

Coral Gables Trolley Fleet Services Operating Procedures



6. Preventative Maintenance PM-C (50,000 Mile Intervals)

Preventative Maintenance – C shall include all items previously listed in PM-A and PM-B with the inclusion of the following:

SERVICE

- Transmission service – Drain and refill transmission in accordance with the factory specified procedure using factory specified transmission fluid. Visually check fluid for excessive contaminants signifying a possible underlying concern. If applicable, write date on new spin-on filter before installation. After refilling transmission and starting trolley, check for leaks and test operation during final road test. Listen and feel for proper shift points in accordance with factory specifications. Document any and all deficiencies and repair as necessary.
- Drive train – Drain and refill differential in add factory specified additive to fluid. Visually inspect fluid for metal particulates, any signs of water intrusion, or other contaminants in order to determine possible future underlying concerns. Refill and inspect for leaks. Document and repair as necessary.
- Hydraulic system(s) – Inspect and service hydraulic system(s) for handicap ramp, steering, etc. in accordance with factory specifications. Document and repair as necessary.

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7. COMPLIANCE INSPECTIONS

QUARTERLY

It shall be the Trolley Mechanic Supervisor or his designee's responsibility to make sure all trolleys meet local safety regulations. For this reason, all trolleys shall be taken to the Miami-Dade County Consumer Services Departments, Commercial Vehicle Inspection Station and inspected for compliance to the current rules and regulations set forth by Miami-Dade County.

The current operations general manager shall have all paperwork and payment ready in a timely manner in order to prevent interruptions in trolley passenger service.

Prior to taking the trolley to the inspection station; trolley brakes shall be inspected and adjusted as necessary, wipers, horn, and lights as well as all other federal, state, and local safety compliant items shall be verified as operational in order to ensure compliance.

The ultimate responsibility for compliance to county regulation shall be the county inspector whom issues a passing certificate.

YEARLY

In strict accordance with all federal, state, and local transportation safety governing authorities, inspections shall be done quarterly as required by said governing authorities' designee following their specific provision. The Trolley Mechanic Supervisor or his designee shall be available in the event the inspecting body had any questions. Prior years check sheet shall be inserted and maintained in (Appendix XIII) as these requirements may change from year to year.

INSPECTION RECORDS

All inspection results from any governing body or designee performing said inspections must be submitted to the Fleet Management Director or Trolley Mechanic Supervisor or designee as well as forwarded to the Automotive Department in a timely manner in order to maintain accurate records as well as make any corrections necessary to minimize impact on trolley vehicles necessary for service.

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8. Fuel station Operating Procedures

STATION 2 SITE.

Tracking fuel inventory is also a vital part of an efficient and effective Fleet Services Department. The trolley repair shop technicians and mechanic supervisor will be tasked with daily monitoring fuel levels, monthly test well inspections, and yearly DERM compliance inspections.

All efforts shall be made by Trolley Mechanic Supervisor or his designee(s) to collect fuel data in a timely manner every work day. This shall include reporting to the supervisor or designee the need for ordering fuel when levels reach 2,500 gallons of diesel or gasoline.

Until such time as the process is reviewed and modified if necessary, fuel pump readings will be documented on the proper sheets (**Appendix X**) daily, after all available trolleys have been placed into service for the morning shift or before the close of business nightly Monday thru Friday.

In ground fuel tanks shall be measured with measuring stick before and after fuel delivery in order to verify proper operation of automated fuel delivery and tracking system. Tank level shall be calculated using the appropriate chart that shall be filed in the fuel island office and/or in the trolley depot mechanic office.

Printouts from the automated fuel delivery and tracking system shall be maintained in the trolley mechanic supervisor's office daily and sent to the Fleet Services Central location at the end of every week.

Fill ports and pump sumps shall be maintained (drained of excess water and debris) weekly, more often during periods of severe rain storms. Monitoring wells shall be dipped and inspected monthly in accordance with DERM requirements and results documented on inspection sheets located in Trolley Mechanics office (**Appendix XI**). Technician(s) must sign the bottom of the sheet upon completion of inspection. Completed sheets shall be securely stored in the appropriate file inside the trolley Mechanic office at the trolley depot.

(Continued)

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FIRE/POLICE STATION 1 EMERGENCY GENERATOR SITE

It is vital that the generator fuel tank is checked to ensure adequate fuel in the event of an emergency power loss. The level in this tank shall be checked weekly with the appropriate measuring stick and levels calculated using the appropriate chart. Fuel level calculating charts will be located the fuel station 2 office in the appropriately marked file.

Fill port and pump sump shall be maintained (drained of excess water and debris) weekly, more often during periods of severe rain storms. Monitoring wells shall be dipped and inspected monthly and results documented on DERM inspection sheet located in Trolley Supervisor office (**Appendix XII**) and must be properly completed monthly by technician(s) performing the inspection. Technician(s) must sign the bottom of the sheet upon completion of the inspection. Completed sheets shall be securely stored in the appropriate file at the Trolley Mechanic Supervisors office at the Trolley Depot.

YEARLY COMPLIANCE DERM INSPECTION

The following documents shall be verified to be accurate, readily available, and up to date prior to the scheduled DERM compliance inspection. The Trolley Mechanic Supervisor and or his Designee shall accompany the DERM inspector during his inspection of both the fueling site located at station 2 and the generator fuel tank located at police/ fire station 1.

- Current fuel storage tank insurance declaration page including tank location schedule.
- Monthly well testing results for both in ground tanks.
- Current certificate for site specific leak detection systems as well as vapor recovery system for fuel pumping site at station 2.

PRIOR TO INSPECTION AND AS THE NEED ARISES

- Diesel fill cover must be painted YELLOW
- Gasoline fill cover must be painted; BLUE for *low-grade* fuel.
BLUE with WHITE CROSS for *mid-grade* fuel.
- Vapor recovery for gasoline must be painted ORANGE
- Monitoring wells must be painted White with a BLACK TRIANGLE in the center.

(Continued)

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GENERAL MAINTENANCE for Fueling Site, Fire Station 2

ANY AND ALL LEAKS SHALL BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR AND OR FLEET SERVICES ADMINISTRATIVE ASSISTANT.

Some replacement hoses and nozzles are located at Fire Station 2 Fueling site inside the fuel island storage closet. If a hose or nozzle is found to be defective or damaged it shall be the technician(s) responsibility to notify his supervisor or designee, document, and if advised to do so by the supervisor, repair the concern. It shall also be the technician(s) responsibility to reorder the items he used to repair the pump.

When replacing hoses or nozzles, pipe dope shall be E85 compliant (Gasolite e-seal, with the green label) and shall be applied sparingly to avoid any future leaks from threaded joints.

GASOLINE PUMP FILTERS shall be replaced monthly. The replacement date shall be written on the filter in a visible location using a permanent marker. Replacement filters shall be ordered in a timely manner in order to prevent any interruptions in service.

DIESEL PUMP FILTERS shall be replaced every three (3) months. The replacement date shall be written on the filter in a visible location using a permanent marker. Replacement filters shall be ordered in a timely manner in order to prevent any interruptions in service

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9. PARTS INVENTORY CONTROL

All parts and daily supplies shall be ordered electronically. The Trolley Mechanic Supervisor shall email an electronic copy of the Direct Charge request form from his secure intranet email account. In the event this is not possible, the technician will use the standard parts request forms currently being used in the Fleet Services Main Shop. When using a hard copy, the same policy of proper coding, mechanic signature, supervisor or designee signature approving request will be required. Regardless of delivery method, proper inputting into the FASTER system are essential to the economic sustainability of the Trolley Repair Shop.

It shall be the Trolley Mechanic Supervisor or designee's responsibility to monitor inventory levels on a daily basis. The mechanic supervisor or designee shall also be responsible for maintaining an updated parts inventory with adequate supplies in order to minimize the potential for disruption of service due to "waiting for parts"

It shall be the technician(s) on both shifts responsibility to advise the Trolley Mechanic Supervisor of any changes needed in the current inventory levels in order to keep up with the dynamic demand produced by the trolley service.

All parts ordered will be done in cooperation with the current Fleet Services parts suppliers' managerial designee.

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Appendix I-a



Coral Gables Trolley Fleet Services Department.



Pre-Delivery / New Trolley Inspection

Check-in Date _____ Checked-in by _____

General Info

Trolley number _____ Year _____ Model _____ Make _____

Manufacturer _____ VIN# _____ Cost _____

PO# _____ Vendor _____ Vendor contact info _____

Fuel type _____ Fuel Capacity _____ Gal. GVW _____ W.B. _____ (inch.) Miles/hours _____

Tire Size (Front) _____ (Rear) _____

Ride Height (Front) _____ (Rear) _____

Power train

Engine Manufacturer _____ Model _____ BHP Rating _____

Engine size _____ (L. or C.L.) Engine Serial Number _____

Transmission Manufacturer _____ Model _____ Serial Number _____

Brakes

Brake lining thickness; F.L.I. _____ of an inch F.L.O. _____ of an inch.

F.R.I. _____ of an inch F.R.O. _____ of an inch.

R.L.I. _____ of an inch R.L.O. _____ of an inch

R.R.I. _____ of an inch R.R.O. _____ of an inch

Accessories

A/C System Manufacturer _____ Model _____ Serial _____ Capacity _____

Wheelchair Ramp Manufacturer _____ Model _____ Serial _____

Service Components

Component	Manufacturer	Part number	Capacity
Spin-on Transmission oil filter			_____
Internal Transmission filter			_____
Transmission Fluid Capacity			_____
Spin-on Engine Oil Filter			_____
Engine Oil Capacity			_____
Spin-on Diesel Fuel Filter			_____
Spin-on Diesel Fuel Filter			_____
Diesel Water Separator			_____
Pre-Air Filter			_____
Air Filter			_____
Air Brake Dryer Filter			_____
Cabin A/C Filter			_____
Engine Belt			_____
Engine Belt			_____

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Appendix I-b



WARRANTY INFORMATION

Body warranted by _____ Coverage period _____
Additional info on Body _____
Transmission warranted by _____ Coverage period _____
Additional info on Transmission _____
Engine warranted by _____ Coverage period _____
Additional info on Engine _____
Air Conditioning system warranted by _____ Coverage period _____
Additional info on A/C system _____

Extended Warranty _____ Coverage period _____
Deductible _____ Contact info _____

ADDITIONAL INFORMATION

SOP-CGTFS

REV.10.27.09

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Appendix I-c TROLLEY PRE-DELIVERY INSPECTION CHECKLIST

CHECK Inspection Area: Front Axle

- Remove tires and drums/calipers. Using a tire tread gauge that measures in 32nds of an inch, measure the amount of brake lining at the thickest point above the rivet head on each brake shoe. Record this measurement for each axle on the New Vehicle Check-in/Inspection sheet. This measurement will be used to establish minimum standards for service intervals.
- Check brake shoe backing plate or spider mounting and security.
- Check brake drum to hub bolts for looseness.
- Install tire and rim. Align and torque wheel nuts. Apply Torque Seal to threads.
- Check spring u-bolts for looseness.
- Check spring shackles and eye bolts or spring pivot bolts.
- With the front wheels raised off the floor, inspect king pin retaining nuts and bolts.
- Inspect steering gear mounting bolts and steering gear case bolts.
- Inspect steering pitman arm bolt and nut or sector nut.
- Inspect steering gear lash and sector end play.
- Inspect steering shaft u-joints for free movement and trunion bearing snap rings for proper seating. If necessary, torque steering shaft u-joint yoke to shaft bolts and nuts to specifications.
- Inspect tie rod end nuts, drag link end nuts, third arm mounting nuts, and tie rod arm nuts.
- Check front and rear tires for improper wear pattern, and if necessary, outsource for alignment.

CHECK Inspection Area: Rear Axle

- Measure and record on the New Vehicle Check-in/Inspection Sheet the brake lining thickness in the same manner as on the front axle. On air brake equipped buses having cam ground or tapered lining, the measurement should be made near the center of the brake shoe.
- Inspect brake shoe backing plate or spider mounting bolts.
- Inspect wheel bearings for play, oil seals, then install hub and drum assembly and adjust wheel bearings to specifications (if required).
- Re-torque wheel nuts. Apply Torque Seal to threads. Note: If a re-torque is necessary, torque values for any bolt not specified in the vehicle service manual should be obtained from an SAE bolt chart specifying torque.

CHECK Inspection Area: Undercarriage

- Inspect body to chassis mounting bolts.
- Inspect drive line u-joints and center bearing support bracket bolts.
- Check hose clamps & pipe fittings for all vacuum tubing, air tubing, tanks, and air dryer.
- Inspect the routing and mounting of all hoses, tubing, pipes, battery cables, and wiring. Be watchful for areas where any of the items may become worn by rubbing or damaged by vibration. Make appropriate corrections or repairs and note such repair on inspection sheet.
- Inspect air brake chamber push rod to slack adjuster angle to see that it is greater than 90 degrees (has not passed over center at the specified amount of travel). Angle should be approximately 93-94 degrees. If interior angle is less than a right angle, adjustment is needed. Refer to OEM Service Manual.

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Appendix I-d

TROLLEY PRE-DELIVERY INSPECTION CHECKLIST

CHECK ***Inspection Area: Body***

- Inspect all lights and signaling devices for proper operation.
- Inspect all seat belts and shoulder harnesses for proper mounting and operation.
- Inspect entrance door air, hydraulic, and/or electric regulator and adjust if necessary.
- Door control linkage should be adjusted for the rear leaf of entrance door to close just prior to front leaf. Weather seals should lap against, not butt against each other.
- Inspect and lubricate emergency door handle.
- Inspect all seat-mounting bolts, glass channel mounting screws, glass frame screws, turn signal lamp, mounting bolts and screws. Spray sliding window tracks with silicone.
- Adjust all mirrors for proper visibility and tighten adjusting nuts and screws.
- Inspect all electrical connections in body electrical panel for proper assembly and tightness. Inspect routing of wires to avoid wear due to chafing.
- Inspect ground wire and buss bar from body electrical panel on which the warning light switch and body solenoid switches are mounted.
- Inspect brake pedal for "freeness" of pedal movement and adjust pedal "free travel" to factory specifications if necessary.
- Inspect alignment and mounting of accelerator pedal.
- Inspect alignment and mounting of wheelchair mounts and lifts/ramps in accordance with CFR title 49 part 38 ADA requirements and FDOT 14-90 requirements.
- Inspect and verify the proper wheel chair hold downs where supplied and are on the trolley.

CHECK ***Battery Compartment***

- Remove battery, if necessary, and coat the battery tray and the inside of the compartment with a corrosive resistant metal seal.
- Verify battery compartment is properly labeled in accordance with trolley Safety and Security Protocol.

CHECK ***Other Tests including but not limited to:***

- Check engine coolant per manufacturer's specifications.
- Inspect all engine electrical systems including gauges.
- Road test.
- Test brakes as described in brake testing procedure under PM outline.
- After road test, inspect wheel bearings for excess play.
- After road test also inspect under trolley for any visible leaks.

Findings and corrective action taken:

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Appendix II

FRONT

BUS DRIVER'S VEHICLE INSPECTION REPORT

COMPANY CORAL GABLES TROLLEY BUS NO. _____

ODOMETER READING _____

END MILEAGE: _____ DATE: _____ AM

START MILEAGE: _____ TIME: _____ PM

TOTAL MILEAGE: _____ LOCATION: _____

INSPECT ITEMS LISTED - IF DEFECTIVE, NUMBER AND DESCRIBE IN "REMARKS"

- | | |
|---|--|
| <input type="checkbox"/> FLUID LEAKS UNDER BUS | <input type="checkbox"/> HEADLIGHTS, FLASHERS & 4-WAY FLASHERS |
| <input type="checkbox"/> LOOSE WIRES, HOSE CONNECTIONS OR BELTS IN ENGINE COMPARTMENT | <input type="checkbox"/> RIGHT FRONT TIRE & WHEEL |
| <input type="checkbox"/> OIL LEVEL | <input type="checkbox"/> FRONT OF BUS - WINDSHIELD |
| <input type="checkbox"/> RADIATOR COOLANT LEVEL | <input type="checkbox"/> LEFT FRONT TIRE & WHEEL |
| <input type="checkbox"/> BATTERY | <input type="checkbox"/> EXHAUST SYSTEM |
| <input type="checkbox"/> TRANSMISSION | <input type="checkbox"/> LEFT SIDE OF BUS - WINDOWS & LIGHTS |
| <input type="checkbox"/> UNUSUAL ENGINE NOISE | <input type="checkbox"/> LEFT REAR TIRES & WHEELS |
| <input type="checkbox"/> GAUGES & WARNING LIGHTS | <input type="checkbox"/> REAR OF BUS - WINDOWS & LIGHTS |
| <input type="checkbox"/> SWITCHES | <input type="checkbox"/> TAIL PIPE |
| <input type="checkbox"/> HORN | <input type="checkbox"/> RIGHT REAR TIRES & WHEELS |
| <input type="checkbox"/> FANS & DEFROSTERS | <input type="checkbox"/> RIGHT SIDE OF BUS - WINDOWS & LIGHTS |
| <input type="checkbox"/> WIPERS & WASHERS | <input type="checkbox"/> DRIVER'S SEAT AND BELT |
| <input type="checkbox"/> INSIDE & OUTSIDE MIRRORS | <input type="checkbox"/> DIRECTIONAL LIGHTS |
| <input type="checkbox"/> BRAKE PEDAL & WARNING LIGHT | <input type="checkbox"/> PARKING BRAKE OR SERVICE BRAKE |
| <input type="checkbox"/> OPERATION OF SERVICE DOOR | <input type="checkbox"/> STEERING |
| <input type="checkbox"/> EMERGENCY EQUIPMENT | <input type="checkbox"/> WHEELCHAIR LIFT / RAMP |
| <input type="checkbox"/> FIRST AID KIT | _____ |
| <input type="checkbox"/> ENTRANCE STEPS | _____ |
| <input type="checkbox"/> CLEARANCE OF INTERIOR | _____ |
| <input type="checkbox"/> CONDITION OF FLOOR | _____ |
| <input type="checkbox"/> EMERGENCY DOOR & BUZZER | _____ |

REMARKS _____

CONDITION OF ABOVE VEHICLE IS: SATISFACTORY UNSATISFACTORY

DRIVER'S SIGNATURE: _____

- ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER REVIEWING REPAIRS: SIGNATURE: _____ DATE: _____

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Coral Gables Trolley Fleet Services Operating Procedures



Appendix II (continued)

BACK

PHYSICAL DAMAGE REPORT



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Coral Gables Trolley Fleet Services Operating Procedures



Appendix III.

FRONT



Coral Gables Trolley

PM-A

DATE : _____

UNIT# _____

WORK ORDER# _____

MILAGE: _____

DOCUMENT ACTUAL TIME WORKED ON BACK OF REPAIR ORDER

OK [X] REPAIRS NEEDED [O] REPAIRED [N/A] NOT EQUIPED [A] ADJUSTED [D] REPAIR DEFERED

Body interior (drivers area)	Wheels and Tires
<input type="checkbox"/> Check Drivers seat condition and seat belt <input type="checkbox"/> Park/neutral start switch operation <input type="checkbox"/> Check service and parking brake operation <input type="checkbox"/> Check door control operation <input type="checkbox"/> Check dash warning lights <input type="checkbox"/> Check instrument panel lights and gauges <input type="checkbox"/> Check drivers barrier <input type="checkbox"/> Check steering wheel for excess play / horn <input type="checkbox"/> Check audible warning devices / alarms <input type="checkbox"/> Check floor mat and pedal operation <input type="checkbox"/> Check windshield wiper operation <input type="checkbox"/> Check windshield, vent windows and visors <input type="checkbox"/> Check all safety equipment (fire extinguisher etc) <input type="checkbox"/> Check defrost and A/C operation <input type="checkbox"/> Interlock - brake / throttle	<p>7/32 PSI 7/32 PSI</p> <p>Minimum 4/32 of an inch for steering axle and 2/32 of an inch for rear tires</p> <input type="checkbox"/> Check for uneven wear <input type="checkbox"/> Check tire side wall condition <input type="checkbox"/> Check rim condition <input type="checkbox"/> Check for rusty, loose, or missing wheel nuts <input type="checkbox"/> Check for loose or leaking hubs <input type="checkbox"/> Inflate all tires to factory spec.
Body interior (passenger area) <input type="checkbox"/> Check interior lighting <input type="checkbox"/> Test all Emergency exits <input type="checkbox"/> Check standee line and warning decals. <input type="checkbox"/> Check passenger seating area for sharp edges, loose seats, etc. <input type="checkbox"/> Inspect equipment for transporting wheelchair and hold down points for secure mounting <input type="checkbox"/> Test handicap ramp and/or kneeling system <input type="checkbox"/> Check hand rails and stanchions <input type="checkbox"/> Check stepwells and flooring. <input type="checkbox"/> Check all passenger area windows <input type="checkbox"/> Check all door interlock devices <input type="checkbox"/> Check passenger chimes / stop request <input type="checkbox"/> Check passenger compartment for loose or broken panels, vandalism, etc. <input type="checkbox"/> Check all interior compartment door latches <input type="checkbox"/> Check for signs of water leaks	Body Exterior <input type="checkbox"/> Check for loose exterior panels <input type="checkbox"/> Check license plate, permits and inspection decals <input type="checkbox"/> Check fuel cap <input type="checkbox"/> Check for physical damage (accident) <input type="checkbox"/> Check all mirrors <input type="checkbox"/> Check all marker lamps <input type="checkbox"/> Check all headlights <input type="checkbox"/> Check all directional signaling devices <input type="checkbox"/> Check hazard warning lamps <input type="checkbox"/> Check all reflectors <input type="checkbox"/> Check all exterior door; latches, props, hinges, etc. <input type="checkbox"/> Check wiper; operation, blades, arm, bolts, etc. <input type="checkbox"/> Check road height front and rear.
Battery Inspection <input type="checkbox"/> Check battery terminal condition <input type="checkbox"/> Check battery state of charge Volts: _____ <input type="checkbox"/> Load test batteries <input type="checkbox"/> Check alternator output Amps: _____ <input type="checkbox"/> Check electrolyte level if applicable <input type="checkbox"/> Check for loose hold downs and connections <input type="checkbox"/> Check battery disconnect switch <input type="checkbox"/> Check starter draw while cranking	Air Conditioning <input type="checkbox"/> Controls operation <input type="checkbox"/> Blower operation, flow, noise, etc. <input type="checkbox"/> Check A/C compressor for proper mounting, leaks, noise, etc. <input type="checkbox"/> Clean and or replace cab air filters as required

Coral Gables Trolley Fleet Services Operating Procedures



Appendix III.

BACK

A

OK REPAIRS NEEDED REPAIRED N/A NOT EQUIPED ADJUSTED REPAIR DEFERED

Engine Compartment
Check door operation, hinges and latches
Check engine compartment lights
Check fan shroud and radiator condition / mounting
Check coolant hoses
Check coolant overflow tank
Inspect drive belts (replace if necessary)
Check for oil leaks/seepage
Inspect transmission fluid level, check for leaks, dipstick tube is securely mounted, etc.
Check alternator mounting brackets
Check fuel control linkage and fuel lines for leaks
Check air compressor mounting bracket, leaks, noise, etc. (if equipped)
Check all engine compartment electrical harness condition and proper routing
Check exhaust system for rust, proper mounting, leaks, etc.
Check turbo for proper mounting and noise, operation, leaks, etc. (if equipped)
Clean and inspect air filter (Replace if necessary)
Clean radiator fins (DO NOT PRESSURE CLEAN)
Clean evaporator core (DO NOT PRESSURE CLEAN)

Steering and Suspension
Inspect front control arms, links, ball joints king pins, etc.
Inspect front axle wheel bearings for looseness and excessive play.
Inspect shocks, springs, hangers, mounting bolts, etc.
Inspect air suspension, tubing, controls, etc. (if equipped)
Inspect steering linkage
Inspect tie-rod ends, idler arms, pitman arms, etc.
Inspect rear suspension
Inspect sway bars and bushings

Underbody
Inspect underbody for rust, corrosion
Inspect rear axle, mounting saddles, radius and lateral rods, etc.
Inspect drive line, u-joints
Inspect differential fluid level. Top off if necessary. Qts _____
Inspect fuel tank for secure mount, leaks, damage, etc.
Inspect engine and transmission mounts
Inspect frame rails (cracks, bends, etc.)
Inspect body mounting bolts
Inspect body cross members for cracks, bends, etc.

Brake System
Inspect brake chambers, s-cam tubes, etc. (if equipped with air brakes)
Adjust slack adjusters (if equipped)
Inspect wheel cylinders, hoses, lines, etc. (if equipped with hyd brakes)
Inspect brake linings thickness (if applicable)
FL-I <input type="checkbox"/> RL-I <input type="checkbox"/>
FR-I <input type="checkbox"/> RR-I <input type="checkbox"/>
Brake brake pad thickness (if applicable)
FL-I <input type="checkbox"/> RL-I <input type="checkbox"/>
FR-I <input type="checkbox"/> RR-I <input type="checkbox"/>
Inspect brake rotors, drums for wear, overheating, etc.
Inspect treadle valve, compressor, dryer, air lines, etc. (if equipped with air brakes)
Inspect master cylinder, calipers, hoses, etc. (if equipped with hyd brakes)
Drain and inspect all air tanks (if equipped)
Inspect parking brake on transmission

Use permanent marker to date spin-on fillers
Service
Drain and refill eng. oil and replace filter _____ qts
Top off transmission fluid if necessary _____ qts
Lubricate door pivots, guides, etc.
Lubricate steering and suspension
Lubricate drive line
Lubricate windows doors and latches
Lubricate accelerator / brake treadle valve rollers

ROAD TEST AND REPORT ANY DEFICIENCIES

HIGHLIGHTED AREA SIGNIFIES FDOT 14-90 SAFETY ITEM. REPAIRS MUST BE MADE BEFORE RETURNING TROLLEY TO SERVICE

Additional Repairs Required

Technicial: _____ Date _____

Supervisor: _____ Date _____

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Appendix IV.

FRONT



Coral Gables Trolley

PM-B

DATE : _____

UNIT# _____

WORK ORDER# _____

MILAGE: _____

DOCUMENT ACTUAL TIME WORKED ON BACK OF REPAIR ORDER

OK [X] REPAIRS NEEDED [O] REPAIRED [N/A] NOT EQUIPED [A] ADJUSTED [D] REPAIR DEFERRED

Body interior (drivers area)	Wheels and Tires
<ul style="list-style-type: none"> <input type="checkbox"/> Check Drivers seat condition and seat belt <input type="checkbox"/> Park/neutral start switch operation <input type="checkbox"/> Check service and parking brake operation <input type="checkbox"/> Check door control operation <input type="checkbox"/> Check dash warning lights <input type="checkbox"/> Check instrument panel lights and gauges <input type="checkbox"/> Check drivers barrier <input type="checkbox"/> Check steering wheel for excess play / horn <input type="checkbox"/> Check audible warning devices / alarms <input type="checkbox"/> Check floor mat and pedal operation <input type="checkbox"/> Check windshield wiper operation <input type="checkbox"/> Check windshield, vent windows and visors <input type="checkbox"/> Check all safety equipment (fire extinguisher etc) <input type="checkbox"/> Check defrost and A/C operation <input type="checkbox"/> Interlock - brake / throttle 	<p>Minimum 4/32 of an inch for steering axle and 2/32 of an inch for rear tires</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for uneven wear <input type="checkbox"/> Check tire side wall condition <input type="checkbox"/> Check rim condition <input type="checkbox"/> Check for rusty, loose, or missing wheel nuts <input type="checkbox"/> Check for loose or leaking hubs <input type="checkbox"/> Inflate all tires to factory spec.
<p>Body interior (passenger area)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check interior lighting <input type="checkbox"/> Test all Emergency exits <input type="checkbox"/> Check standee line and warning decals. <input type="checkbox"/> Check passenger seating area for sharp edges, loose seats, etc. <input type="checkbox"/> Inspect equipment for transporting wheelchair and hold down points for secure mounting <input type="checkbox"/> Test handicap ramp and/or kneeling system <input type="checkbox"/> Check hand rails and stanchions <input type="checkbox"/> Check stepwells and flooring. <input type="checkbox"/> Check all passenger area windows <input type="checkbox"/> Check all door interlock devices <input type="checkbox"/> Check passenger chimes / stop request <input type="checkbox"/> Check passenger compartment for loose or broken panels, vandalism, etc. <input type="checkbox"/> Check all interior compartment door latches <input type="checkbox"/> Check for signs of water leaks 	<p>Body Exterior</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for loose exterior panels <input type="checkbox"/> Check license plate, permits and inspection decals <input type="checkbox"/> Check fuel cap <input type="checkbox"/> Check for physical damage (accident) <input type="checkbox"/> Check all mirrors <input type="checkbox"/> Check all marker lamps <input type="checkbox"/> Check all headlights <input type="checkbox"/> Check all directional signaling devices <input type="checkbox"/> Check hazard warning lamps <input type="checkbox"/> Check all reflectors <input type="checkbox"/> Check all exterior door, latches, props, hinges, etc. <input type="checkbox"/> Check wiper, operation, blades, arm, bolts, etc. <input type="checkbox"/> Check road height front and rear.
<p>Battery Inspection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check battery terminal condition <input type="checkbox"/> Check battery state of charge Volts: _____ <input type="checkbox"/> Load test batteries <input type="checkbox"/> Check alternator output Amps: _____ <input type="checkbox"/> Check electrolyte level if applicable <input type="checkbox"/> Check for loose hold downs and connections <input type="checkbox"/> Check battery disconnect switch <input type="checkbox"/> Check starter draw while cranking 	<p>Air Conditioning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Controls operation <input type="checkbox"/> Blower, operation, flow, noise, etc. <input type="checkbox"/> Check A/C compressor for proper mounting, leaks, noise, etc. <input type="checkbox"/> Clean and/or replace cab air filters as required

Coral Gables Trolley Fleet Services Operating Procedures



Appendix IV.

BACK

6

OK [X] REPAIRS NEEDED [O] REPAIRED [N/A] NOT EQUIPED [A] ADJUSTED [D] REPAIR DEFERED

Engine Compartment
Check door operation, hinges and latches
Check engine compartment lights
Check fan shroud and radiator condition / mounting
Check coolant hoses
Check coolant overflow tank
Inspect drive belts (replace if necessary)
Check for oil leaks/seepage
Inspect transmission fluid level, check for leaks, dipstick tube is securely mounted, etc.
Check alternator mounting brackets
Check fuel control linkage and fuel lines for leaks
Check air compressor mounting bracket, leaks, noise, etc. (if equipped)
Check all engine compartment electrical harness condition and proper routing
Check exhaust system for rust, proper mounting, leaks, etc.
Check turbo for proper mounting and noise, operation, leaks, etc. (if equipped)
Clean and inspect air filter (Replace if necessary)
Clean radiator fins (DO NOT PRESSURE CLEAN)
Clean evaporator core (DO NOT PRESSURE CLEAN)

Steering and Suspension
Inspect front control arms, links, ball joints king pins, etc.
Inspect front axle wheel bearings for looseness and excessive play.
Inspect shocks, springs, hangers, mounting bolts, etc.
Inspect air suspension, tubing, controls, etc (if equipped)
Inspect steering linkage
Inspect tie-rod ends, idler arms, pitman arms, etc.
Inspect rear suspension
Inspect sway bars and bushings

Underbody
Inspect underbody for rust, corrosion
Inspect rear axle; mounting saddles, radius and lateral rods, etc
Inspect drive line, u-joints
Inspect differential fluid level. Top off if necessary. Qts _____
Inspect fuel tank for secure mount, leaks, damage, etc
Inspect engine and transmission mounts
Inspect frame rails (cracks, bends, etc.)
Inspect body mounting bolts
Inspect body cross members for cracks, bends, etc.

Brake System
Inspect brake chambers, s-cam tubes, etc. (if equipped with air brakes)
Adjust slack adjusters (if equipped)
Inspect wheel cylinders, hoses, lines, etc. (if equipped with hyd brakes)
Inspect brake linings thickness (if applicable)
FL-I <input type="checkbox"/> RL-I <input type="checkbox"/>
FR-I <input type="checkbox"/> RR-I <input type="checkbox"/>
Brake brake pad thickness (if applicable)
FL-I <input type="checkbox"/> RL-I <input type="checkbox"/>
FR-I <input type="checkbox"/> RR-I <input type="checkbox"/>
Inspect brake rotors, drums for wear, overheating, etc.
Inspect treadle valve, compressor, dryer, air lines, etc. (if equipped with air brakes)
Inspect master cylinder, calipers, hoses, etc (if equipped with hyd brakes)
Drain and inspect all air tanks (if equipped)
Inspect parking brake on transmission

Use permanent marker to date spin-on filters
Service
Drain and refill eng. oil and replace filter _____ qts
Top off transmission fluid if necessary _____ qts
Replace fuel filter / clean strainers
Lubricate door pivots, guides, etc.
Lubricate steering and suspension
Lubricate drive line
Lubricate windows doors and latches
Lubricate accelerator / brake treadle valve rollers

ROAD TEST AND REPORT ANY DEFICIENCIES

HIGHLIGHTED AREA SIGNIFIES FDOT 14-90 SAFETY ITEM. REPAIRS MUST BE MADE BEFORE RETURNING TROLLEY TO SERVICE

Additional Repairs Required

Technical: _____ Date _____
Supervisor: _____ Date _____

Coral Gables Trolley Fleet Services Operating Procedures



Appendix V.

FRONT



Coral Gables Trolley

PM-C

DATE : _____

UNIT# _____

WORK ORDER# _____

MILAGE: _____

DOCUMENT ACTUAL TIME WORKED ON BACK OF REPAIR ORDER

OK REPAIRS NEEDED REPAIRED N/A NOT EQUIPED ADJUSTED REPAIR DEFERED

Body interior (drivers area)	Wheels and Tires
<ul style="list-style-type: none"> Check Drivers seat condition and seat belt Park/neutral start switch operation Check service and parking brake operation Check door control operation Check dash warning lights Check instrument panel lights and gauges Check drivers barrier Check steering wheel for excess play / horn Check audible warning devices / alarms Check floor mat and pedal operation Check windshield wiper operation Check windshield, vent windows and visors Check all safety equipment (fire extinguisher etc) Check defrost and A/C operation Interlock - brake / throttle 	<p>7/32 PSI 7/32 PSI</p> <p>Minimum 4/32 of an inch for steering axle and 2/32 of an inch for rear tires</p> <ul style="list-style-type: none"> Check for uneven wear Check tire side wall condition Check rim condition Check for rusty, loose, or missing wheel nuts Check for loose or leaking hubs Inflate all tires to factory spec.
<p>Body interior (passenger area)</p> <ul style="list-style-type: none"> Check interior lighting Test all Emergency exits Check standee line and warning decals. Check passenger seating area for sharp edges, loose seats, etc. Inspect equipment for transporting wheelchair and hold down points for secure mounting Test handicap ramp and/or kneeling system Check hand rails and stanchions Check stepwells and flooring. Check all passenger area windows Check all door interlock devices Check passenger chimes / stop request Check passenger compartment for loose or broken panels, vandalism, etc. Check all interior compartment door latches Check for signs of water leaks 	<p>Body Exterior</p> <ul style="list-style-type: none"> Check for loose exterior panels Check license plate, permits and inspection decals Check fuel cap Check for physical damage (accident) Check all mirrors Check all marker lamps Check all headlights Check all directional signaling devices Check hazard warning lamps Check all reflectors Check all exterior door, latches, props, hinges, etc. Check wiper, operation, blades, arm, bolts, etc. Check road height front and rear.
<p>Battery Inspection</p> <ul style="list-style-type: none"> Check battery terminal condition Check battery state of charge Volts: _____ Load test batteries Check alternator output Amps: _____ Check electrolyte level if applicable Check for loose hold downs and connections Check battery disconnect switch Check starter draw while cranking 	<p>Air Conditioning</p> <ul style="list-style-type: none"> Controls operation Blower, operation, flow, noise, etc. Check A/C compressor for proper mounting, leaks, noise, etc. Clean and or replace cab air filters as required

Coral Gables Trolley Fleet Services Operating Procedures



Appendix VI.

ADDITIONAL FASTER PROCEDURES **(IF REQUIRED)**

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Appendix VII.

REPAIR CODES

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Appendix VIII

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Coral Gables Trolley Fleet Services Operating Procedures



Coral Gables Trolley Fleet Services		
Week of: _____ <u>PMI Schedule</u>		

TROLLEY NUMBER	DUE DATE	SERVICE TYPE	NOTE

In order to minimize disruptions in service, it is vital for trolleys to be turned in for service on the scheduled date. All possible accommodations will be made in order to expeditiously return the trolley to service. Please adjust your schedule accordingly. If for any reason you cannot make the scheduled date, please advise the trolley supervisor or his designee at 305-460-5141 or via email at gnovo@coralgables.com prior to the due date so modifications to the schedule can be made. Thank you for your continued cooperation in providing a quality fleet for our residents and visitors.

PMIS-CGTFS

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Coral Gables Trolley Fleet Services Operating Procedures



Appendix IX.

PENDING WORK LOAD				
TROLLEY NUMBER	SHIFT (A - B)	START DATE	FINISHED DATE	WORKED PERFORMED AND/OR NECESSARY FOR COMPLETION (supervisor/lead must sign off on notation)

Coral Gables Trolley Fleet Services Operating Procedures



Appendix X

FUEL PUMP READING SHEET

CITY OF CORAL GABLES
DAILY FUEL RECAP
STATION 2

*Same for
Diesel & unleaded*

DATE _____

24 HOUR READING

PUMP METER	PUMP 2 UNLEADED	PUMP 4 UNLEADED
CLOSE		
OPEN		
TOTAL		

DATE: _____

DATE: _____

TANK #	INCHES	GALLONS	INCHES	GALLONS
UNLEADED				

FUEL DELIVERY

TIME	BEFORE		AFTER		GLS RECEIVED
	INCHES	GALLONS	INCHES	GALLONS	

24 HOUR TOTALS

UNLEADED	PUMP TOTAL	STICK TOTAL	VARIANCE	WATER

SIGN _____

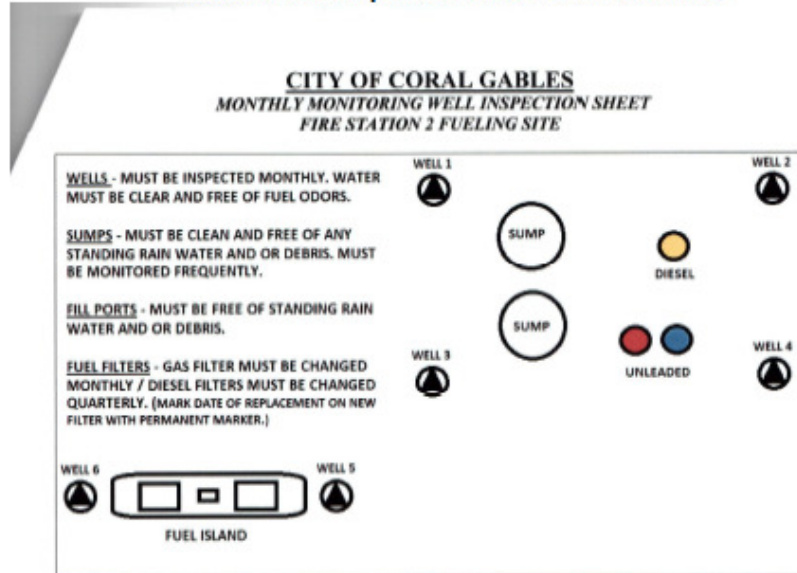
*Same for
Diesel & unleaded*

Coral Gables Trolley Fleet Services Operating Procedures

Appendix XI



DERM well inspection sheet - Fire Station 2.



MONTHLY MONITORING WELL FUEL INTRUSION INSPECTION RESULTS
Check box if clear. **IF ANY SIGNS OF FUEL, NOTIFY SUPERVISOR IMMEDIATELY!**

	WATER CLARITY	WATER ODOR	COMPLETED BY
WELL 1			
WELL 2			
WELL 3			
WELL 4			
WELL 5			
WELL 6			

INSPECTION MONTH: _____

INSPECTION DATE: _____

SUMP CONDITION	
FILL PORTS	
DISPENSER LINES	
ELECTRIC LEAK DETECTION SYSTEM	

SPECIAL NOTES :

SOP-CGTFS

FUEL SITE MONITORING - STATION 2

REV 01.09.2010

Coral Gables Trolley Fleet Services Operating Procedures

Appendix XII



DERM well inspection sheet police fire station 1 generator

CITY OF CORAL GABLES
MONTHLY MONITORING WELL INSPECTION SHEET
FIRE STATION 1 EMERGENCY GENERATOR FUEL TANK
10K GALLON DIESEL

WELLS - MUST BE INSPECTED MONTHLY. WATER MUST BE CLEAR AND FREE OF FUEL ODORS.

SUMP - MUST BE CLEAN AND FREE OF ANY STANDING RAIN WATER OR DEBRIS. MUST BE MONITORED FREQUENTLY.

FILL PORT - MUST BE FREE OF STANDING RAIN WATER OR DEBRIS.

SUMP ALARM - LOCATED ON BASEMENT WALL. MUST BE CHECKED MONTHLY

MONTHLY MONITORING WELL FUEL INTRUSION INSPECTION RESULTS
 Check box if clear. **IF ANY SIGNS OF FUEL, NOTIFY SUPERVISOR IMMEDIATELY!**

	WATER CLARITY	WATER ODOR	COMPLETED BY
WELL 1	<input type="checkbox"/>	<input type="checkbox"/>	
WELL 2	<input type="checkbox"/>	<input type="checkbox"/>	
WELL 3	<input type="checkbox"/>	<input type="checkbox"/>	
WELL 4	<input type="checkbox"/>	<input type="checkbox"/>	

SUMP CONDITION	
FILL PORTS	
DISPENSER LINES	
ELECTRIC LEAK DETECTION SYSTEM	

SPECIAL NOTES :

INSPECTION MONTH:

INSPECTION DATE:

SOP-CGTF5
FUEL SITE MONITORING - STATION 1 GENERATOR
REV 03/25/2015

Coral Gables Trolley Fleet Services Operating Procedures



Appendix XIII

Annual Trolley Maintenance and Safety Inspection

**TO BE PERFORMED AS PER
CURRENT D.O.T. INSPECTION
CHECK LIST BY D.O.T.
REPRESENTATIVE OR DESIGNEE.**

**CORAL GABLES FLEET SERVICES
SUPERVISOR OR DESIGNEE SHALL BE
PRESENT WHILE THE INSPECTION IS
IN PROGRESS AND SHALL RECEIVE
ALL SUPPORTING DOCUMENTATION
AND RESULTS FROM THESE
INSPECTION TO KEEP ON FILE WITH
THE MAINTENANCE RECORDS.**

Coral Gables Trolley Fleet Services Operating Procedures



Appendix XIV

BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY

The objective of the Coral Gables Trolley Fleet Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and more importantly to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

- A. Blood means human blood, human blood components, and products made from human blood.
- B. Bodily fluids means, but is not limited to, semen, vaginal secretions, saliva, vomit, feces, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- C. Other potentially infectious materials mean any unfixed tissue or organ (other than intact skin) from a human (living or dead).

Responsibilities

City of Coral Gables Risk Management shall manage the Bloodborne Pathogen Exposure Control Plan for the City of Coral Gables Trolley Fleet Services and maintain all records pertaining to the plan including but not limited to providing vaccinations.

City of Coral Gables Trolley Fleet Services will provide adequate supplies and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious bodily fluids or materials. These shall be provided at no cost to the employees.

Trolley Fleet Supervisor and or designees shall themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques, as well as document incidents as required.

Trolley Fleet Employees are responsible for employing proper work practices, universal precautions, personal protective equipment, and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to their immediate supervisor or designee immediately or within a 24 hour time frame.

Trolley mechanics shall not be required to clean any type of bodily fluid or hazardous materials due to the potential infectious risk to the employees health. A specialized service, such as the one Miami-Dade County Transit uses to clean up and disinfect busses when fluids are detected, shall be contracted and this section of the CGTFS-SOP shall be modified.

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Personal Protective Equipment (PPE)

Coral Gables Trolley Fleet Supervisor or Designee shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.

Personal protective equipment shall be selected in accordance with current Coral Gables Risk Management Policies and Procedures based on the anticipated exposure to blood or other potentially infectious bodily fluids and materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

Coral Gables Trolley Fleet Services supervisor or designee shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may pose an increased hazard to the safety of the worker or co-workers, then the supervisor shall investigate and document the situation to determine whether changes can be instituted to prevent such occurrences in the future.

City of Coral Gables Trolley Fleet Services shall ensure that appropriate PPE in the necessary sizes is readily accessible in the Trolley Depot at no cost to employees. Hypoallergenic gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

All garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as possible. Garments soiled by bodily fluids shall be immediately disposed of as per City of Coral Gables Risk Management Policies and procedures. Upon completion of clean-up task, all PPE shall be removed and properly disposed of before leaving the immediate spill area in order to minimize the possibility of further contamination.

PPE equipment list

A list of personal protective equipment and associated tasks for Coral Gables Trolley Fleet Technicians is as follows.

- Disposable Gloves.

Disposable gloves are not to be washed or decontaminated for re-use, and are to be replaced as soon as possible when they become contaminated. Gloves that become torn or punctured shall be disposed of and replaced immediately.

- Eye and Face Protection

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Coral Gables Trolley

Fleet Services Operating Procedures



In the event the employee deems necessary or there is a potential for splashes, splatters, or droplets of blood or other potentially infectious bodily fluids from contaminating an employee's eye, nose, or mouth, masks in combination with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required.

- Other PPE

Additional protective clothing, such as coverall white suits, or similar outer garments shall be worn in instances when gross contamination can reasonably be expected in the clean up of any bodily fluids.

- Bodily Fluid Spill Kit

Bodily Fluid Spill Kits with fluid control solidifier packs and PPE shall be located in close proximity to First Aid kits onboard Trolleys. These kits shall be inspected periodically to ensure they will operate in accordance to manufacturer's specification in the event of an incident. There shall also be fluid control solidifier powder available in the stock room located in the Trolley Depot along with industrial strength disinfectant solutions approved by the Risk Management Policies and Procedures.

Post-Exposure Evaluation and Follow Up.

Post-Exposure Evaluation and Follow Up shall be completed in an expeditious manner in accordance with the current City of Coral Gables Risk Management Policies and Procedure to ensure the continued health and safety of all employees.

Technicians' should observe universal precautions when they become involved in any situation in which there is a potential for exposure to blood or other potentially infectious materials, e.g. urine, feces, vomit. This section shall be used in conjunction with standards set for by the City of Coral Gables Risk Management Department and any other available National standards when dealing with Bloodborn Pathogens

APPENDIX J

MV Transportation – Operations Rule Book

Table of Contents

- **MVT Accident/Incident Reporting Procedures**
 - a. **Claims Guidelines**
 - b. **24 Claims Line Information Sheet**
 - c. **Vehicular Accident Report**
 - d. **Claimant Information Sheet**
 - e. **Decision Checklist for Post-Accident Testing**
 - f. **Preventability Determination**
- **MVT Substance Abuse Policies & Procedures**
- **MVT Hiring Process**
 - a. **Driver Job Posting**
 - b. **Application**
 - c. **Background Check Disclosure**
 - d. **Background Screening Report (Example)**
 - e. **License Requirements**
 - f. **Motor Vehicle Report (Example)**
 - g. **Last Page of DOT Physical (Medical Card)**
 - h. **Annual Driving Record Review**

MV TRANSPORTATION



(10/10)

MV TRANSPORTATION CLAIMS GUIDELINES

Accident/Incident Reporting Procedures

PURPOSE: TO ENSURE ACCURATE AND TIMELY INCIDENT REPORTING

POLICY: As a General Manager, you are responsible to ensure prompt and accurate reporting of all incidents per this company policy/procedure. *Your responsibilities do not include handling or attempting to settle any claims or potential lawsuits – that's the responsibility of MV's Risk Management Department and MV's insurance companies.*

An *Incident* is any MV mishap involving a MV employee, MV passenger, MV vehicle, MV equipment, or the environment. An incident may or may not result in injury or death to a person, damage to vehicles or property, or damage to the environment. *This includes alleged incidents which are claimed to be caused by a MV employee, vehicle, or equipment; even though the MV employee, vehicle, or equipment is not affected.*

If the incident involves injury requiring medical attention, dispatcher immediately phones 911 to have an ambulance/EMS dispatched to the scene. Dispatcher logs their name and the date and time of the 911 call. Forward the call log to Risk Management with the division report.

This procedure applies to all MV losses (other than Workers' Compensation) to include:

- Vehicular collision with any person, vehicle, or object
- Passenger/Customer/Client Incident/Injury
- MV Vehicle Physical Damage (including unknown yard physical damage)
- MV Property (buildings/contents) Losses (fire, tornado, flood, hurricane, vandalism, break-in, etc.).
- Environmental Exposures (i.e. fuel, oil, antifreeze, or other spills)
- Theft of MV vehicles, equipment, or property

When an incident could have been avoided, it was a preventable loss. MV Safety investigates "major" preventable incidents (see below for definition) to determine cause; and monitors preventable incidents to spot trends and to determine the trends' root causes. This includes examining driving and work procedures and revising them if found faulty; and identifying violations of MV, OSHA, DOT, FTA, or other procedures, rules or regulations.

INCIDENT TYPES

Major – An incident involving a transit vehicle or occurring on MV property involving one or more of the following:

- Fatality
- Pedestrian or Bicyclist Incident/Injury
- Passenger Incident/Injury involving lift
- Passenger Incident/Injury while entering/exiting vehicle
- Passenger Incident/Injury involving improper securement
- MV Operator is cited for a moving violation
- Any injury (including to MV Operator) requiring immediate medical attention away from the scene
- Property damage equal to or exceeding \$5,000
- Environmental spills
- Vehicle roll-over/tay-over
- Vehicle fire
- Incidents with Operator allegation of equipment/maintenance failure
- Events with potential for negative public relations and/or news media coverage
- Incidents where Operator drug and/or alcohol use may be involved
- Incidents where fault is in question

Minor – All other incidents that do not meet the definition of a "major" incident.

Incident Reporting Procedure

***All MV incidents shall be immediately reported from the scene.
Operator at scene shall immediately contact Dispatch and provide incident details.
Dispatch shall immediately report the incident to the 24-Hour ClaimLine, (866) 688-7475.***

An Initial Accident/Incident ClaimLine Information Sheet is completed to assist with gathering the details and to aid in the verbal phone notification. After the phone notification, immediately scan and e-mail this report to claims@mvtransit.com. If unable to e-mail, fax to (712) 764-3791.

If a "major" Incident, General Manager or designee submits a "High Priority Event Notification."

NOTES:

- ***The only information given by MV employees should be to Police Officers present at the scene of the incident.*** Operator does not discuss incident/loss with witnesses – Operator only discusses with police, MV Safety personnel, MV Risk Management personnel, and/or MV Third-Party Claims Administrator personnel.
- ***Refer all other parties to Risk Management to handle any public and/or media questions.*** For these situations, please make sure you can provide Risk Management with the name and phone number of the inquiring party. If necessary, Risk Management will involve the Director of Media Relations to communicate to the public and/or media.

Incident/Accident/Loss Procedures

Topic 1 Pre-Planning.

- 1.1 General Managers/Dispatchers must be aware of all sources of assistance in handling incidents/losses. Before an incident/loss occurs, have contacts on hand for:
 - Operator's family and/or emergency notification
 - Local police department and/or local sheriff department
 - Highway patrol/state police
 - Local fire department and local ambulance service
 - Tow truck, heavy equipment, and construction companies

MV Risk Management staff and MV Safety staff are excellent sources for help. Have their telephone numbers available.
- 1.2 General Managers post their home telephone numbers and cell phone numbers so they can be called when an emergency occurs. Emergency Telephone Numbers shall be posted next to all MV telephones and shall be available at all supervisors' home telephones. This should include a list of local and MV telephone numbers used in controlling emergencies.
- 1.3 Prominently place "reporting" decals in MV vehicles. The decals read, "Should you be involved in an accident or should any other incident occur, immediately contact Dispatch who shall immediately communicate with you and the 24-Hour ClaimLine, (866) 688-7475." Place these stickers on the dash and on the driver-side sun visor.
- 1.4 Equip MV vehicles with 3 bi-directional emergency reflective triangles (not flares). **Equip MV vehicles with Incident Reporting Packets and color disposable flash cameras.** Equip MV vehicles with a fire extinguisher having an Underwriters' Laboratories rating of 5 B:C or more. To order replacement incident reporting packets and cameras, go onto Portal, under Procedures and Forms, and under Risk Management – there is an Incident Reporting Packets bullet point. Click on that bullet point, complete your order information, and submit your order.

(10/10)

Topic 2. Incident/Loss Occurs.

- 2.1 **MV Operator: If involved in an incident with an unattended vehicle**, first try to locate the owner. If the owner cannot be located, Operator securely leaves a note on the vehicle with his/her name and address, and the company/division's name, address and phone number. Operator obtains the vehicle identification number and license plate number of the other vehicle, and includes that information when reporting the incident. An Incident Reporting Packet which includes a color disposable flash camera is supplied to Operator. Operator takes pictures of damages. Operator delivers used camera to General Manager/Dispatcher.
- 2.2 **MV Operator: If involved in a Hit and Run incident** while on the job or in a company-owned vehicle and you record/obtain the adverse vehicle's license plate number or capture picture of adverse vehicle via DriveCam and/or Secondary Camera, it is mandatory that the police are called and an Incident report is filled out and filed with them. Once this is completed, please forward this information to Risk Management.
- 2.3 **MV Operator: If otherwise involved in a vehicular incident**, Operator exercises on-scene emergency control until properly relieved by a supervisor or company official. Control will be directed to prevent further threat to human life, damage to the environment, and/or damage to property. For traffic control and to protect others:
1. Stop immediately and shut down vehicle (shift transmission into park, or neutral, shut off engine and set parking brakes).
 2. Turn on four-way flashers.
 3. **As soon as possible, but in any event within ten minutes, place emergency reflective triangles.**
 4. Detour nonessential traffic.
 5. Notify police/fire/ambulance. If necessary, direct a passerby to notify the proper authorities. Be sure to indicate if there are injured people at the emergency scene. Do not leave the scene except in an extreme emergency.
 6. Do not move MV vehicle (unless there is a fire or spillage that may spread) until authorities arrive.
 7. Do not allow any other vehicles to be moved until someone in authority arrives to verify the positions of the vehicles and the lengths and positions of skid marks. Calm down. Try to detach yourself from what has happened so you can be as objective and unemotional as possible. Don't smoke and caution others to not smoke; as there may be fumes that could cause an explosion or fire.
 8. If safe, extinguish any controllable fire and/or shut off any leak.
 9. Assist injured or endangered persons, but do not move them or permit them to get up unless absolutely necessary. Keep them warm and quiet until emergency help arrives.
 10. Prevent fires by turning off ignitions, disconnecting battery cables, prohibiting smoking, or taking any other indicated action.
 11. Prevent contact with spilled materials.
 12. Do not touch (or permit others to touch) vehicles/objects in contact with downed power lines. Keep occupants in vehicles.
 13. Keep sightseers back/away from emergency scene.
 14. **Follow the Incident Handling Procedure/instructions contained in the Incident Reporting Packet.**

Topic 3. REPORT INCIDENT/LOSS TO DISPATCH AND 24-HOUR CLAIMLINE. IF INJURY, PHONE 911 TO HAVE AMBULANCE/EMS DISPATCHED TO SCENE.

MV Operator at scene shall immediately contact Dispatch. If the incident involves injury requiring medical attention, dispatcher immediately phones 911 to have an ambulance/EMS dispatched to the scene. Dispatcher logs their name and the date and time of the 911 call. Dispatcher shall then report the incident to the 24-Hour ClaimLine, (866) 688-7475. Dispatcher shall forward the 911 call log to Risk Management with the division report. Operator should never try to handle things alone. Call while the emergency is small and controllable. Dispatch shall provide a telephone number at which the Operator can be contacted. Usually this is the Dispatch number. Dispatch and Operator shall stay in telephone contact with the 24-Hour ClaimLine until released.

Topic 4. Operator Takes Pictures of Scene and Damages.

MV vehicles are equipped with color disposable flash cameras. Photograph the causes of the incident. Photograph the incident scene before vehicles are towed or moved. Include surrounding landmarks in the pictures. If skid marks are long, start photographing 150 feet before skid marks begin and continue as you walk closer to the vehicle. Photograph vehicles, including points of impact, damaged areas, undamaged areas, and spilled materials. Do not photograph bloody or gory details. Make a sketch of the scene before any vehicles are moved. The important thing is to show the positions of the vehicles as they approached the scene and where they were following the collision.

Topic 5. Equipment Recovery.

Division ensures proper damaged equipment handling and securement.

Topic 6. Operator Identifies Himself/Herself.

Operator gives any other involved party his/her name, division name, division address, and division phone number; and if requested, insurance information from insurance identification card located in glove box.

Topic 7. Operator Provides Local Authorities and Emergency Responders Details of Incident/Loss.

- 7.1 Operator obtains any reports from authorities/police or emergency responders that must be completed.
- 7.2 Operator cooperates with police officials, but does not admit any responsibility to anyone except MV Risk Management personnel, MV Safety personnel, and/or MV Third-Party Claims Administrator personnel.
- 7.3 Operator does not give a formal statement (written or recorded) to anyone until Operator has contacted MV Risk Management, and then, not unless approved by MV Risk Management. Operator never discusses incident with reporters. Supervisor who may respond will support this.
- 7.4 Operator always notifies the police, no matter how minor an incident or collision may seem to be, even if it's just a minor "fender bender." Always report it to the police. If other party just wants to exchange information and not call the police, Operator calls in a report anyway.

Topic 8. Operator Obtains Names and Addresses of Witnesses.

- 8.1 Operator gets names and addresses of all witnesses to the incident using Courtesy Information Cards contained in Incident Reporting Packet.
- 8.2 Operator does not discuss incident with witnesses – Operator only discusses with police, MV Safety personnel, MV Risk Management personnel, and/or MV Third-Party Claims Administrator personnel.

Topic 9. Operator Completes Incident Report.

Operator completes "Incident Report" before leaving the incident scene. This report is critical, as it captures MV information, third-party claimant information, client/passenger information, police information, an incident description, an incident diagram, etc.

Topic 10. Operator Delivers Incident Report, Used Camera, Courtesy Information Cards, and any other Incident Reporting Packet Items to General Manager/Dispatcher.

Operator gives General Manager/Dispatcher Incident Report, Courtesy Information Cards, used camera, diagrams, sketches, etc.

(10/10)

Topic 11. General Manager/Dispatcher Forwards Items to MV Risk Management.

- 11.1 General Manager/Dispatcher immediately scans and e-mails items to claims@mvtransit.com. If unable to e-mail, fax to (712) 764-3791. General Managers retain originals for his/her records. Several other reports may be completed from the information on these items, so it is important that the information is complete and accurate.
- 11.2 General Manager gets camera film developed as soon as possible. General Manager forwards via overnight mail the prints and film negatives to MV Risk Management, 2024 College Street, Elk Horn, IA 51531.
- 11.3 General Manager/Dispatcher ensures that safety items in MV vehicles are immediately replaced/recharged prior to next dispatch: Incident Reporting Packet with color disposable flash camera, fire extinguisher, 3 bi-directional emergency reflective triangles, etc.

Topic 12. Loss Handling.

- 12.1 MV Risk Management directs loss handling. General Managers ensure that all losses are immediately and properly reported. MV Risk Management or MV's Third-Party Claims Administrator initiates all claim filings. Except for thefts, break-ins, and stolen vehicles, General Managers shall not file reports or other information with local, state or federal authorities.
- 12.2 Whenever there is any possibility of serious liability, the General Manager:
 - a. Sends complete maintenance file on the vehicle to MV Risk Management
 - b. Sends Operator's logs/time sheets to MV Risk Management
 - c. Prints electronic control module data (if applicable) and sends to MV Risk Management
 - d. Risk Management ensures DriveCam event and/or Secondary Camera video (if applicable) is obtained

Topic 13. Damaged Equipment.

- 13.1 **A. Probable Total Losses** – General Manager obtains repair estimate and scans and e-mails it to claims@mvtransit.com. If unable to e-mail, fax to (712) 764-3791. MV Risk Management contacts Fixed Assets and determines if MV vehicle is a total loss. If MV vehicle is deemed a total loss, General Manager has any valuable/usable parts removed and then obtains salvage bids. General Manager obtains approval from MV Risk Management before selling salvage. General Manager processes Fixed Asset Action Form and forwards for required approvals. When General Manager receives salvage proceeds, General Manager faxes copy of check to MV Risk Management and forwards check to Accounts Receivable utilizing the applicable MV Lockbox Remittance Form.
- B. Repairable Losses** – General Manager contacts Maintenance Manager. Maintenance Manager authorizes and controls all repairs following maintenance protocols.
- 13.2 MV Risk Management distributes weekly reports that include its internal claim number for the damaged or total loss vehicle.
- 13.3 General Manager approves all MV vehicle repair invoices. General Manager codes vehicle repair invoices to GL#7090; GL#7091; or GL#6150. General Manager forwards approved and coded MV vehicle repair invoices to Accounts Payable.

The following information explains what GL code to assign and what additional information will be required to avoid delaying payment.

- a) **7090 Collision** – This GL number should be used for all MV vehicle repairs made and parts purchased due to some type of collision when repairs are performed by an outside vendor. The MV Risk Management internal claim number is required to be on each invoice that is assigned this GL number. Failure to provide the claim number will prevent Risk Management from approving the invoice for payment and will delay timely payment to the repair vendor.

(10/10)

Topic 15. Stolen MV Vehicle.

- 15.1 General Manager/Dispatcher Immediately reports loss to MV Risk Management.
- 15.2 General Manager/Dispatcher Immediately reports the loss to local police authorities. Direct the police authorities to enter the stolen vehicle on the NCIC. Note: If vehicle is ultimately recovered, General Manager/Dispatcher Immediately reports recovery to local police authorities, and directs them to remove from the NCIC; and General Manager/Dispatcher Immediately reports recovery to MV Risk Management.
- 15.3 General Manager obtains a copy of police report and faxes it to MV Risk Management.
- 15.4 Instruct MV Operators on the following: a) If anyone tries to take a vehicle, let them have it. Do not get into an altercation with them. b) If a vehicle is taken or is missing, Immediately phone MV Risk Management. c) Report any suspicious activity to General Manager/Dispatcher.
- 15.5 Depending on the circumstances regarding the missing vehicle, MV Risk Management may notify FBI, appropriate state Highway Patrol, FTA, and Federal DOT.

Topic 16. Break-Ins and other Property Losses.

- 16.1 General Manager/Dispatcher Immediately reports loss to MV Risk Management.
- 16.2 General Manager/Dispatcher Immediately reports loss to local police authorities.
- 16.3 General Manager obtains a copy of police report and faxes it to MV Risk Management.

Topic 17. Post-Loss Procedures, Reports, and Correspondence.

- 17.1 General Manager forwards all correspondence relating to an incident/loss to MV Risk Management. General Manager identifies the correspondence to MV Risk Management by indicating the Operator's name and the date of the loss.
- 17.2 If lawsuit papers are received, General Manager immediately scans and e-mails the papers to: EVP, MV Risk Management (rhargis@mvtransit.com), stating the person served and the date and time of service. The EVP of Risk Management can also be reached by telephone at (712) 764-3720.

24-HOUR CLAIMLINE INFORMATION/FACSIMILE SHEET

24-HOUR CLAIMLINE = (866) 688-7475 - MV AUTO CLAIMS FAX = (712) 764-3791

Circle any of the following that apply:

Fatality;
Pedestrian injury;
MV passenger injury;

total property damage equal to or exceeding \$25,000;
vehicle lay-over/roll-over;
any injury requiring medical attention away from scene;

Name of ClaimLine Rep: _____ Time called: _____

Date of Incident: _____ Time of incident: _____ (local time) Incident Reference #: _____

Date called into ClaimLine: _____ Time called into ClaimLine: _____

Division Number: _____ Division City, State: _____

Called into ClaimLine by: _____ Phone number: _____

Unit #: _____ Type of Driver: MV SUB-CONTRACTOR (Circle one) Injured: Y or N (Circle one.)

Type of Service: _____ Door-to-Door OR _____ Curb-to-Curb

Style of Bus: _____ Paratransit _____ Fixed Route _____ School Bus _____ Other

Name contract bus was running for at the time of incident: _____

Sub-Contractor (Y/N): _____ If Yes, Name: _____

Location of incident (include nearest intersection): _____

What happened:

Passengers in MV Unit: Y or N (Circle one.) If yes, how many: _____

Do you have their names and contact information: Y or N (Circle one.) (If yes, list on page 2.)

MV unit Damage (estimated dollar amount): \$ _____ Photos taken: Y or N (Circle one.)

Adverse vehicle damage (estimated dollar amount): \$ _____ Photos taken: Y or N (Circle one.)

Adverse driver: _____ Injured: Y or N (Circle one.)

Adverse driver contact information: _____

Police called: Y or N (Circle one.) If yes, what Department: _____

MV Driver Cited: Y or N (Circle one.) If yes, citation: _____


MV Driver Drug and Alcohol Tested: Y or N (Circle one.)

Adverse Driver Cited: Y or N (Circle one.) If yes, citation: _____

Anyone transported to medical facility: Y or N (Circle one.)

IMPACT AREA, CIRCLE ONE CODE		MV Transportation, Inc. VEHICULAR ACCIDENT REPORT								
		DATE		TIME	BUS NUMBER	MODEL				
		NEAREST CITY OR TOWN					STATE OR PROV.			
		PLACE ON (STREET OR HIGHWAY)				Q 1 AT Q 2 NEAR	(STREET, HIGHWAY OR OTHER LANDMARK)			
		TRIP OR ROUTE		ENROUTE FROM	ENROUTE TO					
BUS DRIVER		NAME	DATE HIRED	DOB	AGE	EMPLOYEE NO.	DIVISION NAME			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		DRIVING EXPERIENCE (BY TYPE OF VEH.)	E 1 ALL TYPES OF VEH.	E 2 COMM. VEHICLES	E 3 MD. LICENSE	SINCE LAST 8 CONSEC. HOURS OFF DUTY	P 1 FULL DUTY (ENCL. DRIVERS) ACTUALLY DRIVEN			
		ESTIMATED HOURS OF "ON DUTY" TIME, SINCE LAST PERIOD OF 8 CONSECUTIVE HOURS OFF DUTY								
<input type="checkbox"/> MULTIPLE AREAS/OVERTURN/BOTTOM		DESCRIBE DAMAGE					WAS VEHICLE TOWED?			
ACCIDENT TYPE INVOLVING <input type="checkbox"/> 1.1 OVERTURN <input type="checkbox"/> 2.3 PICKUP/TIRAN <input type="checkbox"/> 1.2 BUS OFF ROAD <input type="checkbox"/> 2.4 BICYCLIST <input type="checkbox"/> 1.3 MC/RAMP <input type="checkbox"/> 2.5 ANIMAL <input type="checkbox"/> 1.4 POSED OBJECT <input type="checkbox"/> 2.6 PARKED VEHICLE <input type="checkbox"/> 1.5 INTERSECTION <input type="checkbox"/> 2.7 MV YARD OR PROPERTY <input type="checkbox"/> 1.6 REAR END <input type="checkbox"/> 2.8 WHEELCHAIR OCCUPANT <input type="checkbox"/> 1.7 FRONT END <input type="checkbox"/> 2.9 _____ <input type="checkbox"/> 1.8 _____ <input type="checkbox"/> 2.9 _____		DRIVERS NAME		PHONE	AGE (YR.)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
MOVEMENT ✓ VEHICLE BUS NO. _____ <input type="checkbox"/> 3.1 STRAIGHT AHEAD - PASSING <input type="checkbox"/> 3.2 STRAIGHT AHEAD - BEHND PASSING <input type="checkbox"/> 3.3 STRAIGHT AHEAD - NOT PASSING OR BEHND PASSING <input type="checkbox"/> 3.4 MERGING / LANE CHANGE <input type="checkbox"/> 3.5 TURNING LEFT <input type="checkbox"/> 3.6 TURNING RIGHT <input type="checkbox"/> 3.7 BACKING <input type="checkbox"/> 3.8 STOPPED IN TRAFFIC <input type="checkbox"/> 3.9 STOPPED AT RR CROSSING <input type="checkbox"/> 3.10 WASHING <input type="checkbox"/> 3.11 BRIDGING <input type="checkbox"/> 3.12 WORKING BOX <input type="checkbox"/> 3.13 MV VEHICLE PARKED <input type="checkbox"/> 3.14 _____ OTHER _____		DRIVERS ADDRESS (STREET & NO., CITY, STATE OR PROV.)		DRIVER LIC. NO.	STATE OR PROV.					
PEDESTRIAN / BICYCLIST <input type="checkbox"/> 4.1 WALKING/RIDING WITH TRAFFIC <input type="checkbox"/> 4.2 WALKING/RIDING AGAINST TRAFFIC <input type="checkbox"/> 4.3 COMING FROM BEHND PARKED VEH. <input type="checkbox"/> 4.4 CROSSING AT INTERSECTION <input type="checkbox"/> 4.5 CROSSING NOT AT INTERSECTION <input type="checkbox"/> 4.6 ALIGHTING FROM A VEHICLE <input type="checkbox"/> 4.7 _____ OTHER _____		DRIVERS NAME		PHONE	VEH. YEAR, MAKE & MODEL					
PASSENGER INJURY / FALL <input type="checkbox"/> 5.1 BOARDING VEHICLE <input type="checkbox"/> 5.2 ALIGHTING FROM VEHICLE <input type="checkbox"/> 5.3 CAUGHT IN DOORS <input type="checkbox"/> 5.4 BEATED <input type="checkbox"/> 5.5 IN MOTION IN VEHICLE <input type="checkbox"/> 5.6 _____ OTHER _____		DRIVERS ADDRESS (STREET & NO., CITY, STATE OR PROV.)		VEH. LIC. NO.	STATE OR PROV.					
OTHER PROPERTY		DESCRIBE DAMAGE					WAS VEHICLE TOWED?			
PERSONS IN ACCIDENT		INSURANCE POLICY		POLICY NUMBER						
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF IC. NAME OF OFFICER WITH BADGE #		REPORT NO.						
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF IC. NAME OF DEPARTMENT OR INTROL & LOCATION								
TICKETS ISSUED <input type="checkbox"/> M <input type="checkbox"/> OTHER <input type="checkbox"/> NONE DRIVER DRIVER		IF IC. CHARGE								
<input type="checkbox"/> YES <input type="checkbox"/> NO		INCIDENT REPORTED TO MV REG. MGMT. NOTICE		REFERENCE NUMBER						
<input type="checkbox"/> YES <input type="checkbox"/> NO		ANYONE TRANSPORTED TO HOSPITAL?		HOSPITAL NAME		CITY & STATE				
		NO. OF PERSONS (ENCL. DRIVER)	RUS / MV VEHICLE	VEH. 2	VEH. 3	S P E E D	POSTED SPEED LIMIT	RUS / MV VEHICLE	VEH. 2	VEH. 3
		NO. OF PERSONS COMPLAINED OF INJURY					ESTIMATED SPEED WHEN DRIVER NOTICED	MPH	MPH	MPH
		PERSONS TRANSPORTED TO HOSPITAL					ESTIMATED SPEED AT IMPACT	MPH	MPH	MPH
		NUMBER PERSONS ADMITTED TO HOSPITAL					MPH	MPH	MPH	

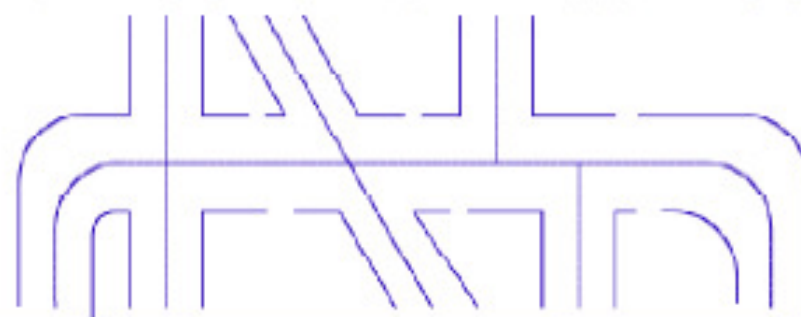
MARK "X" WHERE DAMAGE OR CONTACT OCCURRED



INSTRUCTIONS

- Choose sections of diagram that will show outline of roadway at place of accident.
- Use solid line to show path of vehicle BEFORE accident.
dotted line AFTER accident.
- Number each vehicle and show direction of travel by arrow.
- Show PEDESTRIAN by _____ ○
- Show RAILROAD by: _____ +++++
- Show TRAFFIC LIGHT by: _____ □
- Show STOP SIGN by: _____ ◇
- Indicate distance and direction from point of impact to nearest bridge, culvert or other landmarks.
- Indicate names of streets or route numbers of roadways.

Complete the following diagram showing direction & position of vehicles or property involved, designating clearly point of contact.



+
Indicate points of compass
N.E.S.W.

TRAFFIC LANES		ROADWAY		SIGNALS		PAVING		WEATHER		LIGHT	
NO. OF LANES	8.1 <input type="checkbox"/> LANES MARKED 8.2 <input type="checkbox"/> LANES UNMARKED	10.1 <input type="checkbox"/> STRAIGHT 10.2 <input type="checkbox"/> CURVE	10.7 <input type="checkbox"/> DRY 10.8 <input type="checkbox"/> WET	11.1 <input type="checkbox"/> STOP SIGN 11.2 <input type="checkbox"/> TRAFFIC LIGHT	12.1 <input type="checkbox"/> CEMENT 12.2 <input type="checkbox"/> BRICK	13.1 <input type="checkbox"/> CLEAR 13.2 <input type="checkbox"/> RAIN	15.1 <input type="checkbox"/> DAYLIGHT 15.2 <input type="checkbox"/> DARK				
WIDTH OF EACH LANE	9.3 <input type="checkbox"/> NO ROAD DEFECTS 9.4 <input type="checkbox"/> HOLES, RUTS, ETC.	10.3 <input type="checkbox"/> DOWN GRADE 10.4 <input type="checkbox"/> UP GRADE	10.9 <input type="checkbox"/> MUDDY 10.10 <input type="checkbox"/> SNOWY	11.3 <input type="checkbox"/> POLICEMAN 11.4 <input type="checkbox"/> WARNING SIGNAL	12.3 <input type="checkbox"/> ASPHALT 12.4 <input type="checkbox"/> GRAVEL	13.3 <input type="checkbox"/> SNOW 13.4 <input type="checkbox"/> SLURRY	15.3 <input type="checkbox"/> DUSK 15.4 <input type="checkbox"/> DAWN				
<input type="checkbox"/> DIVIDED <input type="checkbox"/> (OTHER)	9.5 <input type="checkbox"/> LOGGED MATERIAL 9.6 <input type="checkbox"/> (OTHER)	10.5 <input type="checkbox"/> LEVEL 10.6 <input type="checkbox"/> HILL, CREST	10.11 <input type="checkbox"/> ICY 10.12 <input type="checkbox"/> FLARE, FLAMES, FUMES, ETC. DISPLAYED <input type="checkbox"/> (OTHER)	11.5 <input type="checkbox"/> R.R. CROSSING 11.6 <input type="checkbox"/> YIELD SIGN 11.7 <input type="checkbox"/> (OTHER) 11.8 <input type="checkbox"/> NOT WORKING	12.5 <input type="checkbox"/> _____ (OTHER)	13.5 <input type="checkbox"/> FOG 13.6 <input type="checkbox"/> (OTHER)	15.5 <input type="checkbox"/> DARK, W/IN HIGHWAY LIGHTS 15.6 <input type="checkbox"/> YES <input type="checkbox"/> NO 15.8 <input type="checkbox"/> (OTHER)				
						LOCATION					
						14.1 <input type="checkbox"/> CITY & SUBURBAN 14.2 <input type="checkbox"/> RURAL	14.3 <input type="checkbox"/> INTERSECTION 14.4 <input type="checkbox"/> NON-INTERSECT. 14.5 <input type="checkbox"/> MV PROPERTY				

DRIVER: DESCRIBE ACCIDENT FULLY (CONTINUE ON PAGE THREE IF NECESSARY.)

PAGE 2

MV Transportation, Inc. Claimant Information

MV drivers are prevented from giving statements or answering questions regarding accident liability.

If you present a claim for damages arising out of an incident involving a MV driver, or if you need additional information, contact:

Risk Management
MV Transportation, Inc.
2024 College Street
PO Box 479
Elk Horn, IA 51531
Phone: 1-866-665-1426
Fax: 712-764-3791
Email: claims@mvtransit.com

MV Transportation, Inc. is insured by ACE American Insurance. Submit claims to MV Risk Management.

If you have a property damage claim for damage to your vehicle that you allege was caused by MV, fax or mail your vehicle registration and proof of insurance information to MV Risk Management, along with a repair estimate from a licensed auto body repair point. Any claim for bodily injury must also include treatment records and medical bills.

Please make note of the information below and keep for your records should you need to contact us.

Date of Accident: _____ Location (City/State): _____

MV Vehicle #: _____ MV Vehicle License #: _____

MV Drivers Name: _____

Driver Instructions

Complete this form and give it to any claimants, passengers or law enforcement officer investigating the accident. You should also show your driver's license, a copy of the vehicle registration and the proof of insurance documents provided with the vehicle.



MV Transportation, Inc.

Decision Checklist for Post - Accident Drug and Alcohol Testing for FTA

Employee Name _____ Date _____

Division # and Name _____

() "Y" yes or "N" no **FATAL ACCIDENT:** DOT Drug and Alcohol tests are automatically required and are mandatory under any circumstance in which an individual dies from a revenue vehicle accident **NOTE:** Any other covered employee whose performance could have contributed to the accident must also be drug and alcohol tested

() **NON-FATAL ACCIDENT:** Other than fatal accidents. ENTER "Y" (yes) or "N" (no)

(A) Did anyone suffer bodily injury and immediately receive medical treatment away from the scene? ()

(B) Did any of the vehicles involved (revenue or non-revenue) suffer any disabling damage that required the vehicle to be transported away from the scene? ()

*If you marked "NO" to BOTH A and B **DO NOT CONDUCT A DOT TEST**

If you marked "YES" to either (A) or (B) **YOU MUST STILL DETERMINE** if the employee was a contributing factor to the accident before you can test the employee under DOT regulations.

(C) Can the employee's performance be completely discounted as a contributing factor to the accident? ()

-If you marked YES to A or B AND "NO" to C you have a qualified DOT Post Accident test. You MUST test employee immediately or as soon as possible. (See Section (E) below) **NOTE:** Any other covered employee whose performance could have contributed to the accident must also be drug and alcohol tested

-If you marked "YES" to C, you do not have a qualified DOT post accident test (even if you marked yes to A or B)

(E) Was the alcohol test administered within (2) Y() N() or (8) Y() N() hours of accident?

An alcohol test can be administered up to 8 hours after the accident.

Was the drug test administered within (32) hours of accident? Y() N()

A drug test can be administered up to 32 hours after the accident.

If the answer is "NO" to any of the above questions, please document reason in the area below

(F) **MV Transportation Policy:** When conducting a Post-Accident/Injury test under company authority/policy, you must:

Explain to the employee that the drug and alcohol tests are being done under M.V. Transportation authority and not DOT and the tests must be done on **NON-DOT drug and alcohol chain of custody forms.**

Please check the appropriate authority for test:

FTA Authority (DOT) _____ MV Authority/Post Incident (NON-DOT) _____

Notes: _____

Time of accident: _____ Determined By: _____

AFTER COMPLETING THIS FORM PLEASE FAX TO COMPLIANCE DEPT. at 972-805-4555 ONLY if a test was conducted, if no test was conducted do not fax.

Keep 1 copy in drug file and 1 copy in accident folder at all times

PREVENTABILITY DETERMINATION

MV TRANSPORTATION, INC. CORPORATE POLICY STATEMENT

General policies of MV Transportation, Inc. are issued from time to time and are designed to provide general guidance to company managers in the conduct of the business. Policies may, from time to time, become dated or may no longer apply. In the event of questions, the policy should be referred to the General Counsel for interpretation. In the event a policy conflicts with the law, regulation or the terms of a contract with a customer, the policy will be subordinate to such law, regulation or contract term. Policies are only effective on the written approval of the Chief Executive Officer, and the endorsement of the Bridges Committee.

Policy #	Safety Policy S-1
SUBJECT	INCIDENTS - DETERMINING PREVENTABILITY
POLICY	<p>SCOPE: This policy affects all employees who operate Company vehicles or perform work on behalf of the company.</p> <p>PURPOSE: The purpose of this policy is to provide a standard to evaluate each incident according to our Defensive Driving or Safe Work Standards so that errors made in either driver performance or safe work practices will be recognized and corrected during retraining.</p> <p>POLICY: It is the policy of this Company that each incident be evaluated on an individual, objective basis using the guidelines outlined here. MV Transportation, Inc. adheres to a very strict interpretation of the definitions of preventability and defensive driving. Realistically speaking, most incidents can be prevented by our drivers/employees through diligent application of our driving standards and safe work practices. MV drivers and employees are held to a high standard of care by the law and Company practice.</p> <p>1.1 Definition of Preventable Incident – an incident where the driver could have, but failed, to properly identify an incident-producing situation soon enough to take reasonable and prudent action to avoid a collision or an injury.</p> <p>2.2 Definition of Defensive Driving - to drive in such a manner as to identify incident-producing situations soon enough to take</p>

reasonable and prudent action to avoid a collision. This is the MV Standard of Safe Driving Performance

WORKPLACE INCIDENTS

The following considerations apply to workplace incidents that cause (or could have caused) injury to either the employee or bystanders/other persons.

Considerations

Unsafe Acts:

1. Unauthorized operation of equipment
2. Unauthorized performance of a job or task
3. Running - Horse Play
4. Not following established procedures
5. Bypassing or failure to use safety devices
6. Not using protective equipment
7. Under influence of drugs or alcohol

Unsafe Conditions:

1. Ergonomic hazards
2. Environmental hazards
3. Inadequate housekeeping
4. Blocked walkways
5. Improper or damaged Personal Protective Equipment (PPE)
6. Inadequate machine guarding
7. Inadequate maintenance of machines or tools

Non-preventable if:

1. Mechanical defect in a machine or tool which could not have been detected or foreseen by the operating employee or through routine maintenance.

Preventable if:

1. Incident or injury can be attributed to an unsafe act or unsafe condition.
2. Employee performed a job or task for which he/she was either not trained or inadequately trained (would be a failure in the supervisory/training process).
3. Incident or injury occurred due to employee's failure to use (or improper use of) personal protective equipment.

<p>4. Incident or injury occurred due to employee's use or attempted use of a vehicle, machine or tool that he/she knew was defective.</p> <p>5. Employee's abuse of a machine or tool was such that it rendered the tool or machine defective.</p> <p style="text-align: center;"><u>VEHICLE INCIDENTS</u></p> <p>A: Struck in Rear by Other Vehicle:</p> <p><u>Non-Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver's vehicle was legally and property parked. 2. Driver was proceeding in his own lane of traffic at a safe and lawful speed. 3. Driver was stopped in traffic due to existing conditions or was stopped in compliance with traffic sign or signal or the directions of a police officer or other person legitimately controlling traffic. 4. Driver was in proper lane waiting to make turn. <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver was passing slower traffic near an intersection and had to make sudden stop. 2. Driver made sudden stop to park, load, or unload. 3. Driver rolled back into vehicle behind while starting on grade. 4. Driver made sudden stop to avoid striking other vehicle in the rear. <p>B. Struck While Parked:</p> <p><u>Non-Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver was properly parked in a location where parking was permitted. 2. Vehicle was protected by emergency warning devices as required by DOT and state regulations or if driver was in the process of setting out or retrieving signals. These provisions shall apply to the use of the turn signals as emergency warning lights under DOT regulations. <p>C. Incidents at Intersections:</p> <p><u>Preventable if:</u></p>	
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	<ol style="list-style-type: none"> 1. Driver failed to control speed so that he could stop within available clear sight distance. 2. Driver failed to check cross-traffic and wait for it to clear before entering intersection. 3. Driver pulled out from side street in the face of oncoming traffic. 4. Driver collided with person, vehicle, or object while making right or left turn. 5. Driver collided with vehicle making turn in front of him. <p>D. Striking Other Vehicle in Rear:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver failed to maintain safe following distance and have his vehicle under control. 2. Driver failed to keep track of traffic conditions and note slow downs. 3. Driver failed to ascertain whether vehicle ahead was moving slowly, stopped, or slowing down for any reason. 4. Driver misjudged rate of overtaking. 5. Driver came too close before pulling out to pass. 6. Driver failed to wait for car ahead to move into the clear before starting to move. 7. Driver failed to leave sufficient room for passing vehicle to get safely back in line. 8. Driver was over-driving his vision. <p>E. Sideswipe and Head-on Collisions:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver was not entirely in his proper lane of travel. 2. Driver did not pull to his right and slow down and stop for vehicle encroaching on his lane of travel when such action could have been taken without additional danger. (Buses with passengers should not run off the road.) <p>F. Squeeze Plays and Blockouts:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver failed to yield right-of-way when necessary to avoid an accident. 2. Driver failed to properly position vehicle in preparation for the turn
--	--

<p>G. Backing Incidents:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver backed up when backing could have been avoided by better planning of his route. 2. Driver backed into traffic stream when such backing could have been avoided. 3. Driver failed to get out of vehicle and check proposed path of backward travel. 4. Driver failed to get out of vehicle periodically and recheck conditions when backing a long distance. 5. Driver failed to sound horn and turn on 4-way flashers prior to and while backing. <p>H. Incidents Involving Rail-Operated Vehicles:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver attempted to cross tracks directly ahead of train or streetcar. 2. Driver ran into side of train or streetcar. 3. Driver stopped or parked on or too close to tracks. 4. Driver disregarded warning lights or devices. 5. Driver failed to stop at crossing as required by regulations. <p>I. Incidents While Passing:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver passed where view of road ahead was obstructed by hill, curve, vegetation, traffic, adverse weather conditions, etc. 2. Driver attempted to pass in the face of closely approaching traffic. 3. Driver failed to warn driver of vehicle being passed (e.g. horn, and/or turn signal indicators). 4. Driver failed to signal change of lanes. 5. Driver pulled out in front of other traffic over-taking from rear. 6. Driver cut-in short returning to lane of travel. 	
--	--

	<p>J. Incidents While Being Passed:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver failed to stay in his own lane and hold speed or reduce it to permit safe passing. <p>K. Incidents While Entering Traffic Stream:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver failed to signal when pulling out from curb. 2. Driver failed to check traffic before pulling out from curb. 3. Driver failed to look back to check traffic if he was in position where mirrors did not show traffic conditions. 4. Driver attempted to pull out in a manner that forced other vehicle(s) to change speed or direction. 5. Driver failed to make full stop before entering from side street, alley or driveway. 6. Driver failed to make full stop before crossing sidewalk. 7. Driver failed to yield right-of-way to approaching traffic. <p>L. Pedestrian Incidents:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver did not reduce speed in area of heavy pedestrian traffic. 2. Driver was not prepared to stop. 3. Driver failed to yield right-of-way to pedestrian. <p>M. Mechanical Defects Incidents:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Defect was of a type which driver should have detected in making pre-trip or enroute inspection of vehicle. 2. Defect was of a type which driver should have detected during the normal operation of the vehicle. 3. Defect was caused by driver's abusive handling of the vehicle.
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	<p>N. All Types of Incidents:</p> <p><u>Preventable if:</u></p> <ol style="list-style-type: none"> 1. Driver was not operating at a speed consistent with the existing conditions of road, weather and traffic. 2. Driver failed to control speed so that he could stop within assured clear distance. 3. Driver misjudged available clearance. 4. Driver failed to yield right-of-way to avoid accident. 5. Driver failed to accurately observe and recognize potentially existing hazardous conditions or events that could produce an accident. 6. Driver was in violation of Company operating rules or special instruction, the regulations of any federal or state regulatory agency, or any applicable traffic laws or ordinances. 	
Effective Date		
Review Date		
RELATED TOPICS		
FORMS		
BRIDGES ENDORSEMENT		Date:
APPROVED BY		Date:



MV Transportation, Inc.

The Standard of Excellence

**SUBSTANCE ABUSE POLICY
& PROCEDURES**

October 2015

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MV Transportation, Inc. Drug and Alcohol Testing Core Values

Drug and alcohol abuse are the two most preventable behavioral disorders facing our society today. Drug abuse literally costs hundreds of billions of dollars alone in lost productivity, increased healthcare costs, accidents and theft. It is estimated that drug and alcohol abuse costs over a trillion dollars worldwide and growing.

MV Transportation, Inc. and its Subsidiaries are dedicated to providing safe, dependable, and economical service to its clients. MV Transportation's employees are our most valuable resource. It is our policy (1) to take appropriate action to assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner; (2) to foster and maintain a drug and alcohol - free environment for all employees and patrons; (3) to prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances; and (4) to encourage employees to voluntarily seek professional assistance whenever personal problems, including alcohol or drug use, may adversely affect their ability to perform their assigned duties.

Drug testing not only saves businesses money but it also saves lives. This is the backdrop that MV Transportation's Drug and Alcohol Compliance Department works in to promote a safe and ethical drug testing program that will be the standard of the industry. MV Transportation's Compliance Department is always looking for ways to improve the everyday challenges by using state of the art software and easy to follow testing instructions and forms, and a comprehensive collection site inspection tutorial for supervisors.

To achieve these goals and to comply with all applicable Federal regulations governing workplace anti-drug programs in the transit industry, MV Transportation incorporates three integrated components:

- **Prevention through education and training**
- **Detection, deterrence and enforcement**
- **Treatment and opportunities for rehabilitation**

Our purpose is to assure worker fitness for duty and to protect our employees, passengers, and the public from the risks posed by the use of alcohol and prohibited drugs. It is with sincere appreciation that I serve as Director of Drug and Alcohol Compliance, and I am thankful to be surrounded by an extraordinary Board of Directors, Executive Committee and professional staff in our efforts to promote a safe and drug free environment in which we all live and work.

In accordance with the U.S. Department of Transportation and the
Federal Transit Administration Regulations
(49 CFR Parts 40, 655, and 382)
MV TRANSPORTATION, INC.

SUBSTANCE ABUSE POLICY

1.0 Policy

MV Transportation, Inc. and its Subsidiaries (MV Transportation) are dedicated to providing safe, dependable, and economical service to its clients. MV Transportation's employees are our most valuable resource. It is our policy (1) to take appropriate action to assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner; (2) to foster and maintain a drug and alcohol-free environment for all employees and patrons; (3) to prohibit the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances; and (4) to encourage employees to voluntarily seek professional assistance whenever personal problems, including alcohol or drug use, may adversely affect their ability to perform their assigned duties.

To achieve the goal of a substance-free workplace, this policy incorporates three integrated components:

Prevention through education and training:

Education and training will communicate and clarify this policy to all employees, assist employees in recognizing substance abuse problems and in finding solutions to those problems.

Detection, deterrence and enforcement:

Federal regulations require that effective January 1, 1995, all safety-sensitive employees will be subject to reasonable suspicion, post accident, random, return to duty and follow up drug and alcohol testing. Applicants for safety sensitive positions will not be eligible for those positions unless they pass a pre-employment drug test. As a "zero tolerance" employer, any positive drug or alcohol or refusal to tests will result in a termination of employment.

Treatment and opportunities for rehabilitation:

Alcohol and drug abuse are recognized as diseases that can be treated. MV Transportation promotes a voluntary rehabilitation program to encourage employees to seek professional assistance prior to testing positive for drugs or alcohol, without fear of discipline.

Approved: 

Date: October 1, 2015

Brian Kibby, CEO
MV Transportation, Inc. and its Subsidiaries

2.0 Purpose

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers, and the public from the risks posed by the use of alcohol and use of prohibited drugs (as defined below). This policy is also intended to comply with all applicable Federal regulations governing workplace anti-drug programs in the transportation industry.

The Federal Transit Administration (FTA) and the Federal Motor Carrier Safety Administration (FMCSA) of the U.S. Department of Transportation have enacted 49 CFR (Code of Federal Regulations) Parts 655 and 382, which mandate urine drug testing and breath alcohol testing for employees performing safety-sensitive functions. These regulations also prevent performance of safety-sensitive functions when there is a positive test result or a test refusal. The U.S. Department of Transportation (DOT) has also adopted the revised version of 49 CFR Part 40 as amended, which outlines procedures for transportation workplace drug and alcohol testing programs. This Policy incorporates these federal requirements for employees performing safety-sensitive functions, as well as other provisions.

In addition, DOT has published 49 CFR Part 29, Implementing the Drug-Free Workplace Act of 1988, which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA. California passed a similar version of the federal law, the Drug-Free Workplace Act of 1990 (Gov't Code § 8350 et seq). This policy reiterates the requirements of the federal regulations; these requirements will be in *italics*. Portions of this policy marked in **bold** are not necessarily FTA-mandated, but reflect MV Transportation employment policy (this does not include policy headings).

If any provision of an existing MVT policy, rule or resolution is inconsistent or in conflict with any provision of this policy or the DOT/FTA rules, this policy and the DOT/ FTA rules shall take precedence; if any provision of this policy is inconsistent or in conflict with the DOT/ FTA rules the DOT/ FTA rules shall take precedence.

Applicability

3.1 Safety-Sensitive Employees

This policy applies to all safety-sensitive MV Transportation employees, including paid part time employees who perform or could be called upon to perform any transportation related safety-sensitive function, and this includes off-site lunch periods or breaks when an employee is scheduled to return to work.

A safety-sensitive function is any of the following duties:

- 1) The operation of a transportation revenue service vehicle even when the vehicle is not in revenue service.

- 2) The operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL).
- 3) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service.
- 4) Controlling the movement of a revenue service vehicle and
- 5) Carrying a firearm for security purposes. (Not applicable to MVT)
- 6) Volunteers are considered a covered employee if; 1) they are required to hold a commercial driver's license to operate the vehicle; or 2) if the volunteer receives re-numeration in excess of their actual expenses incurred while engaged in the volunteer activity.

(For a description of job categories - See Exhibit B)

3.2 Contractors

Contractors who perform any of the safety-sensitive functions described in this policy for MVT will be subject to the same requirements as safety-sensitive MVT employees.

3.3 Non Safety Sensitive Positions

All MVT employees are subject to the provisions of the Drug-Free Workplace Act of 1998. Visitors, vendors and contracted employees on MVT premises will not be permitted to conduct transportation business if found to be in violation of this policy.

4.0 Opportunities for Rehabilitation (MVT Policy)

To promote a drug and alcohol free workplace, this policy includes a rehabilitation program that allows employees to voluntarily come forward to request rehabilitation.

4.1 Voluntary Rehabilitation (MVT Policy)

Any employee who has a drug and/or alcohol abuse problem and has not been selected for reasonable cause, random or post-accident testing or has not refused a drug or alcohol test may voluntarily refer her or himself to the General Manager or the Human Resource Department, who will refer the individual to the company's Employee Assistance Program and/or a Substance Abuse Counselor for a Non-DOT evaluation and treatment. Voluntary self-referral commits the employee to a therapeutic process. Confidentiality of the employee will be protected. The Counselor will evaluate the employee and make a specific recommendation regarding the appropriate treatment. When an employee voluntarily refers her or himself for treatment, the employee may be eligible for sick leave and disability benefits. Employees will be allowed to take accumulated vacation time or may be eligible for unpaid time off to participate in any prescribed rehabilitation program. Employees are encouraged to voluntarily seek professional substance abuse assistance before any substance use or dependence affects job performance.

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4.2 While Undergoing Treatment (MVT Policy)

Any covered employee who admits to a drug and/or alcohol problem will immediately be removed from his/her safety-sensitive function and will not be allowed to perform such function until successful completion of a prescribed rehabilitation program is completed. The employee will be placed on an unpaid leave of absence for a maximum of 30/60 days to allow time for completion of the treatment/rehabilitation program. Proof of completion must be provided in writing by a valid professional. The employee will be required to pass a Non-DOT drug and alcohol test before he/she can perform a safety-sensitive function.

*MV shall make every effort to place the employee back in his/her position upon returning to work. However, an employee's commitment to undergo rehabilitation treatment does not guarantee that the employee's job will be available upon return.

4.3 Cost of Rehabilitation (MVT Policy)

All associated costs for treatment are the sole responsibility of the employee.

4.4 Returning to Work after Treatment (MVT Policy)

All employees who successfully complete prescribed treatment and are allowed to return back to work will be subject to unannounced Non-DOT follow-up testing as prescribed by doctor/counselor.

Prohibited Behavior and Conduct

Prohibited substances addressed by this policy include the following:

5.1 Prohibited Drug Use

FTA regulations specifically prohibit the use of the following illegal, prohibited substances and require testing for their presence under certain circumstances: Marijuana, Amphetamines, Opiates, Phencyclidine (PCP) and Cocaine (*Prohibited Drugs*) - Safety-sensitive employees may be tested for prohibited drugs at any time while on duty or on MVT property.

5.2 Prohibited Alcohol Use

The consumption of beverages containing alcohol, or substances including any medication such that alcohol is present in the body while performing safety sensitive duties or transportation business, are prohibited. *Alcohol* means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including methyl or isopropyl alcohol. (The concentration of alcohol is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing device.)

5.3 Legal Drugs (MVT Policy)

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected **MUST** be reported to supervisory personnel. Medical advice should be sought, as appropriate, while taking such medication and before performing safety-sensitive duties.

Any time an employee comes forward about a medication that he/she is taking the information must be forwarded to the Director of the Compliance Department for clarification and review. The Compliance department will then consult with the Medical Review Officer (MRO) to determine if the medication is appropriate to take while performing a safety-sensitive function.

A legally prescribed drug means that the employee has a prescription or other written approval (in his/her name) from a physician for the use of a drug in the course of medical treatment. The misuse of legal drugs while performing a safety-sensitive function is prohibited at all times.

If the MRO determines that the medication being taken is not appropriate to take while performing a safety-sensitive function the employee will remain off duty until the issue is cleared by the MRO.

In order to continue performing a safety-sensitive function the employee taking the medication will be required to provide the following:

A written letter from the prescribing physician stating the patient's name, the name of the substance, the period of authorization and a statement that the medication will not adversely affect the employee's performance to drive or perform his/her safety sensitive function and that the employee may continue to perform his/her safety-sensitive function while taking such medication. The letter must be signed and dated by the physician and the letter will be provided to the MRO for final approval.

6.0 *Prohibited Conduct: Manufacture, Trafficking, Possession, and Use of Controlled Substances*

The manufacture, distribution, dispensation, possession, or use of controlled substances in the workplace is prohibited. A "controlled substance" is any illegal drug or any substance identified in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. § 812), and as further defined by 21 CFR 1300.11-1300.15. Any employee engaging in the manufacture, distribution, dispensation, possession or use of a controlled substance on MVT premises will be subject to disciplinary action, up to and including termination and/or will be required to complete a drug abuse assistance or rehabilitation program. Law enforcement shall be notified, as appropriate, where criminal activity is suspected.

6.1 Requirement to Submit to Drug and Alcohol Testing

MVT shall require every covered employee who performs a safety-sensitive function as described in the FTA regulations Part 655 and the FMCSA regulations Part 382 to submit to post-accident, random, and reasonable suspicion drug and alcohol test- and to a pre-employment drug test- as described in this policy. MVT shall not permit any employee who refuses to submit to such tests to perform or continue to perform any safety-sensitive functions.

6.2 Alcohol Use/Hours of Compliance

No safety-sensitive employee should report for duty or remain on duty when his or her ability to perform assigned functions is adversely affected by alcohol or when his or her breath alcohol concentration is 0.04 or greater. No employee shall use alcohol while on duty or while performing safety-sensitive functions. No employee shall have used alcohol within four hours prior to reporting for duty. After an accident employees shall refrain from alcohol use for eight (8) hours or until an alcohol test has been administered, whichever occurs first.

No safety-sensitive employee shall use alcohol during the hours that they are on call. On call employees have the opportunity to acknowledge the use of alcohol at the time he/she is called to report to duty and the inability to perform his/her safety sensitive function.

6.3 Compliance with Testing Requirements

Any safety-sensitive employee who refuses to comply with a request for testing, who fails to remain readily available for post-accident testing, who provides false information in connection with a test, or who attempts to falsify test results through tampering, contamination, adulteration, or substitution, shall be removed from duty immediately. Refusal can include an inability to provide a specimen or breath alcohol sample without a valid medical explanation, as well as a verbal declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test.

6.4 Refusal to Submit to a DOT Alcohol or Controlled Substance Test

As an employee, you have refused to take a drug or alcohol test if you:

- (1) Fail to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer.
- (2) Fail to remain at the testing site until the testing process is complete; Provided, That an employee who leaves the testing site before the testing process commences, for a pre-employment test it is not deemed to have refused to test, unless the testing cup was handed to the donor.
- (3) Fail to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations.
- (4) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen.
- (5) Fail to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.

It is MVT's policy that any employee that does not provide a valid specimen during a collection for a test will remain off duty until the employee is cleared by the MRO that the employee had a valid medical reason.

- (6) Fail or declines to take a second test the employer or collector has directed you to take.
- (7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures.
- (8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets or wash hands when so directed by the collector, behave in a confrontational way that disrupts the collection process).
- (9) If the MRO reports that there is verified adulterated or substituted test result.
- (10) Failure or refusal to sign Step 2 of the alcohol testing form.
- (11) Failure to follow the observer's instructions during an observed collection including instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (12) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
- (13) Admit to the collector or MRO that you adulterated or substituted the specimen.

As an employee, if you refuse to take a drug and/or alcohol test, you incur the same consequences as testing positive and will be immediately removed from performing any safety-sensitive functions, and referred to the Substance Abuse Professional.

6.5 Compliance with Treatment Requirements

All employees are encouraged to make use of the available resources for treatment for alcohol and substance abuse problems.

6.6 Notify MVT of Criminal Drug Conviction

Every employee must notify MVT of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to do so shall subject said employee to disciplinary action up to and including termination, or satisfactory participation in a rehabilitation program, at the employee's expense.

6.7 Improper Application of the Policy

MVT is dedicated to assuring fair and equitable application of this "Zero Tolerance" substance abuse policy. Therefore, supervisors and managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor and manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy

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In regard to subordinates, shall be subject to disciplinary action, up to and including termination.

7.0 Testing for Prohibited Substances

7.1 General

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (DHHS). Testing for prohibited drugs and alcohol on safety-sensitive employees shall be conducted in accordance with the procedures set forth in 49 CFR Part 40 as amended. See attached Testing Procedures for detailed procedures on all required types of drug and alcohol testing.

Medical Review Officer (MRO): All drug testing results shall be interpreted and evaluated by an MRO who meets all applicable requirements of Part 40, who shall be responsible for receiving laboratory results generated by an employer's drug testing program and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result. The MRO shall comply with the drug testing procedures set forth in 49 CFR Part 40. The MRO will not review alcohol test results. When a confirmed positive test is reported from the testing laboratory, it is the responsibility of the MRO to: (a) contact the employee and afford the employee the opportunity to discuss the test results with him/her; (b) review the individual's medical history, including any medical records and biomedical information provided; (c) determine whether there is a legitimate medical explanation for the result, including legally prescribed medication. The MRO shall not convey test results to MVT until the MRO has made a definite decision that the test result was positive or negative, or refusal to test. If the employee provides an adequate explanation, the MRO verifies the test as negative and no further action is taken. When the MRO reports the results of the verified positive test to MVT, the MRO will disclose the drug(s) for which there was a positive test. If the MRO declares a drug test to be invalid for any reason, the test is considered canceled, and neither positive nor negative. However, a re-collection under direct observation may be ordered by the MRO.

The Medical Review Officer conducting MRO services for MVT is Dr. Stephen Kracht, M.D., D.O. in Overland Park, Kansas.

7.2 Testing for Prohibited Drugs

MVT shall collect or have collected urine samples from safety-sensitive employees to test for Prohibited Drugs. An assigned Collection Site will split each urine sample collected into a primary and a split sample. (See testing procedures) The urine samples will be sent under seal, with required chain of custody forms, to a laboratory certified by the DHHS. Currently MV Transportation is under contract with Clinical Reference Laboratory (CRL) in Lenexa, Kansas for its initial testing and confirmation testing. An initial drug screen will be conducted on each primary specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if

the amounts present are at or above the minimum thresholds established in 49 CFR Part 40 as amended, as set forth in the attached Exhibit A (Threshold levels of testing).

Split Specimen Testing- If the test result of the primary specimen is positive or a refusal to test due to adulteration or substitution, the employee may request the MRO to direct his/her split specimen be tested in a different DHHS-certified laboratory. The MRO shall honor such a request if it is made within 72 hours of the employee having been notified of a verified positive or refusal to test result. This does not delay MVT from taking any action consistent with this policy for positive tests and the employee will be removed immediately from any safety-sensitive functions regardless if he/she is having his/her split specimen tested by a different laboratory. However, if the split specimen (bottle B) produces a negative result, or for any reason the second portion is not available, the test is considered cancelled and no sanctions are imposed. However, a re-collection under direct observation may be ordered by the MRO.

Cancelled Test - A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

7.3 Alcohol Testing

Tests for alcohol concentration on safety-sensitive employees will be conducted with a National Highway Traffic Safety Administration (NHTSA) -approved evidential breath testing device (EBT) operated by a trained breath alcohol technician (BAT). In order to maintain quality assurance, EBT's must be externally calibrated in accordance with the plan developed by the manufacturer of the device. If the initial test on an employee indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. For summary of applicable alcohol threshold levels, see Exhibit A.

8.0 Types of Testing

49 CFR Parts 655 and 382 require the following types of testing for Prohibited Substances for safety-sensitive employees: Pre-employment or transfer, reasonable suspicion, post-accident, random.

8.1 Pre-employment, Transfer Testing or Return to Work Testing

All applicants for safety sensitive positions shall undergo urine drug testing prior to employment. Receipt by MVT of a verified negative test result from the MRO is required prior to performing ANY safety sensitive functions for the first time. If an applicant or employee's drug test is cancelled or negative-dilute the employee or applicant shall be required to immediately take another pre-employment drug test.

Existing employees who are being considered for transfer to a safety-sensitive position from a NON-safety-sensitive position will be required to undergo a DOT pre-employment drug test. Any existing safety-sensitive employee who is simply

transferring to a different division for another safety-sensitive position is NOT required to undergo another DOT pre-employment drug test.

8.1.1 Non-Safety-Sensitive Positions

All applicants applying for any non safety-sensitive positions will have to take and pass a pre-employment NON-DOT urine drug test prior to being hired.

8.1.2 Return to Work after 30 Days (DOT-FMC5A Policy)

MVT has some contracts that are subject to the Federal Motor Carrier Safety Regulations and NOT FTA regulations. Therefore, if the employee has a commercial license and has been out for 30 days or more AND the employee has been taken out of the random testing pool the covered employee will be required to take a DOT pre-employment drug test before he/she can return to his/her safety-sensitive position.

8.1.3 Return to Work after 90 Days (DOT-FTA Policy)

If a covered employee has not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason, AND the employee has not been in the random pool during that time, the employee must take and pass a DOT Pre-Employment drug (NOT a return-to-duty) test before he/she can perform a safety-sensitive function.

8.1.4 Return to Work after 30 Days for Non-Regulated employees who are not subject to federal guidelines but perform driving duties for specific contracts that are considered sensitive (MVT Policy)

It is MVT's policy that any time a non-covered driver who drives a vehicle for an MV contract and has not performed his/her driving functions for 30 or more consecutive days (regardless of reason) the employee will be required to take and pass another Non-DOT Pre-Employment drug test before he/she can return to his/her driving position. **For confirmation of regulation authority contact Drug & Alcohol Compliance Department**

8.1.5 Previous Employer Request Requirement

As an employer we are required to verify previous violations of DOT drug and alcohol regulations within the last two years of employment with a DOT regulated agency or employer.

An employer must obtain and review the information listed below from any DOT-regulated employer the employee performed safety-sensitive functions for in the previous two years. The information must be obtained and reviewed prior to the first time an employee performs safety-sensitive functions. If not feasible, the information should be obtained no later than thirty (30) days after

the first time an employee performs safety-sensitive functions. The information obtained must include:

1. Information on the employee's alcohol test in which a breath alcohol concentration of 0.04 or greater was indicated.
2. Information on the employee's controlled substance test in which a positive result was indicated.
3. Any refusal to submit to a required alcohol or controlled substance test. (including verified adulterated or substituted drug test results)
4. Other violations of DOT agency drug and alcohol testing regulations

As the applicant or employee if you have violated any of the DOT drug and alcohol regulations, you must also obtain documentation of your successful completion of the DOT return-to-duty requirements (including proof of follow-up tests administered).

Furthermore, all applicants will be asked whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

8.1.6 Pre-employment Breath Alcohol Testing

Although it is not MV Transportation's policy to test for alcohol on a pre-employment test, MVT does have a few contracts that require a breath alcohol test be conducted in addition to the required drug test. Divisions that are subject to this requirement will have to take a pre-employment breath alcohol test. Breath alcohol testing will be in accordance with DOT Part 40 and 655.42.

8.2 Reasonable Suspicion Testing

All safety-sensitive employees shall be subject to reasonable suspicion testing, to include appropriate urine and/or breath alcohol testing when there is reasonable suspicion to believe that a covered employee has used a prohibited drug and/or engaged in alcohol misuse. A reasonable suspicion referral for testing will be made on the basis of specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee. Reasonable suspicion tests for the presence of alcohol shall be authorized by observations made just prior, during or immediately after the period of the day in which the employee is required to be in compliance with the requirements of Part 655; and those alcohol tests shall only be conducted just before, during, or just after the performance of a safety-sensitive function. If an alcohol test is not administered within two hours following the determination to test the employee, the employer shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If the alcohol test is not administered within eight hours following the determination, MVT shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test.

Reasonable suspicion determination will be made by a supervisor, or other company official who has had the required Reasonable Suspicion training to detect and document the signs and symptoms of probable drug use and alcohol use and who reasonably concludes that an employee may be impaired by of a prohibited substance.

Any employee who is required to take a Reasonable Suspicion test will remain off duty until a negative alcohol and drug test is received.

8.3 Post-Accident Testing

Fatal Accidents

As soon as practicable following an accident involving the loss of human life, MV Transportation will conduct drug and alcohol tests on each surviving covered employee operating the public transportation vehicle at the time of the accident. Post accident drug and alcohol testing of the operator is not required under this section if the covered employee is tested under the fatal accident testing requirements of the Federal Motor Carrier Safety Administration rule 49 CFR 382.303 (a)(1) or (b)(1). MV Transportation shall also test any other covered employee whose performance could have contributed to the accident as determined by investigating staff using the best information available at the time of the decision.

Non-Fatal Injury Accidents

As soon as practicable following an accident not involving the loss of human life in which a public transportation vehicle is involved, MV Transportation will drug and alcohol test each covered employee operating the public transportation vehicle at the time of the accident unless investigating staff determine, using the best information available at the time of the decision, that the covered employee's performance can be completely discounted as a contributing factor to the accident.

Accident means an occurrence associated with the operation of a vehicle, if as a result: (1) An individual dies; or (2) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or (3) With respect to an occurrence in which the transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including non-FTA funded vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or (4) With respect to an occurrence in which the public transportation vehicle involved is a rail car, trolley car, trolley bus, or vessel, the public transportation vehicle is removed from operation.

(For exact testing criteria -See Post Accident Testing Procedures Pg. 27)

MV Transportation shall also test any other covered employee whose performance could have contributed to the accident as determined by investigating staff using the best information available at the time of the decision.

MV Policy: When to conduct a NON-DOT Post accident/incident test

If the accident does not meet the FTA/FMCSA testing criteria, MVT will reserve the right to test any safety-sensitive employee after any accident/incident regardless of the severity of the accident/incident. Additionally, MVT will test any other safety-sensitive employee whose performance MVT determines could have contributed to the accident.

Under these circumstances it must be explained to the employee that the drug and alcohol tests will be done under M.V. Transportation authority, and should be done on NON-DOT drug and alcohol chain of custody forms.

Any employee who takes a post accident test will remain off duty until a negative drug test and alcohol test result is received.

8.4 Random Testing

Employees performing safety-sensitive functions will be subject to unannounced, random drug and alcohol testing in accordance with FTA regulations. The random drug and alcohol testing rates will be, at a minimum, based on the current FTA and FMCSA requirements at all times. Each such employee shall have an equal chance at selection and shall remain in the pool even after being tested. The basis for random selection shall be by a scientifically valid random number generation method initiated by computer. The dates for administering unannounced testing of randomly-selected covered employees shall be spread reasonably throughout the calendar year, month, week, and all hours that safety-sensitive functions are performed. This ensures that employees would have a reasonable expectation that they might be called for a test on any day they are at work. A covered employee shall only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions; just before the employee is to perform safety-sensitive functions; or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty. The employee must proceed to the test site immediately after being notified that he or she has been selected for testing in the allotted time given.

9.0 Consequences

9.1 Positive Alcohol Test

- (a) A safety-sensitive employee who has a confirmed alcohol concentration of 0.02 or greater but less than 0.04 will be removed from his or her duties for eight hours unless a confirmation test results in a concentration measure of less than 0.02. (For a test result which is less than 0.04 no other action will be taken except that which is described in this paragraph.)
- (b) An alcohol concentration of 0.04 or greater or a test refusal will be

considered a positive alcohol test. The employee will be immediately removed from duty and referred to a Substance Abuse Professional (SAP) and terminated from employment.

9.2 Positive Drug Test

The consequences of a positive drug test or a test refusal are as follows: the employee will immediately be removed from safety sensitive duties, referred to a Substance Abuse Professional and terminated from employment.

10.0 MRO Report of a Negative Dilute Specimen

If the MRO informs MVT that a negative drug test was dilute, the employee will be directed to take another test immediately. In some cases the MRO may require the retest to be performed under "Direct Observation." Each employee directed to take another test, will be given the minimum possible advance notice that he or she must go to the collection site to take another test.

For any employee that is directed to take another test, the result of the second test – not that of the original test – becomes the test of record which MVT will rely on for purposes of this policy. Any employee who is directed to take another test and the employee declines to do so, shall be considered as a refusal to test for purposes of this policy and DOT agency regulations.

Dilute Specimen- A specimen with creatinine and specific gravity values that are lower than expected for human urine.

11.0 Substance Abuse Professional (SAP)

A SAP must meet all of the credential, basic knowledge, qualification training, continuing education, and documentation requirements of 49 CFR Part 40, Subpart O, §40.281 (a-e). The SAP will evaluate the employee to determine what assistance the employee needs in resolving problems associated with prohibited substance abuse or alcohol misuse. The SAP will also determine whether or not an employee has successfully completed a program of rehabilitation.

MV Transportation has contracted with:

American Substance Abuse Professionals, Inc. (ASAP)
 Nationwide Network www.go2asap.com
 1421 Clarkview Road, Suite 130, Baltimore, Maryland 21209
 Contact: Nicole Hanratty, CEAP, SAP, C-DERT
 888-792-2727 x177 Mention MV Transportation

This firm is a national company that contains a large network of qualified SAPs throughout the United States. Employees simply call the toll-free number and provide the SAP their city and zip code and the SAP will find them the qualified SAPs closest to their area.

12.0 Training and Education

All employees shall participate in a minimum one-hour training session designed to meet FTA requirements by learning about the effects and consequences of drug use on personal health, safety and the work environment. For those supervisors participating in reasonable suspicion determination testing, there will be at least two hours of training to explain the criteria for reasonable cause testing, including at least an hour on the physical, behavioral and performance indicators of probable drug use and another hour on the physical, behavioral, speech and performance indicators of probable alcohol misuse. Initial training sessions will be re-enforced with educational materials and meetings. Further, employees shall be provided with a community hot-line telephone number.

13.0 Employee Assistance Community Service Hot-Line

The Center for Substance Abuse Treatment maintains a toll-free Referral Helpline for locating substance abuse treatment in your area:

1-800-662-HELP

National Clearinghouse on Family Support and Children's Mental Health

800-628-1696

National Foundation for Depressive Illness

800-239-1265

SAMHSA's Center for Substance Abuse Treatment

800-662-HELP (4357), 800-487-4889 (TDD), 877-767-8432 (Spanish)

14.0 Records, Confidentiality

A safety-sensitive employee is entitled, upon written request, to review and obtain copies of any records relating to the employee's drug and alcohol testing. MVT must maintain records of its substance abuse program in a secure location with controlled access.

15.0 System Contact

Any questions regarding this policy or any other aspect of MVT's Substance Abuse Management Program should be directed to the office of the following:

Name: Esther Avalos, Director of Drug & Alcohol Compliance
Address: 2711 N. Haskell Ave., Ste. 1500, LB-2, Dallas, TX 75204
Phone Number: 972-391-4516

16.0 Local Authority

Local Division General Managers and Safety Managers are the Designated Employer Representatives (DERs) and are authorized to receive test information from the MRO as well as confirmation test results from the qualified B.A.T.

17.0 Revisions to the Policy and Program

This policy and program are subject to revision in accordance with the Department of Transportation regulations, as amended.

18.0 Zero Tolerance Policy

MVT's "Zero Tolerance" Policy means any covered employee that has a verified positive drug or alcohol test, or test refusal, will be removed from his/her safety-sensitive position, referred to a Substance Abuse Professional (SAP) for assessment, and will be terminated.

EXHIBIT A

Pursuant to the Federal Department of Transportation regulations, the following are the drugs to be tested for, and the threshold levels of each test which MV Transportation is required to accept:

Drug or Metabolite	Urine Initial Test Cutoff (ng/mL)*	Confirmatory (GC/MS-LC/MS) Test Cutoff (ng/mL)*
1. Marijuana	50	15
2. Cocaine	150	100
3. Opiates (morphine, codeine)	2,000	2,000
Heroin 6-Acetylmorphine	10	10
4. Amphetamine (includes methamphetamine and MDMA-Ecstasy, MDA, MDEA)	500	250
5. Phencyclidine (PCP)	25	25

* nanograms per milliliter

ALCOHOL

(Includes ethanol, methanol, isopropanol)

Breath Alcohol Concentration

(expressed in terms of grams of alcohol per 210 liters of breath)

Initial Screen

Under 0.02

Confirmatory

(given if 0.02 or greater on initial screen)

0.02 to less than .04 employee may not perform safety-sensitive function

EXHIBIT B

The following is a general list of safety-sensitive functions and the job categories of employees who are subject to the provisions of 49 CFR Part 865 and 382 at MV Transportation:

NOTE: This list is subject to change and revision.

46	Maintenance Training Manager	340	Lead Dispatcher	418	Safety Manager	550	Mechanic
87	Safety Assistant	345	Dispatcher	420	RTRV Trainer	561	Mechanic A (specify Union Class)
112	Floating Class A Mechanic	348	Window Dispatcher	425	RTRV Instructor	562	Mechanic B (specify Union Class)
113	Body Repairman	349	Scheduling Manager	450	Classroom Instructor	563	Mechanic C (specify Union Class)
300	General Manager	350	Scheduler	451	Classroom Trainer	564	Technician A Mechanic
301	General Manager 1	351	Scheduling Coordinator	470	Parts Manager	565	B Mechanic
302	General Manager 2	352	VA Coordinator	471	Assistant Parts Manager	566	Technician C Mechanic
303	General Manager 3	354	Operations Supervisor	475	Parts Clerk	567	Technician Apprentice
304	General Manager 4	355	Road Supervisor	500	Maintenance Manager	568	Technician
310	Division Manager	357	Where's My Ride Supervisor	510	Assistant Maintenance Manager	569	Mechanic Helper
315	Assistant Division Manager	359	Lead Supervisor	512	Maintenance Technician	570	Cleaners
320	Operations Manager	379	Lead Schedule/Dispatches I	514	Bus Shop Maintenance	571	Mechanic Helper
321	Shift Supervisor	389	Call Center Manager	515	Maintenance Clerk	572	Body Shop Technician
322	Assistant Operations Manager	400	Safety and Training Manager	516	Maintenance Supervisor	575	Service Worker
323	Operations supervisor	405	Training Manager	517	Service Employee	580	Lobby Crew
324	Dispatch Manager	406	Training Supervisor	518	Advanced Service Employee	584	Station Supervisor
325	Reservations Manager	410	Safety Trainer	519	Entry Level Mechanic	590	Bus Aide
326	Dispatch Supervisor	411	Safety Training Supervisor	520	Shop Foreman	600	Driver Trainer
328	Drive Cam Supervisor	415	Assistant Safety Manager	530	Lead Mechanic	610	Driver

Any MVT employee who has a non-safety-sensitive position, but who may perform a safety sensitive function at any time while they are working must be included in the random testing and will be included in the DOT random testing pool.

Testing Procedures

Note: Testing and collection procedures will be conducted as set forth by 49 CFR Parts 40 (as amended) & 655 & 382. The information on the following pages is meant for general information only for MV Transportation employees. Any questions regarding reference to the regulations should be directed to the policy section of this handbook. A copy of 49 CFR Part 40 is available for review to each employee upon request to their local manager.

This is a "Zero Tolerance" policy and any reference to return to work after a positive test result does not apply to employees affected by this policy. The FTA does not mandate "Second Chance".

Pre-Employment Testing

1. The FTA regulations require that all applicants for employment in safety-sensitive positions or individuals being transferred to safety-sensitive positions from NON-safety-sensitive positions must be given a pre-employment drug test.
2. Applicants may not be assigned to safety-sensitive functions unless they pass the drug test.
3. Applicants must be informed in writing of the testing requirements prior to conducting the test. MVT will require applicant to sign a form acknowledging that they know that their urine will be tested for Cocaine, PCP, Amphetamines, Marijuana, and Opiates.
4. Appropriate personnel at each location will schedule appointments for collection. The employee must be made aware that their placement into a safety sensitive position is contingent upon a negative test result.
5. It is the responsibility of the applicant to report to the collection site at the time and day scheduled.
6. Positive test results must be reviewed by the MRO.
7. Applicants are notified by the MRO of the laboratory results and are given an opportunity to discuss the results.
8. Applicants who test positive will not be hired into a safety-sensitive position.
9. An applicant whose pre-employment test results are negative will continue through the safety-sensitive hiring process.
10. Applicants will be asked whether he or she has tested positive, or refused to test on a pre-employment drug or alcohol test while trying to obtain safety sensitive transportation work from an employer covered by DOT agency during the past two years. If applicant admits that he or she had a positive test or a refusal to test, MV will not allow the applicant to perform safety sensitive duties unless and until applicant provides documents showing the successful completion and release from a SAP.

Random Testing Procedures

The FTA regulations require random testing for prohibited drugs and alcohol for all safety-sensitive employees. Random testing identifies those who are using drugs or misusing alcohol but are able to use the predictability of other testing methods to escape detection. More importantly, it is widely believed that random testing serves as a strong deterrent against employees beginning or continuing prohibited drug use and misuse of alcohol at MVT. MV Transportation has developed procedures for notification and collection to best implement the requirements of the federal rules.

These procedures answer common questions regarding random testing: Who is tested? Why are only some individuals tested? When and how do the tests occur?

1. Random drug and alcohol testing applies only to safety-sensitive employees. Identification numbers for all safety-sensitive employees will be included in a selection pool.
2. Random drug and alcohol testing is accomplished by a scientifically valid, tamper-proof, computer-generated selection process. A random list for testing of employee numbers will be generated every month.
3. Employees are chosen in an unannounced, unpredictable manner. No employee will be removed from the random pool following the next selection, and every employee will continue to be subject to random selection throughout the year. Every employee in the random pool has an equal chance of being selected every time. Employees are only removed from the random pool when they are in rehabilitation programs, terminated or permanently transferred to a non safety-sensitive position, or expected to be out for at least 90 days or more.
4. Random testing will be conducted on all shifts, all times of day, and all days of the week throughout the calendar year. No shift is exempt from testing.
5. Random drug testing may be conducted concurrently with random alcohol testing or at any time during an employee's shift. Random alcohol testing will be conducted just before the employee is scheduled to perform a safety-sensitive function, while the employee is performing safety-sensitive functions or just after the employee performs a safety-sensitive function. The employee must proceed to the test site immediately after being notified that he or she has been selected for testing in the allotted time given.
6. For both Maintenance and Operations (Drivers) the Divisional Manager in each location will be notified which employees have been selected for testing. Once an employee is notified of his/her selection, he/she must report immediately for the test. Failure to report after notification constitutes a refusal to test. (see procedures for random test notification)
7. Employees will be notified where to report for collection, when to stop work and report to the collection site and who will relieve them, if necessary.
8. The employee must submit to a drug and/or alcohol test. Failure to cooperate with the collection procedure in any way constitutes a refusal to test which has the same consequences as a positive test result.
9. The employee is in a paid status throughout the random testing procedure.

Employees will be removed from duty if the results are positive and employee will be terminated.

10. If both alcohol and drug tests are being given, the breath alcohol test will be performed first. Immediately thereafter, the urine sample will be collected for the drug test.
11. If there is a confirmed breath alcohol test of between .02% and .039% (Inclusive), the employee will be relieved from duty immediately for a minimum of eight (8) hours.
12. If there is a confirmed positive breath alcohol test (.04% or above), the employee will be given the name of a Substance Abuse Professional (SAP) and terminated.

Procedures for Random Test Notification

1. The Human Resource Department triggers the selection list of the month's safety-sensitive employees to be scheduled for testing.
2. The local manager will review work schedules, including planned absences when known, to develop a best available time to perform the tests. The local manager will coordinate the testing schedule with the collector.
3. In developing testing times, the goal will be to minimize the impact in service. Testing will be conducted using the following priority periods:
 - Before work,
 - During split time,
 - After work/shift is completed
 - During work, with standby personnel relief.
4. During work, without relief (if no other time is possible).
5. Notification of Employees- The Human Resources Department triggers notification to each location's designated employer representative (DER) via electronic mail. The DER will notify each safety-sensitive employee selected and thus notified. Each employee who is selected is to report to the test site immediately

The employee cannot "go off sick" or on vacation or leave of absence after notification.

6. Collection site personnel shall report "unreasonable delays" to the local DER as employees are required to immediately report to the collection site following notification. Failing to report to the collection site within a reasonable allotted time constitutes a refusal to test.
7. The DER shall confirm with the Regional, Divisional, or Operations Manager that the employee was notified.
8. The DER shall notify the proper management official if an employee fails to report for testing after notification.
9. An employee who fails to report for testing shall be removed from duty immediately. If employee is determined to have "refused to test" he/she face the same consequences as testing "positive" for drugs/alcohol and will be given the

name and number of a SAP and terminated from employment.

Collection Procedures for All Tests

All collection procedures shall be performed in accordance with Part 40. Upon notification of a test under this policy;

1. The employee must report to the collection site immediately after notification.
2. The employee shall provide photo identification to collection site personnel. Supervisors will verify the identification of employees without photo identification and may photograph the employee if necessary.
3. The employee must comply with all collection procedures.
4. The employee must follow the directions of the collection staff to ensure that an unadulterated urine specimen is collected and/or the breath alcohol test is completed.
5. The employee will be in a private enclosure and unobserved unless a direct observed collection is determined to be needed by the MRO, the local DER, or the collector.
6. The employee must supply at least 45 ml of urine (approx. 1 ½ oz). If the employee gives an inadequate amount of urine or if the employee is unable to give a sufficient urine sample collection site staff shall provide the individual with no more than 40oz of fluid to drink during a period of up to 3 hours. The employee will attempt to provide a complete sample using a fresh container. If the required amount is provided, the collection staff will continue with collection process. If the employee is still unable to provide an adequate specimen within three hours of the first unsuccessful attempt to provide the specimen, the collection staff must discontinue the collection, note the facts on the "remarks" line of the CCF, and immediately notify the DER.

Shy Bladder - The term "shy bladder" refers to a situation when the employee does not provide a sufficient amount of urine (45 ml) for a DOT required drug test. If an employee tells the collector, upon arrival at the collection site, that he or she cannot provide a specimen, the collector must still begin the collection procedure regardless of the reason given and direct the employee to make the attempt to provide the specimen.

The employee must be monitored during this time. If the employee leaves the collection site or refuses to make the attempt to provide a sufficient urine specimen, this is considered a refusal to submit to a test.

Failure to produce a sample of urine will result in an immediate referral for an evaluation from a licensed physician within 5 days who can determine in his or her reasonable judgment the safety-sensitive employee's inability to provide an adequate amount of urine. If no medical reason is found substantiating an inadequate sample, the incident will be treated as a "refusal to test" and will carry the same consequences as a positive test result.

It is MVT's policy that any employee who does not provide a valid specimen during a collection for a test will remain off duty until the

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employee is cleared from the MRO that the employee had a valid medical reason.

7. If the employee fails to provide an adequate amount of breath for the breath alcohol test, a second attempt will be made. If the Employee, after multiple attempts, fails to produce a sample, the Breath Alcohol Technician (BAT) shall so note in the "Remarks" section of the breath alcohol testing form and immediately inform the DER. The DER will instruct the employee to obtain, as soon as possible but within 5 days after the attempted provision of breath, an evaluation from a licensed physician who is acceptable to the employer concerning the employee's medical ability to provide an adequate amount of breath.
8. Whenever there is reason to believe that a particular individual has altered or substituted the urine specimen, a second specimen shall be obtained as soon as possible under direct observation of a same gender observer. Reasons may include; temperature of the specimen out of normal range, bluing agent in the specimen.

Substituted Specimen- A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

Adulterated Specimen- A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

9. If the breath alcohol screening is 0.02 or greater, the breath alcohol technician will wait at least 15 minutes and a maximum of 30 minutes before administering the confirmation test. Even if more than 30 minutes have passed the BAT will still conduct the confirmation test.
10. To ensure that the test results are attributed to the correct covered employee; both specimen bottles must be sealed and labeled in the presence of the donor. The labels must be printed with the same specimen identification number as the custody control form and are attached to the specimen bottles. The donor initials the labels on the vials verifying that the specimen is his or hers.

Reasonable Suspicion Testing Procedures

1. Supervisors and managers receive training in order to identify behaviors that might be indicators of drug use and/or alcohol misuse. Training includes the procedures for how to deal with employees suspected of drug use and/or alcohol misuse.
2. If a supervisor observes an appearance, behavior, speech pattern, or body odor of the covered employee that might be indicative of drug use and/or alcohol misuse, he/she directs the employee to stop work and escorts the employee to an area to be questioned and observed in private.
3. The supervisor completes the Reasonable Suspicion Incident Report. The supervisor must ensure that the employee does not continue to operate in a safety-sensitive function after identified for reasonable suspicion testing.

4. If there is a decision to test based on observable symptoms, the employee is ordered to submit to a drug and alcohol test and is escorted to the collection site.
5. The employee is on paid status until the test collection is completed. **Employee will remain off duty until a negative drug and alcohol test is received.** To the greatest extent possible, arrangements shall be made to have him/her transported home and employee should not be allowed to leave on his/her own recognizance.
6. If there is a confirmed breath alcohol test of between .02% and .039% (Inclusive), the employee will be relieved from safety-sensitive duty immediately for a minimum of eight (8) hours. If there is a confirmed positive breath alcohol test (.04% or greater) and/or confirmed positive drug test, or refusal to test, the employee shall be provided the name and number of a SAP and the employee **will be terminated.**
7. If the employee's drug test is confirmed negative by the MRO and/or the BAT test is below 0.02 the employee will be allowed to return to work and will be paid for any time missed.

Post-Accident Testing Procedures

The FTA regulations require testing for prohibited drugs and alcohol in the case of certain public transportation accidents. Post-accident testing is mandatory for accidents where there is a loss of life and for other non-fatal accidents.

1. The supervisor ensures that all injured people receive proper medical care. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.
2. The supervisor determines whether the accident meets FTA criteria using MVT's "Post Accident Decision Checklist Form".
3. If the accident meets the FTA/DOT criteria a DOT post accident drug and alcohol test will be conducted immediately. The employee will be taken to the collection site and tested as soon as practicable following the accident. The employee should remain readily available for alcohol testing up to 8 hours and for drug testing up to 32 hours after the accident, including notifying his/her supervisor of his/her location or he/she may be deemed to have refused to submit to testing if he/she does not make him/herself readily available for testing.
4. **Once the tests have been completed the employee will remain off duty until a negative drug and alcohol test is received.**
5. If the employee is not tested within two hours for alcohol, the supervisor must document the reason for the delay, and if test is not conducted in 8 hours, the DER shall cease all further attempts and update the records as to the reason(s) why the test was not completed. If the 32 hours have passed the DER shall cease all further attempts to complete the drug test.

6. If the employee refuses to be tested, or the breath alcohol test is .04 or greater, or if the drug test is confirmed positive, the employee is immediately removed from duty, the Sap will find them the qualified SAPs closest to their area, and will be terminated.

Post -Accident Testing Criteria

It should be noted that a post-accident test is given because the incident meets the criteria listed below. It is NOT a probable cause or reasonable suspicion test. An accident (§ 655.4) is defined as an occurrence associated with the operation of a vehicle in which:

1. An individual dies.
2. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident.
3. With respect to an occurrence in which the public transportation vehicle involved is a bus, van or automobile, one or more vehicles incurs disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, "disabling damage" means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs.
 - (Inclusions) Disabling damage includes damage to vehicles that could have been operated, but would have been further damaged if so operated.
 - (Exclusions) damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, tail-lights, turn signals, horn, or windshield wipers that makes them inoperative.
4. With respect to an occurrence in which the public transportation vehicle involved is a rail car, trolley car, trolley bus, or vessel, the public transportation vehicle is removed from operation.
5. The FTA has determined that "LIFTS" constitute equipment used in revenue service and their operation is essential to the operation of the vehicle and protection of public safety, their operation shall now be included in the accident definition.

To determine if a test should be administered under this section, always use MV Transportation's "Post Accident Decision Checklist". This form should be used for all accidents in determining whether a test will be done under DOT authority.

Prohibited Drugs and Alcohol Misuse

MVT is required to ensure that all covered employees receive at least 60 minutes of training and discussion on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use. The information below shall assist in providing statistics and examples of substance abuse in the work force and the signs and symptoms of such use.

A study conducted showed 75 percent of illicit drug users 18 and older are employed, which amounts to about 10 million U.S. workers. On a daily basis, based on 250 work days in a year, at least 42,000 Americans are coming to work stoned or are getting "high" while on the job.

Studies and statistics show that:

1. Every 23 minutes a death occurs as a result of a drug or alcohol related accident.
2. A typical abuser is:
 - a. Late to work 3 times more often
 - b. Requests twice as much time off
 - c. Is absent 2 1/2 times more than average
 - d. Uses 3 times as many sick benefits
 - e. Collects 5 times as much worker's comp
 - f. Has 300% higher medical costs/benefits

If these statistics haven't convinced you that the problem is serious, let's look at a few more.

A national survey once reported that:

1. 19% of all children over the age of 12 had used some type of illegal drug
2. 65% of 18 to 25 year olds had used some type of illegal drug
3. 30 to 40 million Americans stated they had used cocaine
4. By age 17, 70% of American teenagers had tried alcohol

As you can see, drug and alcohol abuse is a serious problem, having a major effect on all our lives. Even though you may not be abusing drugs or alcohol, you are affected by the results of drug and alcohol abuse in our society. You pay higher medical costs to help cover the costs for abusers who cannot afford the cost of treatment. You pay higher insurance costs to help fund the drug and alcohol abuse programs paid for by insurance companies. The material and services you buy cost more because of decreased worker productivity, as well as increased cost to employers.

This section is designed to provide you with a brief overview of the seriousness of using controlled substances and alcohol. It also provides education on the signs, symptoms and effects of the illicit drugs that you will be tested for. Your employer has taken great measures to assure you of a safe working environment. Please review this booklet in its entirety to educate yourself on drug and alcohol in the workplace. When you have completed reading this material, you will better understand the need for a drug-free workplace.

The drugs for which you will be subject to testing include:

- Amphetamine
- Cocaine
- Marijuana
- Opiates
- Phencyclidine (PCP)
- Alcohol (by evidential breath testing device only)

Facts about Amphetamines

Amphetamines (methamphetamine, MDMA-ecstasy) are central nervous system stimulants. They tend to make people "hyper" and "jumpy". They can be taken either orally or injected. They are often used by people to stay awake and to counteract the effects of drowsiness. They are especially dangerous to take while performing safety-sensitive tasks or driving.

Ecstasy, MDMA (3,4 methylenedioxymethamphetamine), is a synthetic, psychoactive drug that is chemically similar to the stimulant methamphetamine and the hallucinogen mescaline. MDMA causes an increase in serotonin which plays an important role in the regulation of mood, sleep, pain, appetite, and other behaviors.

Some heavy MDMA users experience long lasting confusion, depression, and selective impairment of working memory and attention processes. Ecstasy users make extremely dangerous drivers. They can exhibit the same impairments as amphetamine, heroin, cocaine, and hallucinogen users.

Signs and Symptoms of Amphetamine Use

- Hypersensitivity
- Exhaustion
- Dilated Pupils
- Grinding teeth
- Loss of appetite and immediate weight loss
- Dry mouth
- Excessive talking

Effects on Person

- More likely to take risks
- Impaired judgement

Facts about Cocaine

Cocaine also stimulates the central nervous system. It gives the user an intense feeling of well-being, or euphoria, known as a "high". The "high" will last for 10 to 60 minutes. A more potent form of the drug called "crack" cocaine is especially addicting and dangerous. Although it's "high" lasts only about 5 to 8 minutes, "crack" cocaine can be addicting after only one use, and cause death the first time it is used. Cocaine can be injected, snorted, or free-based. Snorting is sniffing the drug up the nose, and free-basing is done by heating the drug and inhaling the vapors.

Signs and Symptoms of Cocaine Use

- Mood swings
- Weight Loss
- Restlessness: Difficulty sitting or standing in one place
- Depression
- Nose bleeds
- Irritable, angry, nervous, angers easily
- Bad breath
- Euphoric feeling
- Running nose, uncontrollable sniffing

Effects on Person

- Slowed reaction time
- Distorted vision and depth perception
- Slow to make decisions
- Unable to correctly measure time and distance

Facts about Marijuana

Marijuana is a depressant and mind altering drug. Marijuana does not depress the central nervous system's reaction, it works on the brain. Mind altering means it causes hallucinations. It can be eaten or smoked. Street names for marijuana are "dope", "grass", "joint", "hash", or "hooch".

Tests have shown that people's reflexes and thought processes are slower under the influence of marijuana. The effects of this drug are longer lasting than first thought. In fact, impairment can last more than 24 hours after using marijuana. The body actually stores the drug for days, weeks, and in some cases, months, depending on the frequency of use.

Signs and Symptoms of Marijuana Use

- Dilated pupils
- Slowed reflexes
- Giddiness
- Slowed thinking
- Moodiness
- Trance-like state
- Impaired vision
- Reduced feeling of pain
- Odor of burning
- Short-term memory loss
- Loss of concentration
- Unable to sleep after prolonged use

Signs To Look For

- Cigarette rolling paper
- Dried plant material, either crumbled or pressed
- Roach clip (device to hold joint)
- Hash pipe (very small pipe)

Facts about Opiates

Opiates are classified as a narcotic analgesic. They tend to have a sedating, calming effect, and act as a depressant to the central nervous system. Opiates are more commonly known as morphine, codeine, and heroin. Street names for opiates are "junk", "smack", "horse", and "brown sugar". Opiates are prescribed by doctors to relieve pain, but they are used by the abuser to relax or "escape the real world". They can either be taken orally, injected or smoked.

When the drug is injected, the user feels an immediate "rush", usually followed by a very relaxed and soothing feeling. However, some opiates can cause very unpleasant side effects such as nervousness, nausea, and restlessness, and if taken in excess, may cause coma or death.

Signs and Symptoms of Opiate Use

- Mental confusion
- Slurred speech
- Unsteadiness
- Hostility
- Memory loss

- Drowsiness
- Excess talking
- Euphoria
- Depression
- Short attention span
- Cold, moist or bluish skin
- Reduced feeling of pain

Effects on Person

- Lack of concentration – Day dreaming
- Distorted sense of time and distance
- Distorted vision

Facts about Phencyclidine (PCP)

Phencyclidine, commonly called "Angel Dust", is known as a dissociative anesthetic. Users of PCP may experience hallucinations and signs of intoxication. They may not be able to focus their attention or will experience confusion and lack of coordination.

Although PCP has immediate short term effects, it is also known for its long term effect of causing psychotic behavior often associated with violent acts. Other street names for PCP include "hog", and "crystal". PCP may be smoked, snorted or injected.

Signs and Symptoms of PCP Use

- Delusions
- Confusion
- Panic
- Increased blood pressure
- Anxiety
- Flashbacks

Effects on Person

- More likely to take risks
- Impaired coordination
- Aggressive actions

Facts about Alcohol

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily

for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and Symptoms of Use

- Dull mental processes
- Lack of coordination
- Odor of alcohol on breath
- Possible constricted pupils
- Sleepy or stuporous condition
- Slowed reaction rate
- Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12oz], whiskey[1oz], or wine[6oz glass] over time may result in the following health hazards:

- Decreased sexual functioning
- Dependency (up to 10% of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma.
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects (up to 54% of all birth defects are alcohol related).

Workplace Issues

- It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.



**ACKNOWLEDGEMENT
OF
EMPLOYER'S DRUG AND ALCOHOL TESTING POLICY**

I, _____, the undersigned, hereby
Print Full Name

acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation, Federal Transit Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Part 655, as amended, and has been duly adopted by the governing board of the employer. Any provisions contained herein which are not required by 49 CFR Part 655, as amended, that have been imposed solely on the authority of the employer are designated as such in the policy document.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarification for any compliance with all provisions contained in the policy. I also understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand that the information contained in the approved policy dated Oct 1, 2015 is subject to change, and that any such changes, or addendum, shall be disseminated in a manner consistent with the provision of 49 CFR Part 655, as amended.

I hereby acknowledge that I have participated in and completed the required minimum 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use in accordance with Part 655.14(b)(1) and in addition, to the training, this policy and handbook was reviewed.

I further acknowledge that I have been advised of the consequences for safety sensitive employees who violate the testing requirements.

Signature of Employee

Date

Print Name

**MV Transportation, Inc.
HIRING PROCESS**

JOB POSTING

I



Driver

MV Transportation is seeking Drivers who will be responsible for safely operating a transit vehicle. The primary objective of the Driver is providing safe, reliable, and efficient public transportation.

Responsibilities:

- On-time passenger pick-up and delivery.
- Conducting pre and post trip inspections to ensure proper operating condition of vehicle and on-board equipment.
- Ensure safe and clean vehicle condition at the start and end of each shift.
- Communicating effectively with dispatch or central office via two way radio.
- Providing excellent customer service including assistance in boarding and de-boarding, supplying information, and responding appropriately in the event of emergency.
- Employing all techniques of defensive driving to minimize risk.
- Maintaining a safe work area and a focus on safety to reduce the opportunity for injury to self or other employees.

Talent Requirements:

- High School diploma or equivalent.
- Candidates must be at least 21 years of age.
- Ability to read, write and speak the English language clearly.
- Ability to navigate the service area through use of maps, and knowledge of service area.
- Ability to communicate effectively with passengers, passenger representatives and system staff.
- Ability to provide excellent customer service.
- *Ability to demonstrate professional demeanor and appearance.*
- *Maintain a strong attendance record.*
- *Follow company safety and operational rules and procedures.*

We Offer:

- Drug free work place.
- Paid Training!!
- Room for growth/advancement.
- Benefits package (after the qualification period).

We can put you on the road to a great career helping others!

Apply online at: careers.mvtransit.com

Pre-employment drug screening and background check is required. MV Transportation is proud to be an equal opportunity/affirmative action employer. MV Transportation, Inc. provides equal employment and affirmative action opportunities to minorities, females, veterans, and disabled individuals, as well as other protected groups.

APPLICATION



**MV TRANSPORTATION, INC.
Employment Application**

This application is considered current for sixty (60) days only

MV Transportation, Inc. (MV) and its subsidiary companies will provide equal employment opportunities to all applicants without regard to an applicant's race, color, religion, sex, gender, genetic information, national origin, age, veteran status, disability, or any other status protected by federal or state law. MV will provide reasonable accommodations to allow an applicant to participate in the hiring process (e.g., accommodations for a test or job interview) if so requested. When completing this application, you may exclude information that would disclose or otherwise reference your race, religion, age, sex, genetic information, veteran status, disability, or any other status protected by federal or state law. This application is considered current for sixty (60) days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application.

**THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT
NOR DOES IT GUARANTEE EMPLOYMENT WITH MV.**

PLEASE PRINT—USE INK—COMPLETE ALL SECTIONS.

Today's Date:

GENERAL INFORMATION

Last Name		First Name		Middle Name	
Present Address			City	State	Zip Code
Previous Address (if less than 3 years at current address)			City	State	Zip Code
Previous Address (if less than 3 years at current address)			City	State	Zip Code
E-Mail Address		Mobile Phone Number		Home Phone Number	
How did you hear about MV?					
<input type="checkbox"/> Walk-In (Location?) _____		<input type="checkbox"/> Job Fair (Location?) _____			
<input type="checkbox"/> Employee Referral (Name?) _____		<input type="checkbox"/> Website (Name?) _____			
<input type="checkbox"/> Advertisement (Publication?) _____		<input type="checkbox"/> Other (Explain?) _____			

All offers of employment are conditioned upon your ability to provide evidence of your right to be legally employed in the United States

Are you currently eligible to work in the U.S., and authorized to work for this Company on an ongoing indefinite basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you now or in the future require sponsorship by this Company to attain or maintain your employment eligibility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No

THIS QUESTION MUST BE ASKED IN ACCORDANCE WITH DOT 40.25(j)

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied but did not obtain safety-sensitive work covered by DOT drug and alcohol testing rules during the past two years?

Yes No

J



JOB INFORMATION			
Position Applying For:	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Salary Desired:			
If part-time, how many hours per week?	If part-time, check days available:		
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Are there hours or days you are not available to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please list:	
Can you travel, if the job requires it?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work overtime, if required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously been employed by MV Transportation or any MV Transportation subsidiary or other related Company?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please identify the company, your dates of employment, the position held, and the reason for leaving.			
Have you previously applied for employment with MV Transportation or any MV Transportation subsidiary or predecessor?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any relatives or friends that are employed with MV Transportation or any MV Transportation subsidiaries or predecessors?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide name(s), relationship(s), and work location(s).			
Are you currently subject to a non-compete or employment agreement with another employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO



****A Note About Various State Laws****

State law applies to you as an applicant if: (a) you are applying to an MV Transportation location within that state/city OR (b) you are currently residing within that state/city.

CRIMINAL BACKGROUND INFORMATION

If you are currently residing in or applying for jobs in HI; IL; MA; MN; RI; Baltimore, MD; Buffalo, NY; Newark, NJ; Philadelphia, PA; Rochester, NY; San Francisco, CA, or Seattle, WA, the below question should not be answered with a "yes" or "no" but instead with "I currently reside in or am applying for job positions in HI; IL; MA; MN; RI; Baltimore, MD; Buffalo, NY; Newark, NJ; Philadelphia, PA; Rochester, NY; San Francisco, CA, or Seattle, WA and therefore am not required to answer the question on this application and for that reason am checking this box."

In responding to the question below, AK, AL, AR, CA, CT, DE, IL, IN, KS, KY, LA, MA, MD, ME, MO, MI, MN, MS, NC, NH, NV, NJ, OH, OK, RI, VA, and WA applicants are not required to disclose the existence of any conviction which has been annulled, erased, sealed, expunged, or otherwise eradicated by state or court order. If your criminal records have been erased or expunged in accordance with state or federal law, you are deemed to have never been arrested with respect to those proceedings. Applicants residing in AL, CA, IL, IN, ME, MI, NE, NY, NV, NH, NC, OH, OK, OR, TX, UT, VT, VA, WA, WV, WY are not required to disclose the existence of any juvenile conviction which has been annulled, erased, sealed, expunged, or otherwise eradicated by state or court order.

CA applicants: Applicants are not required to disclose misdemeanor convictions involving marijuana or controlled substances as described in CA Labor Code § 432.8 that are more than two years old, and misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed.

CT applicants: Applicants are not required to disclose any conviction that has been erased pursuant to § 46(b)-146, 54-76(c) or 54-142(a) of the CT General Statute. Criminal records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

GA applicants: Applicants may exclude convictions discharged under Georgia's First Offender Programs.

MA applicants: Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any question seeking criminal record information. After the application stage, applicants may omit from disclosing a first conviction for drunkenness, simple assault, speeding, affray, minor traffic violations, or disturbances of the peace. Applicants are also only required to disclose misdemeanor convictions occurring within five (5) years preceding the date of this application.

NV applicants: Applicants are not required to disclose misdemeanor convictions older than 10 years.

NY applicants: Applicants for job positions may exclude an adjudication as a youthful offender.

OH applicants: Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.

WA applicants: Applicants are not required to disclose felony or misdemeanor convictions older than 10 years.

A criminal conviction is not an automatic or absolute bar to employment, and while convictions will be considered based on the time and nature of the offense and as related to jobs applied for, applicants should answer the following question.

An applicant that resides in or is applying for positions in the states/cities that prohibit employers from asking the criminal question on the application will not be adversely impacted by checking the third box below in response to the criminal background question.

Have you ever been convicted of a crime?

YES NO

I currently reside in or am applying for a job in HI; IL; MA; MN; RI; Baltimore, MD; Buffalo, NY; Newark, NJ; Philadelphia, PA; Rochester, NY; San Francisco, CA or Seattle, WA and therefore am not required to answer the question on this application and for that reason am checking this box.

If YES, please describe the circumstances of your conviction, including the date, nature, place of the offense, and disposition of the case.



EMPLOYMENT HISTORY				
<i>Please provide a complete employment history listing all positions held for the last 10 years, starting with the most recent employer. Please account for any periods of unemployment. You may include any verified work performed as a volunteer.</i>				
Employer #1 (Present or Most Recent Employer):				
Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Salary Starting: \$ _____ Base Pay/Hourly Rate: \$ _____	Ending or Current Salary: \$ _____ Base Pay Hourly Rate: \$ _____	Reason for leaving:
List any other compensation (bonns, commissions, draw, etc.).				
When distributed (annually, quarterly, monthly)?				
Amount or percentage:				
May we contact this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please explain.	
Responsibilities:				
Employer #2:				
Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Salary Starting: \$ _____ Base Pay/Hourly Rate: \$ _____	Ending or Current Salary: \$ _____ Base Pay Hourly Rate: \$ _____	Reason for leaving:
List any other compensation (bonns, commissions, draw, etc.).				
When distributed (annually, quarterly, monthly)?				
Amount or percentage:				
May we contact this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please explain.	
Responsibilities:				



Employer #3:				
Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Salary Starting: \$ _____ Base Pay/Hourly Rate: \$ _____	Ending or Current Salary: \$ _____ Base Pay Hourly Rate: \$ _____	Reason for leaving:
List any other compensation (bonus, commissions, draw, etc.).				
When distributed (annually, quarterly, monthly)?				
Amount or percentage:				
May we contact this employer?		<input type="checkbox"/> YES If NO, please explain. <input type="checkbox"/> NO		
Responsibilities:				
Employer #4:				
Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Salary Starting: \$ _____ Base Pay/Hourly Rate: \$ _____	Ending or Current Salary: \$ _____ Base Pay Hourly Rate: \$ _____	Reason for leaving:
List any other compensation (bonus, commissions, draw, etc.).				
When distributed (annually, quarterly, monthly)?				
Amount or percentage:				
May we contact this employer?		<input type="checkbox"/> YES If NO, please explain. <input type="checkbox"/> NO		
Responsibilities:				
Have you ever been terminated, laid off, discharged, or asked to resign from any employment?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, give the employer(s) and reason(s) for each discharge/resignation.				
Please account for any periods of unemployment here:				



MILITARY SERVICE – Attach DD214 if applicable			
Branch:		Length of Service:	
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain. The type of Discharge will not be an automatic bar to employment and will be considered only as related to the job applied for.			
EDUCATION			
Type of School:	Diploma/Degree Type: (G.E.D., H.S., B.A., etc.)	Name of School and City/State:	Major Subject/Course:
<input type="checkbox"/> High School			
<input type="checkbox"/> College			
<input type="checkbox"/> Graduate School			
<input type="checkbox"/> Other			
If currently attending school, what are the days and times of your scheduled classes?			
SPECIAL SKILLS AND QUALIFICATIONS			
List any academic honors, outstanding achievements, scholarships, or other significant job-related awards.			
List any professional licenses or certifications earned and any foreign language proficiency.			
List software programs, PC, and word processing equipment proficiency.			
List any other appropriate skills other than clerical.			
OTHER RELEVANT EXPERIENCE			
Please provide any other information that you think would be helpful to us in considering you for employment such as additional work experience (paid or unpaid) gained in any job-related organizations, clubs, professional society, or other association; seminars attended; articles or books published; other activities and accomplishments.			
HOW WERE YOU REFERRED TO MV Transportation?			
<input type="checkbox"/> Employee Name: _____		<input type="checkbox"/> State or Local Agency Name: _____	
<input type="checkbox"/> School College name: _____			
<input type="checkbox"/> Employment Agency Name of Company: _____ Name of Contact: _____ Contact Phone: _____		<input type="checkbox"/> Newspaper/Publication Walk-In <input type="checkbox"/> Other _____	
<input type="checkbox"/>			



REFERENCES			
<p><i>In addition to the supervisors listed in the employment history section above, list three (3) professional references who can comment on your work performance. If not applicable, list three (3) personal references who are not related to you.</i></p>			
Name/Relationship Length of Time Known	Address	Occupation Company/Job Title	Telephone Number

APPLICANT PLEASE READ AND SIGN

I certify that the answers given to the questions and the statements made (including statements on the attached resume, and inserted forms, if any) on this application and in the hiring process are true. I understand that a false statement, a false answer, an omission, or a misleading statement may result in a decision not to hire me, the withdrawal of any offer of employment, or the termination of my employment with MV Transportation regardless of when such false, misleading, or erroneous information is discovered.

I understand that if hired, unless I am employed under a specific written contract or collective bargaining agreement, my employment with MV Transportation will be "at will" and that my employment may be terminated at any time with or without cause and with or without notice. I understand that no representative of the Company has any authority to make any assurances, representations or promises contrary to the "at-will" nature of my employment unless it is in writing signed by an authorized officer of MV Transportation. I understand that I may terminate my employment with or without cause and with or without notice at any time. I further agree that MV Transportation reserves the right to make unilateral changes to the terms and conditions of my employment.

I authorize MV Transportation or its agents to investigate my references and communicate with my former employers concerning my employment unless specifically stated otherwise in this application. I authorize all individuals, schools, and employers named, and all financial institutions, law enforcement agencies, and all persons except as specifically limited on this application to provide information requested about me, and I promise I will not bring any legal claims or actions against my current or former employers due to their responses to any job reference request.

I further understand that the completion of an application with MV Transportation is a preliminary step to employment. It does not obligate MV Transportation to offer employment to me, or for me to accept employment. I further acknowledge that if offered employment, any offer of employment may be a conditional offer of employment pending successful completion of a drug screening and/or criminal background check.

FOR MARYLAND APPLICANTS: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

FOR MASSACHUSETTS APPLICANTS: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

MV TRANSPORTATION DOES NOT USE LIE DETECTOR TESTS AS PART OF THE APPLICATION PROCESS.

FOR MONTANA APPLICANTS: THE EMPLOYMENT RELATIONSHIP IS GOVERNED BY THE WRONGFUL DISCHARGE FROM EMPLOYMENT ACT. Mont. Code Ann. § 39-2-901.

FOR RHODE ISLAND APPLICANTS: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT OF THE STATE OF RHODE ISLAND.

Date: _____, 20____ Signature: _____

RELEASES

PREVIOUS EMPLOYER DRUG & ALCOHOL RELEASE FORM



Sterling Talent Solutions:
Company Name: MV Transportation
Account #: 24745

FEDERAL TRANSIT INDUSTRY (FTA):
DOT D/A Disclosure and Authorization

Send to MV TRANSPORTATION

Fax # (712) 764-3705

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT
PURPOSES – 49 CFR PART 40.25 DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 40.25, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to Sterling Talent Solutions, Inc. for the purpose of Sterling Talent Solutions transmitting such records to the Sterling Talent Solutions customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results occurring during the previous two (2) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation ; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

List the DOT-regulated employer you have applied with and/or worked for in a safety-sensitive function during the previous two (2) years. If necessary, an additional authorization will be completed for each employer for the previous two (2) years.

Previous DOT Regulated Employer	City	State	Phone Number
_____	_____	_____	() _____-_____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed above, to MV Transportation, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

Print Applicant Name: _____

Social Security #: _____

Applicant Signature: _____

Date: _____



BACKGROUND CHECK DISCLOSURE DOCUMENT

MV Transportation, Inc. and its subsidiaries, parents, successors and affiliates (the "Company") may order a "consumer report" (commonly known as "background report" or "background check") on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

To the extent allowed by law, the background report may contain information concerning your character, general reputation, personal characteristics, mode of living, drug and alcohol test results, and criminal history. To the extent allowed by law, information may be obtained from private and public record sources, including but not limited to, sanctions databases, court records, driving records, verification of employment and education history, licensing and credentials, military records, and police records.

Received by:

Name: _____

Signature: _____

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK
PLEASE PROCEED TO THE NEXT DOCUMENT**

BACKGROUND CHECK AUTHORIZATION DOCUMENT

I authorize MV Transportation, Inc. and its subsidiaries, parents, successors and affiliates ("the Company") to order my consumer report (background check). I understand that, as allowed by law, the Company may rely on this authorization to order additional reports without asking me for my authorization again (1) during my employment, and (2) from any consumer reporting agency ("CRA"). A copy of this original in hard copy, electronic, faxed, or electronically signed form shall be as valid as the original.

Except as otherwise prohibited by state law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents (including but not limited to staffing/placement company clients and vendor credentialing companies) for business reasons (e.g., to place me in certain employment positions, jobs, work sites, etc.).

For the purpose of preparing a consumer report (background check) for the Company, and only for that purpose, and subject to all laws protecting my informational privacy, I also authorize the following to disclose to the consumer reporting agency the information needed to compile the report: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; all courts; the military; testing facilities; and all motor vehicle records agencies. I acknowledge the information that can be disclosed to the consumer reporting agency, as allowed by law, includes information concerning my employment and earnings history, education, motor vehicle history, criminal history, military service, and professional credentials and licenses.

Additional information about your rights has been provided to you with this Background Check Authorization Document. Please review it **BEFORE** you sign.

Print Name	
Print any Other Names Used	
Social Security Number (for identification purposes only)	
Date of Birth (for identification purposes only)	
Driver's License(s) Number(s) and State(s)	
Address, And Any Other State: In Which You Have Lived in the Past 7 Years:	
Signature	_____/_____/_____ Today's Date: (Month / Day / Year)

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background report:

SUMMARY OF RIGHTS UNDER 15 U.S.C. § 1681m(a)

You are hereby provided a summary of the following provisions of the Fair Credit Reporting Act, 15 U.S.C. § 1681m(a):

- The CRAs, Sterling Talent Solutions and/or Samba Safety, will prepare the background report for the Company. Sterling is located at and can be contacted at 1 State Street Plaza, New York, NY 10004, toll free number 888.889.5248. The privacy policies for Sterling can be found at its web site at <http://www.sterlingtalentsolutions.com/About/Privacy>. Samba is located at and can be contacted at (Attn: Consumer Request) 8814 Horizon Blvd, Suite 100, Albuquerque, NM 87113, toll free number 888.947.2622 opt 6. The privacy policies for Samba can be found at its web site at <https://www.sambasafety.com/about-sambasafety/privacy-policy/>.
- No consumer reporting agency utilized by the Company makes adverse decisions relating to your employment, and no consumer reporting agency utilized by the Company is able to provide any specific reasons to you why an adverse decision relating to your employment may be taken or was taken based on a consumer report.
- 15 U.S.C. § 1681j provides for the right to obtain a free copy of a consumer report on you from the consumer reporting agency which prepared your background report, under various circumstances, including but not limited to where you receive notice that an adverse action has been taken toward you based on the consumer report. In that instance, Section 1681j provides a right to a free copy of the report provided that you make the request within 60 days of the date that you received notice of the adverse action.
- 15 U.S.C. § 1681i provides for the right to dispute, with a consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK
PLEASE PROCEED TO THE NEXT DOCUMENT**

-PAGE 1 of 1-

Initials: _____
MV Transportation, Inc.

Revised: 2/17/17

STATE NOTICE REGARDING BACKGROUND CHECKS DOCUMENT

If you live or work for MV Transportation, Inc. and its subsidiaries, parents, successors and affiliates ("the Company") in any of the states listed below, please note the following:

MASSACHUSETTS: If you contact the Company's Human Resources department, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask the CRA for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the CRA for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The CRA must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the CRA for a copy of any investigative consumer report the Company ordered about you.

NEW YORK: If you contact the Company's Human Resources department, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the CRA's address and telephone number. You have the right to contact the CRA to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided below.

WASHINGTON STATE: If you submit a written request to the Company's Human Resources department, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within five business days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act.

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK
PLEASE PROCEED TO THE NEXT DOCUMENT**

-PAGE 1 of 1-

Initials: _____
MV Transportation, Inc.

Revised: 2/17/17

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

-PAGE 1 of 2-

Initials: _____
MV Transportation, Inc

Revised: 2/17/17

- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in items 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St., N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

CALIFORNIA DISCLOSURE REGARDING BACKGROUND CHECKS DOCUMENT

MV Transportation, Inc. and its subsidiaries, parents, successors and affiliates ("the Company") may order a consumer report or investigative consumer report on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional such reports on you for employment purposes. Such reports may contain information about your character, general reputation, personal characteristics, and mode of living. The CRAs, Sterling Talent Solutions and/or Samba Safety, will prepare the background report for the Company. Sterling is located at and can be contacted at 1 State Street Plaza, New York, NY 10004, toll free number 888.889.5248. The privacy policies for Sterling can be found at its web site at <http://www.sterlingtalentsolutions.com/About/Privacy>. Samba is located at and can be contacted at (Attn: Consumer Request) 8814 Horizon Blvd, Suite 100, Albuquerque, NM 87113, toll free number 888.947.2622 opt 6. The privacy policies for Samba can be found at its web site at <https://www.sambasafety.com/about-sambasafetyn/privacy-policy/>.

SUMMARY OF RIGHTS UNDER CIVIL CODE SECTION 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - (1) In person, if he or she appears in person and furnishes proper identification. A copy of his or her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2) By certified mail, if he or she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself or herself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his or her identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him or her pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his or her choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK
PLEASE PROCEED TO THE NEXT DOCUMENT**

(NEW YORK APPLICANTS ONLY)
ARTICLE 23-A, NEW YORK STATE CORRECTION LAW

<p>§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:</p> <p>(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.</p> <p>(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.</p> <p>(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.</p> <p>(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.</p> <p>(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.</p> <p>§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.</p> <p>§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:</p>	<p>(1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or</p> <p>(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.</p> <p>§ 753. Factors to be considered concerning a previous criminal conviction; presumption.</p> <p>1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:</p> <p>(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.</p> <p>(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.</p> <p>(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.</p> <p>(d) The time which has elapsed since the occurrence of the criminal offense or offenses.</p> <p>(e) The age of the person at the time of occurrence of the criminal offense or offenses.</p> <p>(f) The seriousness of the offense or offenses.</p> <p>(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.</p> <p>(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.</p> <p>2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.</p> <p>§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.</p> <p>§ 755. Enforcement.</p> <p>1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.</p> <p>2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.</p>
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OFFICIAL NOTICE

San Francisco Fair Chance Ordinance

Starting August 13, 2014, the Fair Chance Ordinance (San Francisco Police Code, Article 49) requires employers to follow strict rules regarding job applicants' and employees' criminal history. The ordinance covers jobs in San Francisco, and applies to employers doing business in San Francisco who have 20 or more employees (regardless of the employees' locations).

Certain matters are off-limits. An employer may *never* ask about, require disclosure of, or consider: an arrest not leading to a conviction (other than an unresolved arrest that is still undergoing criminal investigation or trial); participation in a diversion or deferral of judgment program; a conviction that has been expunged or made inoperative; any determination in the juvenile justice system; a conviction more than 7 years old; and a criminal offense other than a felony/misdemeanor. Matters that are off-limits cannot be used by the employer for any reason at any stage of the hiring process.

An employer cannot ask about an individual's conviction history or unresolved arrests at the start of the hiring process. This includes through a job application form, informal conversation, or otherwise.

A mandatory interactive process for matters not off-limits. Only after a live interview has been conducted, or a conditional offer of employment made, is the employer allowed to ask about an individual's conviction history (except as to matters that are off-limits) and unresolved arrests. Only those convictions and unresolved arrests that *directly relate* to the individual's ability to do the job may be considered in making an employment decision.

Before the employer may take an adverse action such as failing/refusing to hire, discharging, or not promoting an individual based on a conviction history or unresolved arrest, the employer must give the individual an opportunity to present evidence that the information is inaccurate, the individual has been rehabilitated, or other mitigating factors. The individual has seven days to respond, at which point the employer must delay any adverse action for a reasonable time and reconsider the adverse action. The employer must notify the individual of any final adverse action.

Evidence of rehabilitation include satisfying parole/probation; receiving education/training; participating in alcohol/drug treatment programs; letters of recommendation; and age at which the individual was convicted. *Mitigating factors* include coercion, physical or emotional abuse, and untreated substance abuse/mental illness, that contributed to the conviction.

Preemption. Where federal or state law imposes a criminal history requirement that conflicts with a requirement of the Fair Chance Ordinance, the federal or state law will apply.

No Retaliation. An employer may not take an adverse action against an applicant or employee for exercising their rights under the ordinance or cooperating with the Office of Labor Standards Enforcement.

If you need more information, or wish to report an employer that you believe has violated this ordinance, please contact the OLSE at 415-554-5192 or email FCE@sfgov.org.

BACKGROUND CHECK

COMPLETE REPORT - CLEAR WITH UNSCORED SEARCHES

OrderID - 72512323

Sterling Talent Solutions

MIAMI, FL 33183
 296 CORAL GABLES - MV TRANSPORTATION (BILLOODE: 296)
 5910 N. CENTRAL EXPRESSWAY SUITE 145
 DALLAS, TX 75206

PHONE: 888.889.5248
 646.829.3382
 disputeresolution@sterlingts.com

***** CONFIDENTIAL BACKGROUND SCREENING REPORT *****
 (INFORMATION CONTAINED IN THIS REPORT IS PUBLISHED IN ACCORDANCE WITH FEDERAL AND FL STATE LAWS)

REPORT SUMMARY

COMPONENT	IDENTIFIERS	STATUS	RESULT
SSN Trace	[REDACTED]	Complete	Complete
County Criminal Record		Complete	Clear
County Criminal Record		Complete	Clear
Locator Select		Complete	Complete
Unscoreable Drivers Record		Complete	Complete
Commercial Drivers License Locator		Complete	Clear
Employment Verification - DOT		Complete	Clear
Office of Foreign Assets Control		Complete	Clear
DOJ Sex Offender Search		Complete	Clear
Enhanced Nationwide Criminal Search		Complete	Clear

Pursuant to Minn. Stat. Ann. § 332.70(4): The report may include information that has been expunged, sealed, or has otherwise become inaccessible to the public since the date it was collected.

This report or portions of this report may have been rated or scored pursuant to criteria provided by the end-user. The rating is merely to ease the reviewer(s) review of the report and does not indicate that any employment decision has been made. Regardless of any score, absent any statutory provision mandating an employment action, an individualized analysis should be performed.

Sterling provides the information contained in this report to End-User to be used solely for a permissible purpose as defined in the Fair Credit Reporting Act. If the End-User intends to take adverse action based in whole or in part on the contents of this report, the End-User must provide the consumer with notices that it is taking adverse action and those notices must comply with the FCRA and state law. All information contained in this report is provided pursuant to the terms of the End-User Agreement. End-User further understands that it uses any and all information provided by Sterling at its own risk and End-User is solely liable for complying with all federal, state, and local laws. The information contained in this report is confidential and may only be accessed by authorized employees of End-User, provided to the consumer about who it relates, or provided as otherwise required by law.

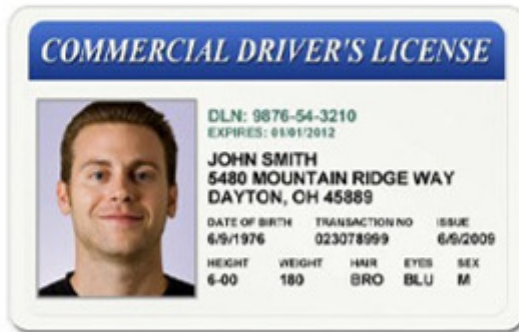
The scope of the criminal history search is 7 years plus. Due to State and Federal reporting guidelines for consumer reporting agencies, there are criminal records that may not be reported.

SSN Trace

LICENSE REQUIREMENTS

Operators shall know and obey all state and local traffic regulations including special regulations concerning buses. Operators must obey the posted speed limits without exception. Failure to do so is grounds for disciplinary action.

Operators **shall** have a **working telephone** wherever they are living and provide the number to the office. Operators who change their telephone number(s) must give new number to the supervisor within three days of the change.



All operators shall carry with them at all times a valid State of Florida 3. Commercial Driver's License (CDL) with a passenger Endorsement. Trolley Operators must have their **Miami-Dade Jitney License** with them at all times

MOTOR VEHICLE REPORT



--- FLORIDA Motor Vehicle Record
LAST MODIFIED : Tue 2017.09.19
PDF GENERATED : Fri 2017.09.22

DRIVER INFORMATION (BASIC DATA)

FIRST NAME :
MIDDLE NAME :
LAST NAME :
ADDRESS :

BIRTH DATE :
EMPLOYER ID :
ORIGINAL LICENSE ISSUE DATE :

DRIVER'S LICENSE INFORMATION

License # :
Status :
Class :
Issued :
Restriction :
Endorsement :
Expires :

License # :
Status :
Class :
Issued :
Restriction :
Endorsement :
Expires :

License # :
Status :
Class :
Issued :
Restriction :
Endorsement :
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License # :
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Restriction :
Endorsement :
Expires :

License # :
Status :
Class :
Issued :
Restriction :
Endorsement :
Expires :

License # :
Status :
Class :
Issued :



MVR provided by SambaSafety

LAST PAGE OF THE DOT PHYSICAL (MED CARD)

Form MCSA-5876 OMB No. 2128-0006 Expiration Date 6/3/2018

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless the collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2128-0006. Public reporting for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Oversight Office, Federal Motor Carrier Safety Administration, MC-499A, 1200 New Jersey Avenue, SE, Washington, DC 20590.

U.S. Department of Transportation
 Federal Motor Carrier Safety Administration

Medical Examiner's Certificate (For Commercial Driver Medical Certificates)

I certify that I have examined Last Name: _____ First Name: _____ in accordance with *(please check only one)*

the Federal Motor Carrier Safety Regulations [\(49 CFR 391.41-391.45\)](#) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**

the Federal Motor Carrier Safety Regulations [\(49 CFR 391.41-391.45\)](#) with any applicable State variances *(which will only be valid for intrastate operations)*, and, with knowledge of the driving duties. I find this person is qualified, and, if applicable, only when *(check all that apply)*:

Wearing corrective lenses Accompanied by a _____ waiver/exception Driving within an exempt intracity zone [\(49 CFR 391.62\)](#) *(Federal)*
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of [49 CFR 391.65](#) *(Federal)*
 Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
11/13/2019

Medical Examiner's Signature 	Medical Examiner's Telephone Number 305.593.2174	Date Certificate Signed 11/13/2017
Medical Examiner's Name (include name or type) David San Miguel, DO	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input checked="" type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner <i>(describe)</i>	
Medical Examiner's State License, Certificate, or Registration Number OS7187	Issuing State Florida - FL	National Registry Number 7146559960

Driver's Signature _____	Driver's License Number _____	Issuing State/Province _____
Driver's Address		CLP/CDS Applicant/Holder
Street Address: _____	City: _____	State/Province: _____ Zip Code: _____ <input type="radio"/> Yes <input type="radio"/> No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Annual Driving Record Review

Review Period: _____ 200_ through _____ 200_

MV Transportation, Inc.
MOTOR VEHICLE DRIVER'S CERTIFICATION
 (As Required by D.O.T. Regulation 391.27)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
(Driver's Name - Last, First, Middle In. - Print) (SSN) (Date of Birth) (Date - Last D.O.T. Physical Examination) (Employee Number)

6. _____ 7. _____ 8. _____ 9. _____
(Home Address) (City) (State) (Mailing Name and Number)

List below your driver's license by number, state, expiration date.

10. _____ 11. _____ 12. _____
(License Number) (State) (Expiration Date)

I certify that the following is a true and complete list of ALL traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (As required by D.O.T. Regulation 391.27)

NOTE: This record must cover both personal and company driving.

DATE <small>(13)</small>	OFFENSE <small>(14)</small>	LOCATION CITY & STATE <small>(15)</small>	TYPE OF VEHICLE OPERATED <small>(16)</small>

Has your license been revoked or suspended in the last 12 months? (17) Yes _____ No _____
 Are you presently driving with a restricted license (including eyeglasses and hearing aids)? (18) Yes _____ No _____
 For any YES answers on (17) or (18), please explain on space below:

(19) _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation to be listed during the past 12 months. I hereby authorize a representative of the company to check my driving record with any state in which I am licensed to drive and authorize release of such information and records to the company.

(20) _____ (21) _____
Driver Signature Date

SUPERVISOR ANNUAL REVIEW OF DRIVING RECORD
 (As Required by D.O.T. Regulation 391.25)

MV Transportation, _____
(Company Name)

(Review of driving record) performed on _____, The driver is qualified _____ not qualified _____
(Date)
 (check one either) under 49CFR Part 383.51 and 391.15. A check of the driver's file was done to verify the information for the 12 month review period.

(Reviewed by: Print Name) Signature Title

Form 20-1 (MVR, RD/ED/PCRN) (Rev. 06/06/2008)

APPENDIX K

MVT – Training Tools

Training Schedule

NEW TRANSIT OPERATOR DEVELOPMENT SYLLABUS - CLASSROOM FIRST

WEEK ONE	WEEK TWO	WEEK THREE
DAY ONE 8.0 CS 201. Welcome to M/V Transportation CS 202. The Katherine McOary Story CS 203 Employee Handbooks CS 204. The M/V Transportation Professional CS 205. Hazards Communication CS 206. Drugs & Alcohol Policies & Procedures CS 207. Fatigue Management CS 207. Wellness CS 208. What's a Slower CS 209. Sexual Harassment DAY TWO 8.0 CS 2010. Bioterrorism Pathogens CS 2011. NTI - Warning Signs CS 2012. Map Reading CS 2013. On The Road CS 2014. The Basics of Safety CS 2015. LUC - Defensive Driving CS 2016. Introduction to the Bus CS 2017. Pre-Trip, Post-Trip Inspections, Paddle Reading CS 2018. Mirrors and Reference Points DAY THREE 8.0 CS 2019. Drive Cam CS 2020. Following Distance CS 2021. Backing Basics CS 2022. Intersections CS 2023. Changing Lanes, Merging and Passing CS 2024. Railroad Crossings CS 2025. Pedestrians CS 2026. Speed & Conditions, Adverse Weather CS 2027. Post Accident Procedures CS 2028. Federal Regulations CS 2029. ADA Intro to Special Needs Passengers CS 2030 METRO HISTORY CS 603 Prochus Review CS 605 SPP Review DAY FOUR 8.0 CS 6030. ADA Sensitivity CS 2031. ADA Board Operation/Inspection CS 2032. ADA Customer Service CS 2033. ADA Boarding CS 2034. ADA Boarding Hazards Communication DAY FIVE 8.0 PCS 600 Pre-Trip and Post-Trip Inspections OGS 600 Pre-Trip and Post-Trip Inspections BTW 1000 Closed Course OGS 1000 Closed Course Key WEEKLY TOTAL - 36 CS CLASSROOM 28.0 PCS PRE-DRIVING SKILLS 1.0 OGS OBSERVATION 2.5 BTW BEHIND THE WHEELS 2.5	DAY SIX 8.0 PCS 900 Pre-Trip and Post-Trip Inspections OGS 900 Pre-Trip and Post-Trip Inspections BTW 1000 Closed Course OGS 1000 Closed Course DAY SEVEN 8 PCS 450 Pre-Trip and Post-Trip Inspections PCS 150 Mirrors and Reference Points OGS 45 Pre-Trip and Post-Trip Inspections OGS 45 Mirrors and Reference Points BTW 180 Route Training OGS 180 Route Training DAY EIGHT 8.0 BTW 240 Route Training OGS 240 Route Training DAY NINE 8.0 PCS 600 Ramp Operations PCS 605 Securement Systems BTW 180 Route Training OGS 180 Route Training DAY TEN 8.0 BTW 240 Route Training OGS 240 Route Training Key WEEKLY HOURS - 40 CS CLASSROOM 0 PCS PRE-DRIVING SKILLS 4.5 OGS OBSERVATION 29.0 BTW BEHIND THE WHEELS 26.5	DAY ELEVEN 8.0 BTW 240 Route Training OGS 240 Route Training DAY TWELVE 8.0 BTW 240 Route Training, Paddles, Fare Box OGS 240 Route Training, Paddles, Fare Box DAY THIRTEEN 8.0 BTW 210 Route Training, Final Review OGS 210 Route Training, Final Review BTW 60 Route Training, Final Assessments DAY FOURTEEN 8.0 COT 400 Cadet driving with passenger DAY FIFTEEN 8.0 COT 400 Cadet driving with passenger Key WEEKLY HOURS - 40 CS CLASSROOM 0 PCS PRE-DRIVING SKILLS 0 OGS OBSERVATION 21.5 BTW BEHIND THE WHEELS 21.5 COT Cadetling 26.0 Key TOTAL HOURS - 136 CS - CLASSROOM 28.0 PCS - PRE-DRIVING SKILLS 5.5 OGS - OBSERVATION 26.0 BTW - BEHIND THE WHEELS 26.5 COT - Cadetling 26.0

SAFETY MEETINGS

2017 MV Safety Calendar

	Fleet Safety Topic	Injury Prevention Topic	Monthly Task	Maintenance Safety Topic	Companywide Stand Downs
January	Defensive Driving	Slips and Falls	Facility Inspection Complete OSHA Log 2016	Slips / Falls	
February	Intersections and Pedestrians	Bloodborne Pathogen (Driver edition)	Facility Inspection Post 2016 OSHA 300A Summary on 2/1 and send a copy to W/C Dept.	Bloodborne Pathogen	Safety Stand Down Feb 9th
March	Right Turns and Pedestrians	HazCom / LO/TO	Facility Inspection OSHA Log Review	HazCom	
April	Left Turns and Pedestrians	Emergency Vehicle Evacuation	Facility Inspection	Emergency Action Plan	Safety Stand Down April 20th
May	Following Distance	Ergonomics	Facility Inspection. Remove OSHA 300A Summary on 4/30	Machine Guarding	
June	Fixed Objects	Back Safety Using Wheelchair Securement	Facility Inspection National Safety Month	LO/TO (Lock Out Tag Out)	Safety Stand Down June 22nd
July	Mobility Device Securement	Heat Stress	Facility Inspection Wheelchair Recertification's Due	Heat Stress	
August	Customer Service & ADA Sensitivity Announcements	Fatigue Management / Wellness	Facility Inspection OSHA Log Review	PPE (Personal Protective Equipment)	Safety Stand Down August 24th
September	Pedestrians and Cyclists	Injury and Illness Prevention	Facility Inspection/ Review and Update Facility Emergency Action Plan (Safety Policy #21)	IIPP (Injury and Illness Prevention Program)	
October	Distracted Driving	Fire Safety / Fire Extinguisher Training	Facility Inspection	Extinguisher Training	Safety Stand Down October 26th
November	Adverse Weather	Emergency Action Plan / Fire Drill	Facility Inspection	Electrical	
December	Defensive Driving and Recap	11 Month Review	Facility Inspection OSHA Log Review	Housekeeping	Safety Stand Down December 7th

REFRESHER TRAINING

MV TRANSPORTATION, INC. CORPORATE POLICY STATEMENT

General policies of MV Transportation, Inc. are issued from time to time and are designed to provide general guidance to company managers in the conduct of the business. Policies may, from time to time, become dated or may no longer apply. In the event of questions, the policy should be referred to the General Counsel for interpretation. In the event a policy conflicts with the law, regulation or the terms of a contract with a customer, the policy will be subordinate to such law, regulation or contract term. Policies are only effective on the written approval of the Chief Executive Officer, and the endorsement of the Bridges Committee.

Policy #	Safety Policy S-12
SUBJECT	Driver Refresher Training
POLICY	<p>All MV operators will receive refresher or remedial training, as necessary, throughout their employment with the Company. This training will be conducted as outlined below and documented in local personnel files and training records using the Driver Refresher Training Report Form.</p> <p>Only qualified personnel (General Managers, Operations Supervisors, Safety Managers, or Driver Instructors/BTWs) will administer driver refresher training courses. Under no circumstances will any driver be allowed to return to driving duties unless they demonstrate full proficiency in all applicable driving performance tasks</p> <p>i. Refresher or Remedial training is mandatory under the following conditions:</p> <p>A. <u>Return To Work (from inactive status)</u> – Required when a driver/operator returns from "inactive" status (from a period of 30 days or more). In these cases, the driver must receive a one-day/8 hours "general purpose" refresher training designed to remind the driver of the general standards and defensive driving guidelines in effect at MVT and to ensure his/her proficiency.</p> <p>B. <u>Post Accident / For cause</u> – Required after every "preventable" accident, or whenever mandated by management for retraining / corrective purposes.</p> <p>C. <u>Seasonal</u> – Required annually at all divisions operating in seasonal adverse weather environments (i.e.: Winter driving, onset of</p>

	<p>adverse weather, etc.).</p> <p>D. <u>Biannually</u> – At a minimum of every two years, each driver/operator shall receive a "general purpose" refresher training designed to remind the driver's of MVT driving standards and validate the driver's proficiency with MVT defensive driving requirements.</p> <p>ii. Course content:</p> <p>A. <u>Return To Work</u>: This refresher is mandatory for any driver who has been away from work for 30 days or more (sick leave, family leave, furlough, worker's compensation, etc.). Reviewing the most up-to-date videos and the behind-the-wheel assessment are important components of this type of refresher. <u>Minimum</u> content is as follows:</p> <ol style="list-style-type: none"> <u>Safety standards review (Classroom)</u>: This training will include a thorough general review of our safety standards and defensive driving guidelines. This is accomplished through review of the applicable portions of the Driver Training School Curriculum and the applicable safety videos. <u>'Behind The Wheel' (BTW) Road Check</u>: The Road-Check portion of the Return-to-Work Refresher is probably the most critical part of the refresher, as it offers the driver the hands-on opportunity to re-establish his or her familiarity with our standards, and with the maneuverability and dimensions of the bus. If the driver has developed any unsafe driving behaviors/habits, the instructor will also be able to identify what driving deficiencies are present, and correct them before certifying the refresher as "satisfactory." The BTW portion will include a minimum of 30 miles or two hours, and cover city (urban), secondary, and freeway driving environments, with emphasis on city and freeway driving. <p>The time involved for completion of this refresher is variable. The driver must demonstrate his ability to perform <u>all</u> of the required tasks <u>to standard</u>. Particular attention will be given to the following areas:</p> <ol style="list-style-type: none"> Pre/Post trip inspections Brake release procedures (Air brake vehicles) Gear selection & transmission use Proper Scanning Habits Turns & Intersections Merging & Lane changes Backing Speed Control
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REFRESHER TRAINING CONT'D

- i) Following Distance
- j) Use of Brakes
- k) Railroad Crossings
- l) Lift Operations
- m) Wheelchair Securement

Individual Divisions are free to also include any topics/material pertinent to local driving conditions (for example, driving in heavy traffic, mountain terrain, etc.).

B. Post-Accident / For Cause Remedial Training: This training is mandatory for any driver who has received a "preventable" rating for an accident/incident.

Because (by definition) the driver could have avoided the accident/incident, but failed to do so, it is imperative that the driver receives this remedial training as soon as possible, in order to prevent another similar occurrence. Therefore, the post-accident remedial training must be scheduled and given within 10 days following the formal accident rating.

Before the refresher commences, the investigating supervisor will review the accident report with the individual who will conduct the training (i.e.: a driver instructor or BTW instructor), discuss the accident's cause(s) and contributing factors, and what specific driving standards were not applied correctly. They should then tailor the remedial training to correct the driving deficiencies and standards that contributed to the accident.

This training will include a review of the appropriate materials / videos, and behind-the-wheel training.

The amount of time needed for a post-accident refresher is variable, and it will depend on the driver's ability to perform the appropriate tasks to standard. The driver must demonstrate his / her ability to perform all of the required tasks to standard before being allowed back to driving duties.

For instance, if the supervisor has determined that the driver did not perform a right turn correctly, the appropriate videos might include material on effective seeing habits, proper positioning of the vehicle, reference points, lane choice. The items highlighted on the refresher report would include "Positioning of the bus for turn," "Use of Mirrors," "Speed," "Proper Use of Signals," "Ability to Judge Bus Size," "Use of Horns," "Aggressive in Traffic," "Aware of Hazards." The driver

instructor would then proceed with the behind-the-wheel training with a clear understanding of what driving deficiencies may need correcting, and ensure that the driver is able to perform the appropriate tasks to standard.


Currently, under normal circumstances, it is our practice to keep the driver in-service pending the outcome of the accident investigation. However, if Division or Regional management feels the driver involved in the accident poses an imminent danger or threat to the safe operation of a bus (due to a serious driving deficiency or, possibly, a physical or mental impairment), do not hesitate to place the driver out-of-service until it has been determined that the driver is qualified to drive safely.

C. Seasonal Refreshers: These refreshers are conducted in preparation of operations during certain periods of the year. At a minimum, this refresher will be given in the fall, before the beginning of winter season, to all division's drivers, and includes refresher topics appropriate for the region, imminent weather, environmental, and traffic conditions. The training will include topics/material appropriate for the season in question, using existing safety videos and lesson modules from the standard Driver Training School.

D. Bi-Annual Refresher: This is a mandatory bi-annual (every two years) general defensive driving refresher. All in-service drivers will attend this refresher every two years to ensure they are using appropriate defensive driving habits/techniques (have not become complacent) and will follow the same content requirements of the "Return To Work" refresher listed in "A" above.

Effective Date		
Review Date		
RELATED TOPICS		
FORMS		
BRIDGES ENDORSEMENT	Jack Hempstead	Date: 6/2/09

REFRESER TRAINING FORM



Driver Skills Evaluation and Refresher Training Form

Driver Name (print):		Employee Number:		Start Time:		Date of Accident/Incident:	
				Stop Time:			
Reason for Refresher (Check one)	Post Accident	Final Check		Division Name & Div. #		Date of Refresher:	
	Return to Work	DDOT/OT Follow-up (New Hire)				Instructor Name (print):	
	Drive Test	Other					
Driver License #	CDL (Y/N)	Class	State	Expiration Date			
D.O.T. Medical Card Exp. Date				Vehicle / Bus Type & Model			

S = Satisfactory U = Unsatisfactory NA = Strike through lines

	S	U	Intersections	S	U	Backing	S	U	Look Ahead	S	U
Pre-Trip/Post											
DVI			Mirror Use			Mirror Use			Observes Speed Limit		
Interior			Turn Signal Use			Activate 4-Way Flasher			Speed for Conditions		
Brake Check			Approach/Lane Position			Use Horn - 2 X Prior			Takes in Whole Scene		
Side/			Speed on Approach			Utilizes Assistance			Aware of Hazards		
Emergency Equipment			Blocks Turns			Checks for Obstacles/			Obeys Signs/Signals		
Mirrors/Glass			Pedestrian Awareness			Walk Around			Yields Right of Way/Ped		
Lights			Left Turns			Stops Only When			Checks Mirrors Prior and		
Gauges /Horn			Right Turns			Necessary			After		
Tires			Mirror Scan			Straight Line Backing			Checks Restricted		
Oil Leaks			Points Out Hazards						Vision Areas/Off Track		
Seats			Covers Brakes			Leave Room:			Utilizes Reference		
Wheelchair Securt			Checks Left/Right/Left			Observes Speed Limit			Points		
			Proper distance from curb			Ensures Space Cushion			"Rock and Roll" at turns		
Equipment Usage						Not Aggressive in Traffic			Intersections - pauses 3		
4-Way Flashers			Railroad Crossing			Stopping Distance, Judge			seconds before moving		
Headlights On			*Activate 4-Way Flasher			Maintains Lane Positions			Pedestrian Awareness		
Peeling Brake Apparatus			Open Side Window			Smooth Starts/Stop			Other Motorists/Veh		
and Refresher			Stops 15'-50' from Tracks			Covers Brakes			Motorists/Pedestrians		
Mirrors/ Adjustment			Looks & Listens			Peeling			Speed-Head Moving		
Seat Belt			Plans Ahead			Initial Brake Depression			Checks Mirrors During		
Steering Wheel			Merges into Traffic			Ensures Clear/No/			Survey/Scan While		
(Push-Pull)						Talking			Survey/Scan After		
Signal Lights			Communicate			Adjusts Driving for Night/			Other		
Transmission			Smooth Maneuver/Merge			Restricted Vision			Wheelchair & j/c Tie Down		
Use any other systems			Signals Properly			Safe Lane Changes			Passenger Lap Belt		
Use of Controls			Communication						Proper Paper Handling		
General			Use of Horn			Look Ahead			Proper radio procedure		
Log Procedures						Survey/Scan Far Ahead			Driver appearance		
Accident Procedures						Choice of Lane			Professional manner		
						Anticipates Conflicts					

Driver Signature: _____ Instructor Signature: _____

Comments: _____

Safety Modules / DVDs Shows:	Basics of Safety	Intersections	Accident/Emergency Procedure
	LLC	Merging/Lane Change/Passing	Adverse Weather/Spec. Conds
	Following Distance	Passage Management	Wheelchair Securement
	Making Calls	Pedestrian/Bicycle Aware	Other

Form 501 - (June Release Form 5/15) Distribution: White Copy: Personal File Yellow Copy: Accident File

APPENDIX L

Training Curriculum - Dispatchers

MV Dispatchers are trained in the following area:

- Communications Skills
 - Radio Etiquette
 - Be attentive at all times
 - Do not let any driver wait too long before answering
 - Speaking Skills
 - Clarity & Brevity
 - Clarity – be clear in your message
 - Brevity – keep you message short, sweet and to the point
 - Tone & Delivery
 - It's not what you say, it's how you say it
 - It's not the message, it's the delivery
 - Keep negativity out of the workplace
- Accident/Incident Reporting
 - All incident, regardless of how minor must be reported immediately
 - Investigation training while at a scene
 - Knowing how to control the scene to gather the necessary information
 - Work with and adhere to law enforcement
- Operational
 - Understand the needs of the operation and react accordingly
 - Be prepared to jump in when needed to assist
- Driver Training
 - Dispatchers receive the same MV training curriculum that drivers receive
 - Dispatchers can step in and cover a route if needed