

SAFETY AUDIT QUESTIONNAIRE

COMPANY | CONTACT

Legal Business Name:			
Doing Business as Name:			
Address/Principal Place of Business:			
Primary Phone:		Primary Email:	
Secondary Address/Place of Business:			
Secondary Phone:		Secondary Email:	

CARRIER INFORMATION

CORPORATE OFFICER(S)			
NAME		TITLE	
Using ELD or Exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Carrier's Total Fleet Mileage: (last 12 months)	
ELD Vendor Name: (if applicable)		ELD Implementation Date:	
ELD Exemption Description: (if applicable)			
INSURANCE			
Insurance Company:			
Agent/Contact:		Phone:	
Policy Number:		Public Liability Coverage:	\$

VEHICLE INFORMATION

OWNED/ LEASED	STRAIGHT TRUCKS	TRUCK TRACTORS	TRAILERS	HAZMAT CARGO TANK TRUCKS	HAZMAT CARGO TANK TRAILERS	MOTOR -COACH	NUMBER OF VEHICLES CARRYING NUMBER OF PASSENGERS - INCLUDING DRIVER												
							School Bus			Bus	Passenger Van		Limousine						
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+				
Owned																			
Term Leased																			
Trip Leased																			

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DRIVER INFORMATION

DRIVER TYPE	INTERSTATE (# OF DRIVERS)	INTRASTATE (# OF DRIVERS)	TOTAL BY TYPE & RADIUS	TOTALS
CDL Drivers Within 100 Air-Mile Radius:				CDL Drivers:
CDL Drivers Beyond 100 Air-Mile Radius:				
Non-CDL Drivers Within 100 Air-Mile Radius:				Non-CDL Drivers:
Non-CDL Drivers Beyond 100 Air-Mile Radius:				
OVERALL TOTAL DRIVERS:				

Total Number of Drivers as of—	Year:	January 1:	April 1:	July 1:	October 1:
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CONTROLLED SUBSTANCES & ALCOHOL TESTING INFORMATION

CONTROLLED SUBSTANCES & ALCOHOL TESTING INFORMATION			
Name of MRO:		Phone:	
Address:			
CONTROLLED SUBSTANCES & ALCOHOL TESTING CONSORTIUM (IF APPLICABLE)			
Name of Random Testing Center:		Phone:	
Address:			

NOTES/COMMENTS

COMPLETED BY

Name:		Date:	
Title:			