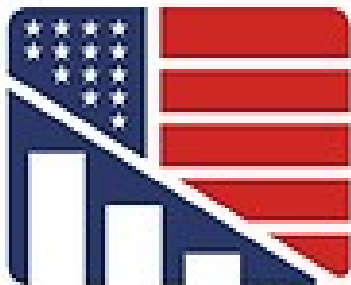

(Insert your Company Name Here)

Safety and Maintenance Transportation Program

Provided By:



NATIONAL INDEPENDENT BUSINESS ALLIANCE

American Businesses...Stronger Together!

info@nibausa.com

1-844.252.1344

WWW.NIBAUSA.COM



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INTRODUCTION

This policy is designed to provide drivers, employees, and all other concerned parties with information regarding the policies and general practices of this company. Written information is provided herein. However, it is not the intent of the company to list all aspects of its programs, policies and or procedures within this policy. It is also understood that the information contained herein is subject to change at the discretion of the company. Additional policies and directives may be issued at any time.

It is the intent of this company to operate a Safe Workplace and in accordance with the regulations set forth by all applicable Regulatory Agencies. Nothing in this policy is designed to supersede these regulations.

All drivers are expected to operate drug-free, safely and courteously on the highways. Evidence that this requirement is not being honored will result in the immediate revocation of the safety clearance of the offending driver.

Insert Company Name Here
Safety and Maintenance Transportation Program Summary

Please fill in the fields below and submit these pages with your safety and maintenance programs. This information may assist Transportation Companies in completing the safety and maintenance program review process in a more timely and efficient manner.

| | | | |
|---|--------|---|--|
| Carrier Name: | | DOT Number: | |
| Form Completed By: | | Date Completed: | |
| Phone: | Email: | Are you an Owner Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you completed the "Information about Commercial Truck and Bus Carriers" form? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Provide the page number(s) where each requirement is located in your programs.

| | A. Written Safety Program Areas | Page Number(s) |
|-----|--|----------------|
| 1. | A statement saying the safety program applies to all staff authorized to operate the company's commercial vehicles | |
| 2. | A written policy regarding driver compliance with speed limits | |
| 3. | A written policy regarding seat belt use | |
| 4. | A written policy regarding drug and alcohol use | |
| 5. | A written policy regarding defensive driving | |
| 6. | Written policies regarding proper cargo / load securement | |
| 7. | A written policy regarding the safe fuelling of commercial vehicles | |
| 8. | Written policies for proper record completion including instruction for, as a required, bills of lading, waste manifests, dangerous goods documents, and weigh slips | |
| 9. | Written policies for the completion of hours of service time records or daily logs, as applicable | |
| 10. | A written policy that states drivers must comply with the law | |
| 11. | Written instructions for the use of safety equipment including, as required; the use of advanced warning triangles, fire extinguishers, goggles, and hard hats | |
| 12. | Written policies/procedures related to driver responsibilities, conduct and discipline | |
| 13. | Written policy outlining the Co.'s evaluation process for employee driving skills | |
| 14. | Written policies indicating where and for how long driver records will be maintained | |

| | | |
|-----|---|--|
| 15. | A written policy clearly specifying what the carrier considers to be a “qualified driver” for the type of vehicles being operated | |
| 16. | A written policy clearly specifying that no one shall operate or permit another person to operate a commercial vehicle if the vehicle or its equipment is in a condition that it is likely to cause danger to person(s) or property | |
| 17. | A written policy that clearly identifies how the carrier will ensure drivers have training in NSC requirements such as: hours of service, trip inspections, and cargo securement, as required. | |
| 18. | A written policy that clearly identifies that the carrier will monitor the compliance of each driver to hours of service regulations <i>(federally regulated carriers only)</i> | |
| 19. | A written policy regarding the remedial action that will be taken when non-compliance with hours of service regulations are identified <i>(federally regulated carriers only)</i> | |

| B. Written Maintenance Program Areas | | Page Number(s) |
|---|--|-----------------------|
| 1. | A written policy for the continuous and regular inspection, maintenance and repair of company vehicles according to the applicable inspection Schedule (including lubrication and inspection intervals). | |
| 2. | A written policy that addresses the requirement for mandatory Commercial Vehicle Inspections (CVIP) to be completed on time. | |
| 3. | A written policy stating that each commercial vehicle must contain a copy of the applicable trip inspection Schedule. | |
| 4. | Written policies regarding the completion of trip inspections | |
| 5. | A written policy showing what needs to be recorded on a Trip Inspection report, as required | |
| 6. | A written policy for the distribution and retention of Trip Inspection Reports | |
| 7. | A written policy that requires drivers to report defects observed during the operation of a commercial vehicle | |
| 8. | Written policies for the retention of vehicle inspection, maintenance and repair records | |
| 9. | Written policies identifying that a driver will not drive unless all major defects identified in a Trip Inspection report have been repaired, corrected, or certified that the repair or correction is unnecessary | |

C. Comments / Notes