

# A Management System for Controlling Fleet Losses

## FORMS

In this section are forms related to the Motor Vehicle Report (MVR) Program and Driver Evaluation Form. Although these forms reference the DOT, they are also applicable to Passenger Car Fleets and light-Duty Truck Fleets. The information that will be provided is critical to the selection of our drivers.

### **Vendors:**

American Trucking Association (ATA)  
2200 Mill Road  
Alexandria, VA 22314-4677  
800.282.5463

J.J. Keller and Associates, Inc.  
3003 W. Breezewood Lane  
P.O. Box 368  
Neenah, WI 54957-0368  
800.558.5011

# A Management System for Controlling Fleet Losses

**FORMS**

## Motor Vehicle Driver's Annual Violation Report – FLT001

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, shall so certify. (Section 391.27)

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I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License No: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed By: Signature)

\_\_\_\_\_  
(Title)

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## Annual Review of Driving Record – FLT002

NAME OF DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_

**INSTRUCTIONS TO CARRIER:** Review the driving record of the employee in accordance with Section 391.25 and as outlined below. Complete the Certificate of Review as listed. Any remarks may be shown on the reverse side.

In accordance with Department of Transportation Section 391.25 a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the safety of the public.

### Certificate of Review

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Date	Name of Person Reviewing	Meets Minimum Requirements for Safe Driving	Is Disqualified to Drive a Motor Vehicle Pursuant to Section 391.15	Is Disqualified Based on Company Criteria
-----	-----	-----	-----	-----
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Driver Evaluation Form – FLT003

Initial Evaluation

30 Day Follow-Up

Annual Evaluation

Name \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

Evaluator \_\_\_\_\_

Type Vehicle \_\_\_\_\_

All Drivers	All of the Time	Most of the Time	Some of the Time	Rarely	Never
<b>USE OF EYES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Moves eyes every two seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Responds to hazards two blocks ahead in city traffic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responds to hazards ¼ mile ahead in open country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses rear view mirrors regularly (every 8-10 seconds).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Checks "blind-spot" before changing lanes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Makes regular check of instruments (every 60 seconds).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPACE CONTROL</b>					
7. Maintains a safe following distance (timed interval).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Stops at proper distance behind vehicle ahead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Waits two seconds after vehicle ahead moves before starting forward in traffic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Reduces speed when visibility decreases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMUNICATION WITH OTHERS</b>					
11. Makes proper observations and takes the correct actions when approaching parked vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Gets "eye contact" and takes correct actions when unsure of the actions of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Avoids driving in the "blind spot" of other drivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Uses horn and other signaling devices properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## FLT003

All Drivers	All of the Time	Most of the Time	Some of the Time	Rarely	Never
<b>INTERSECTIONS</b>					
15. Checks in all directions when approaching an intersection (left, right, left).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Looks in all directions when starting from an intersection (left, right, left).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GENERAL</b>					
17. Follows proper backing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Uses seatbelt and requires same of all passengers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Observes traffic laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Follows proper parking procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Secures vehicle properly when parked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE 4X  3X  2X  1X  0X

TOTAL SCORE

TRACTOR-TRAILER / HEAVY DUTY VEHICLES	All of the Time	Most of the Time	Some of the Time	Rarely	Never
22. Follows proper engine warm-up and shut-down procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Uses proper gear when starting from stopped position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. On tractor-trailer, uses hand valve when starting from a stopped position on an upgrade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Shifts at proper RPMs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Uses clutch properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does not force gears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Uses proper gears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Properly downshifts when decelerating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does not exceed 85% of governed RPM when driving at steady speed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All Drivers</b>	<b>All of the Time</b>	<b>Most of the Time</b>	<b>Some of the Time</b>	<b>Rarely</b>	<b>Never</b>
31. Uses brakes properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Follows proper coupling/uncoupling procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## FLT003

33. Secures load properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Operates tailgate properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Does pre-trip and post-trip inspections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCORE**   **4X**    **3X**    **2X**    **1X**    **0X**

**TOTAL SCORE**

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## Violation Report Pre-Employment – FLT004

Each applicant must list all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) for which the applicant has been convicted, or on account of which the applicant has forfeited bond or collateral during the previous 36 months.

Motor Vehicle Records (MVR) will be requested to validate the information provided.

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I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 36 months.

<b>Date</b>	<b>Offense</b>	<b>Location</b>	<b>Type of Vehicle Operated</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 36 months.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_

(Company Official)

### Vehicle Maintenance Log – FLT005

#### Maintenance Item

##### 5,000 Miles

- Change engine oil and filter
- Check automatic transmission fluid
- Check coolant recovery tank
- Check radiator hoses and connections
- Inspect CV joint boots

##### 7,500 Miles (initially)/12,000 thereafter

- Rotate tires

##### 12,000 Miles

- Change air filter
- Change fuel filter

##### 30,000 Miles

- Tune up

##### 50,000 Miles

- Check rear axle lubricant

#### Description of Other Maintenance Items

	Miles	Date

#### Other

- Check
- Check oil and tire pressure weekly.
- Check oil and tire pressure weekly.

Maintenance items are to be performed at the mileage intervals indicated above or more frequently if needed. Example: Change the engine oil and filter every 5,000 miles. In the boxes, write in the actual mileage and the date when the maintenance was completed.

Maintenance items not included above should be performed according to the agreement with Wheel's, Inc. Keep a record of when these maintenance items are done in the "Description of Other Maintenance Items" section.

#### Maintenance Log – Miles (x1,000)

	5	10	15	20	25	30	35
Miles							
Date							
	40	45	50	55	60	65	70
Miles							
Date							
	7.5	19.5	31.5	43.5	55.5	67.5	79.5
Miles							
Date							
	12	24	36	48	60	72	84
Miles							
Date							
	30	60	90				
Miles							
Date							
	50	100					
Miles							
Date							



### Driver's Vehicle Inspection Report – FLT006

**As required by the DOT Federal Motor Carrier Safety Regulations, submit the following:**

DATE: \_\_\_\_\_ TRUCK NO.: \_\_\_\_\_

\_\_\_ I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

\_\_\_ I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Indicate whether defects are on tractor/truck or trailer. Describe defect in detail, use back side if necessary.

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**DRIVER'S**

**SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_ Above defects corrected

\_\_\_\_\_ Above defects need not be corrected for safe operation of vehicle

**MECHANIC'S**

**SIGNATURE:** \_\_\_\_\_

**DRIVER'S**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_