carrier Point of Contact)

Name *(carrier)*

Address

City, State, Zip

Dear *(Name of Carrier Point of Contact)*:

Thank you for the opportunity to evaluate *(Carrier)* on behalf of the U.S. Department of Energy (DOE), Office of Packaging and Transportation's Motor Carrier Evaluation Program (MCEP).

The purpose of this program is to ensure that only MCEP-evaluated carriers are used to transport DOE shipments of certain types of radioactive and hazardous materials.

Please complete and return the MCEP Carrier Identification Report, Carrier Evaluation Questionnaire, and the items identified on the enclosed List of Requested Documents. Please send them to *(Name and address of individual to receive carrier submitted information)*. Your response within two weeks will be appreciated.

DOE will provide *(Carrier)* with specific information during the evaluation about expectations for carriers selected to transport DOE radioactive and hazardous materials.

If you have questions, please call me at *(phone number)*, or *(name of individual)* of my staff at *(phone number)*.

Sincerely,

(Signature and Title)

Enclosures

Appendix 20. Example Onsite Carrier Confirmation Letter

(Name of Carrier Point of Contact)

Name *(Carrier)*

Address

City, State, Zip

Dear *(Name of Carrier Point of Contact)*:

Thank you for the opportunity to evaluate *(Carrier)* by the U.S. Department of Energy (DOE), Office of Packaging and Transportation's Motor Carrier Evaluation Program (MCEP). This program evaluates carriers to ensure only MCEP-evaluated carriers are used to transport shipments of certain types of radioactive and hazardous materials for DOE and its contractors.

The confirmed dates for this evaluation are *(dates)*. The Evaluation Team will include *(Names and Titles of those participating in the onsite evaluation, including any observers)*. During our visit we will need to inspect your driver files, equipment maintenance records, and driver logs, along with supporting documentation including:

Port of entry receipts	Delivery receipts	Driver Vehicle Inspection Reports
Bills of lading	Toll receipts	State vehicle inspection reports
Security guard reports	Weight tickets	State speeding/moving citations
Trip reports	Time-clock records	
Fuel receipts	Accident reports	

General topics for discussion will include insurance and claims, safety, emergency response, carrier equipment, customer service, driver selection and training, equipment maintenance, security, and hazardous material policies and procedures.

A current copy of your Company Safety Profile Report from the Federal Motor Carrier Safety Administration is enclosed for your review. Please review your Company Safety Profile Report for accuracy as the information and statistics in this report will be explored during your evaluation.

This onsite evaluation will also provide *(Carrier)* with key DOE expectations for carriers selected to transport DOE shipments of certain types of radioactive and hazardous materials. If you have questions, please call *(phone number)*, or *(name of individual)* of my staff at *(phone number)*.

Sincerely,

(Signature and Title)

Enclosures

Appendix 21. MCEP Report with Action-Item Letter

(Name of Carrier Point of Contact)

Name *(Carrier)*

Address

City, State, Zip

Dear *(Name of Carrier Point of Contact)*:

This letter is to thank you for your cooperation in the recent Motor Carrier Evaluation Program (MCEP) evaluation on *(Dates)*. This is a follow-up letter documenting the closeout meeting held on *(Date)*, and the results of the evaluation.

The purpose of this evaluation was to determine *(Carrier's)* qualification to provide transportation services for DOE shipments of certain types of radioactive and hazardous materials. The MCEP evaluation included review of your management systems, financial stability, company policies and procedures; along with driver's qualification files, hours of service, training, maintenance, and controlled substances use and alcohol misuse testing.

The finding(s)¹, concern(s)², recommendation(s)³, or positive observations the MCEP Evaluation Team had about your operations are listed in the enclosure. The MCEP Evaluation Team did not recommend *(Carrier)* as an acceptable transporter of DOE radioactive and hazardous materials. This recommendation can be reversed if *(Carrier)* corrects these findings and concerns, and provides a written response to my office within 60 days demonstrating that corrective actions have been completed.

We will assess *(Carrier's)* response and determine if re-evaluation is warranted before adding you to the MCEP evaluated carrier list. Again, thank you for your cooperation.

If you or your staff have any questions, please contact *(Name of person signing letter)*, or *(name of contact person)* of my staff at *(phone number)*.

Sincerely,

(Signature and Title)

Enclosures

¹ Findings are issues that violate a regulation or DOE requirement for which a corrective action plan must be developed.

² Concerns are issues that are not regulatory driven, but indicate that existing management systems may not ensure safe transport of hazardous materials. They, as well as Findings, require a corrective action plan.

³ Recommendations are suggestions for improvement that, if implemented, constitute best management practices. They do not require corrective action plans and do not have an associated regulatory driver.

Appendix 22. Example Carrier Closeout Letter

(Name and Title of Carrier Point of Contact)

Name (*Carrier*)

Address

City, State, Zip

Dear *(Name of Carrier Point of Contact)*:

This letter is to thank *(Carrier)* for participating in our *(date)* Motor Carrier Evaluation Program (MCEP) evaluation. You have been added to the list as a *(Tier 1, 2, or 3)* MCEP evaluated carrier for transporting Department of Energy shipments of certain types of radioactive and hazardous materials.

We sincerely appreciate your time and effort during the evaluation process. If you have any questions or need further information, please contact me.

Sincerely,

(Signature and Title)

Appendix 23. Example Letter of Caution

(Name and Title of Carrier Point of Contact)

Name *(carrier)*

Address

City, State, Zip

Dear *(Name of Carrier Point of Contact)*:

The U. S. Department of Energy's Motor Carrier Evaluation Program (MCEP) continuously monitors listed carriers that have been included on the list of MCEP-evaluated carriers to transport DOE shipments of certain types of radioactive and hazardous materials. We quarterly review updates of the Department of Transportation's Safety Measurement System database, as well as other information to ensure MCEP-evaluated carriers continue meeting minimum DOE approval requirements.

Negative performance trends can lead to loss of a carrier's MCEP listing, or could result in temporary non-use status. We notify carriers of negative data received during the MCEP monitoring process and request explanations for concerns. We encourage carriers to make the necessary improvements to maintain their MCEP listing.

This Letter of Caution is to inform you that MCEP monitoring has revealed some negative trends in your company's performance:

(Insert Trends)

Please provide a detailed written explanation within 45 days describing the circumstances of these trends and corrective action(s) being taken.

(Carrier) currently remains on the evaluated list for transporting DOE shipments of certain types of radioactive and hazardous materials. Failure to respond to this MCEP Letter of Caution, or an inadequate response, could result in being placed in temporary non-use status for those radioactive and hazardous materials requiring MCEP qualification. Continuation of these negative trends could result in removal from the MCEP-evaluated carrier list until the problems are corrected and corrections are verified.

If you have any questions regarding this Letter of Caution, please contact me.

Sincerely,

(Signature and Title)

Enclosures

Appendix 24. Example Letter of Reevaluation

(Name and Title of Carrier Point of Contact)

Name *(carrier)*

Address

City, State, Zip

Dear *(Name of Carrier Point of Contact)*:

The U.S. Department of Energy's Motor Carrier Evaluation Program (MCEP) continuously monitors evaluated carriers transporting DOE shipments of certain types of radioactive and hazardous materials. We conduct monthly reviews and updates of the Department of Transportation's Safety Measurement System database, as well as other information to ensure MCEP-evaluated carriers continue meeting minimum DOE requirements.

The following issues have resulted in the need for an onsite reevaluation of your operations:

1. *(Describe issues for carrier)*
- 2.
3. *(Etc.)*

Our MCEP evaluators will be visiting your facility on *(dates)* to verify corrective actions and determine your status as a MCEP-evaluated carrier.

If you have questions regarding your reevaluation, please contact me.

Sincerely,

(Signature and Title)

Appendix 25. Example Letter of Reevaluation Findings – Draft Report

(Name of Carrier Point of Contact)

Name (*Carrier*); Address; City, State, Zip

Dear *(Name of Carrier Point of Contact)*:

This letter is to thank (*Carrier*) for your cooperation in the recent Motor Carrier Evaluation Program (MCEP) re-evaluation on (*Dates*). The MCEP re-evaluation included reviewing management systems, financial stability, company policies and procedures; along with driver's qualification files, hours of service, training, maintenance, and controlled substances use and alcohol misuse testing.

The findings, concerns, recommendations, or positive observations the MCEP Evaluation Team had about your operations are enclosed. The MCEP Evaluation Team has not recommended (*Carrier*) as a transporter of DOE shipments of certain types of radioactive and hazardous materials. You may be recommended if you correct the enclosed items of concern, and provide a written response to me within 30 days describing your corrective action.

We will consider your response and determine if another re-evaluation is warranted before placing you on the MCEP-evaluated list of carriers to transport DOE shipments of certain types of radioactive and hazardous materials. Again, thank you for your cooperation.

If you and/or your staff have any questions, please contact me.

Sincerely,

(Signature and Title)

Enclosures

Appendix 26. Organizational Conflict of Interest Form

Definition:

Organizational conflict of interest means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the Government, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

(Check the box that applies.)

(1) [] If there is a possible conflict of interest –

Provide statement of any past (within the past twelve months), present, or currently planned financial, contractual, organizational, or other interests relating to the performance of the statement of work. For contractual interests, such statement must include:

Name: _____

Address: _____

Telephone number of the client or client(s): _____

A description of the services rendered to the previous client(s): _____

Name of a responsible officer or employee of the offeror who is knowledgeable about the services rendered to each client, if, in the 12 months preceding the date of the statement, services were rendered to the Government or any other client: _____

The agency and contract number: _____

The nature and extent of the interest and any entity or entities involved in the financial relationship: _____

(2) [] There is no actual or potential conflict of interest or unfair competitive advantage exists with respect to the advisory and assistance services to be provided in connection with the instant contract or that any actual or potential conflict of interest or unfair competitive advantage that does or may exist with respect to the contract in question has been communicated as part of the statement.

Company:	
Signature:	Title:
Name:	Date:

Appendix 27. MCEP Records

The following documents are considered MCEP records and are to be retained and managed in accordance with the DOE EM records management system:

- Safety Measurement System Report
- Carrier Profile
- DOE Initial Evaluation Criteria
- SAFER Report (as applicable)
- Initial Carrier Contact Letter
- Onsite Carrier Confirmation Letter
- Vehicle Maintenance File Checklist
- Vehicle Inspection (Physical) Checklist
- Driver Qualification File Checklist
- Driver's Record of Duty Status Checklist
- HazMat Employee Training Checklist
- DOE Onsite Evaluation Tables and Criteria
- Carrier Closeout Letter
- Carrier Finding Response Letter
- Letters of Caution
- Re-evaluation Letter
- Re-evaluation Findings Letter
- Letter of Temporary Non-use
- Notice of Suspension
- Notice of Debarment
- Carrier Corrective Actions
- Carrier Review Board Reports and Recommendations
- Summary minutes of the Carrier Review Board