

Driver Qualification File Requirements



presented by | Rich Moldstad, CDS

Cottingham & Butler
Safety Management Services Company

Our Presenter



Rich A. Moldstad, CDS
Occupational Safety and Health Consultant
rich.moldstad@cb-sisco.com

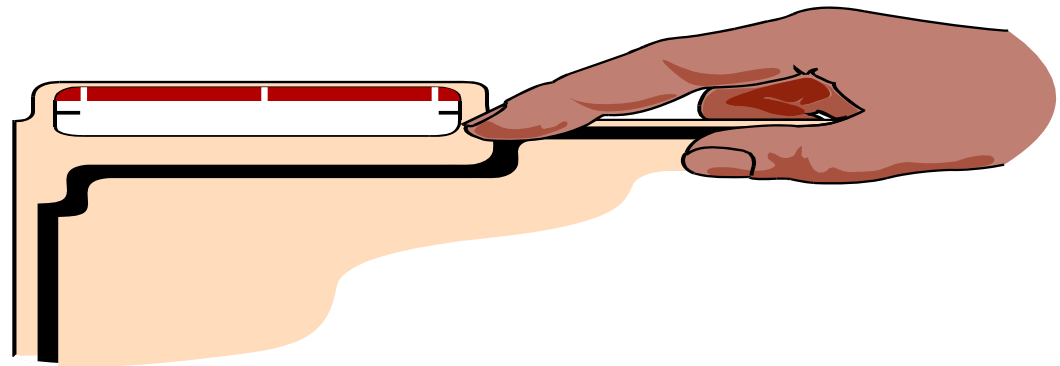


QUESTIONS

Please send questions to rich.moldstad@cb-sisco.com.

Driver Qualification File Contents 391.51

- Application for employment
- Past employment checks
- Initial Driving record(s) from state/province
- Road test and certificate (CDL)
- Annual driving record check
- Annual review
- Annual statement of violations
- Medical Examiners Certificate
- Waiver



The Application

§ 391.21(d) Before the application is submitted, the carrier must inform the applicant:

- That the information provided on the application **will be** used to investigate their safety history
- That previous **DOT-regulated employers** will be contacted
- Of their **due process** rights



Application-Performance History of New Drivers

§ 391.21 Application for employment, revised as follows:

- (b)(iv) – Applicant **must** state whether he/she was (A) subject to the FMCSRs while at any previous employer
- (B) Applicants must also indicate whether any previous position required a **CDL** and therefore subject to **DOT-regulated A&D testing**

QUESTIONS

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EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE			
NAME			FROM	TO		
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WHAS YOU JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTINGREQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

Application for Employment (cont.)

License: state, number and expiration

Driving experience

Accident Record — 3 years

List of MV violations — 3 years

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE "NONE"

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE"

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACED IS NEEDED)

DRIVING EXPERIENCE: CHECK YES NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPX. NO. OF MILES (TOTAL)
				FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-TWO TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-THREE TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH-SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	More than 8 passengers ---			
MOTOR COACH-SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	More than 15 passengers ---			
OTHER	_____					

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____

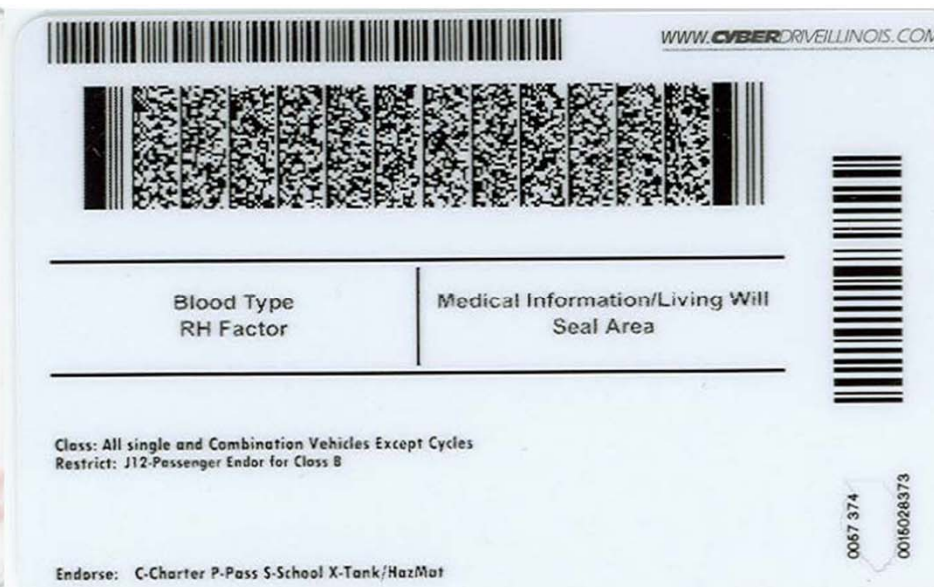
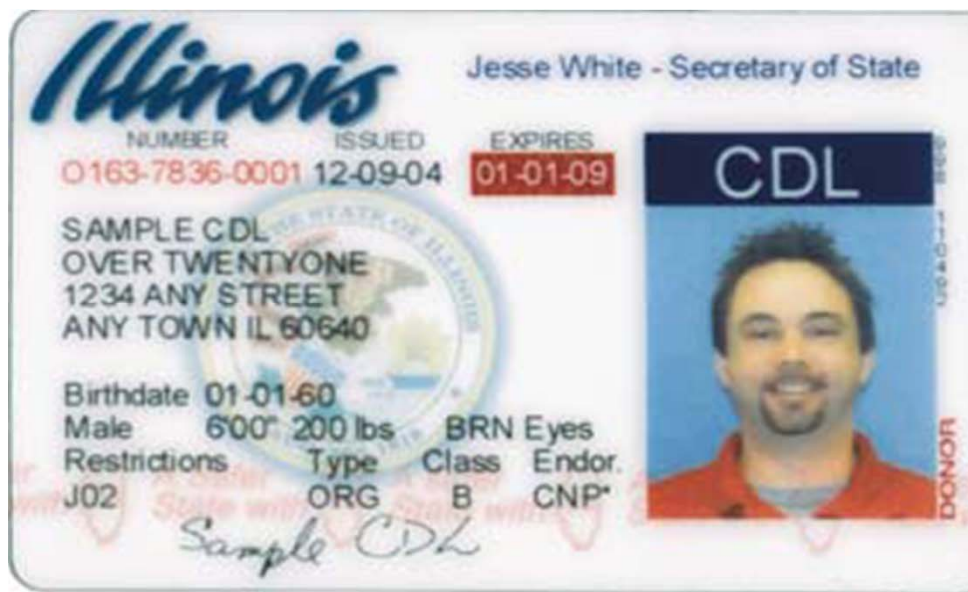
QUESTIONS

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Commercial Driver License

Make a copy of the CDL to maintain in the DQ file.



State Driving Records

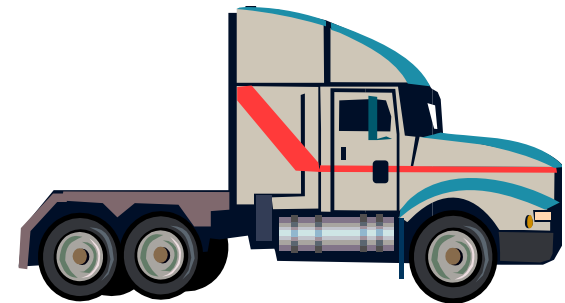
- State must maintain record of all convictions (commercial and non-commercial) for at least 3 years
- State must check CDLIS and NDR (national data bases) for convictions prior to issuing new CDL

Investigations and Inquiries

§ 391.23(c)(2) The written record must contain:

- The **name and address** of each DOT-regulated employer
- The **date** the previous employer was contacted
- The **date of attempted** contact (if no reply/response)
- All **safety performance** information received

All failures to contact or provide must be documented



Investigations and Inquiries

§ 391.23(d) At a minimum and for the past 3 years, you must obtain from each previous DOT-regulated employer:

- Driver **identification**/employment verification information
- Data regarding any **DOT-recordable accident** involving the driver
- Any violations regarding the **prohibitions of part 382**
- Information regarding a failure to complete a **SAP as required**

You must also provide the driver's written consent to each previous employer

QUESTIONS

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Safety Performance History Records Request Form

Section I - To Be Completed By Prospective Employer

I, (print name) _____
 (First, M.I., Last) (Social Security Number) _____

 hereby authorize: _____

 Date of Birth _____
 Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

To release and forward the information by section III of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To:
 Prospective Employer: _____
 Attention: _____ Telephone: _____
 Street: _____
 City, State, Zip: _____

In compliance with §40.25(g) and 391.22(b), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

Applicant Signature _____ Date _____
 This information is being requested in compliance with §40.25 and 391.23.

Section II - To Be Completed By Previous Employer

Accident History
 The applicant named above was employed by us. Yes No
 Employed as _____ from (date) _____ To (date) _____

- Did he/she drive motor vehicle for you? Yes No
 a. If yes, what type? Straight truck Tractor-Semitrailer Bus Cargo tank
 Doubles/Triples Other (specify) _____
- Reason for leaving your company: Discharge Resignation Lay Off Military Duty

If there is no safety history to report, check here , sign below and return.

Accidents: Complete the following for any accidents including on your accident register (§ 390.150-1) that involve the applicant in the 3 years prior to the application date shown above, or check here if there is no accident data for this driver.

Date	Location	No. Injuries	No. Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

 Any other remarks: _____

 Signature: _____ Title: _____ Date: _____

Proceed to next page

Section III - To Be Completed By Previous Employer

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete Section III, sign and return.
 Driver was subject to Department of Transportation testing requirements from _____ to _____.

	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subject B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____
 Section 3 Completed by (Signature): _____ Date: _____

Section IV. a. - To Be Completed By Prospective Employer

This form was (Check one) Faxed to previous employer Mailed Emailed Other _____
 By: _____ Date: _____

Section IV. b. - To Be Completed by Prospective Employer

Complete below when information is obtained.

Information received from: _____
 Recorded by: _____ Method Fax Mail Email Telephone _____
 Date: _____ Other _____

Instructions to complete the Safety Performance Record Request Form

- | | |
|--|---|
| <p>Side 1 Section I: Prospective Employer
 *Complete the information required in this section
 *Sign and date
 *Submit to Prospective Employer</p> | <p>Side 2 Section III: Previous Employer
 *Complete the information required in this section
 *Sign and date
 *Return to Prospective Employer</p> |
| <p>Side 2 Section 4A: Prospective Employer
 *Complete this information
 *Send to previous Employer</p> | <p>Side 2 Section 4b: Prospective Employer
 *Record receipt of the information
 *Retain the form</p> |
| <p>Side 1 Section 2: Previous Employer
 *Complete the information required in this section
 *Sign and date
 *Turn form over to complete SIDE 2 SECTION 3</p> | |

Road Tests 391.31



- **Administered by Motor Carrier or designee**
- **Sufficient duration**
- **Includes: 8 operations**
- **Issue RT Certificate**
- **Sample Form—391.31(f)**

OR

Road Test Equivalent 391.33

Motor Carrier may accept:

- Valid CDL
- Valid Road Test Certificate (3 yrs)
- Copies to be in DQ file

Motor Carrier May Test Regardless

Copy to be kept in DQ file forever

**This is acceptable but NOT RECOMMENDED.

Annual Inquiry & Review 391.25



- **Every 12 months get an MVR**
- **Review driver's driving record with the Certificate of Violations**
- **Copies maintained in DQ file**

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

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

TO BE COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER (PRINT)	SSN	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

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

DATE <i>(If you have had no violations, check the following box - <input type="checkbox"/> None)</i>	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____

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

Date of Certification _____ Driver's Signature _____

TO BE COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

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

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
 Signature _____ Date _____
 Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER THREE YEARS FROM DATE OF EXECUTION.

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Medical Examiner's Certificate 391.41 (a)



- **Medical examiner's certificate on their person (original or photocopy)**
- **Recommend maintaining a copy of the certificate and long form**
- **Can keep long form in medical file**

Examples of physical requirements (Section 391.41)

- Has no loss of a foot, a leg a hand, or an arm
- Has no established medical history or clinical diagnosis of diabetes requiring insulin for control
- Has no clinical diagnosis of any disqualifying heart disease
- Has no clinical diagnosis of high blood pressure in accordance with new guidelines
- Has no clinical diagnosis of epilepsy
- Has 20/40 vision or better with corrected lenses
- Has distant binocular acuity of at least 20/40 in both eyes
- Has the ability to recognize the colors of traffic signals
- Has hearing to perceive a forced whisper
- Has no history of drug (Schedule 1) use or any other substance identified in Appendix D
- Has no clinical diagnosis of alcoholism

QUESTIONS

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New Medical Certification Requirements - CDL

Starting on January 30, 2012, when you:

- Apply for a CDL;
- Renew a CDL;
- Apply for a higher class of CDL;
- Apply for a new endorsement on a CDL; or
- Transfer a CDL from another State
- <http://www.aamva.org/CDL-Program/>

Previous 7 Day Log

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ A.M. On _____ Day _____ Month _____ Year
_____ P.M.

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness: _____
Company Representative Date



Sleep Apnea Updates

- **Sleep apnea** – most anticipated regulation in the area of driver qualifications
- **Is this a regulation yet?**

Other Documents

382.601(d)

- Receipt of substance abuse policy

Pre-hire controlled substance test

Safety Manual Receipts

- FMCSR Pocketbook
- Hazmat
- Emergency Response Guidebook

Driver Qualification File Maintenance 391.51 (c) (d) (1-5)

Must be produced within 48 hrs

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Recommended Organization

**Permanent documents on
one side**

**Time sensitive documents
on the other**



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QUESTIONS

Please contact Rich directly and he'll be happy to answer any questions you have regarding today's presentation.