

COLORADO STATE PATROL	
WASTE ISOLATION PILOT PLANT PROJECT COMPLIANCE REVIEW	
DRIVER	CHECKLIST

Date of Review:	Report #	PG #1
Carrier's Name:		
Address:		
City:	State:	ZIP:
Fed. HM Reg. #	U.S. D.O.T. #	
I.C.C. #	CO H.M.P. #	
Driver's Name:		Date Hired:

SECTION #1	DRIVER QUALIFICATIONS	Y	N
1.	At least 25 years old - Contract		
2.	100,000 previous miles - Contract		
3.	2 years continuous tractor/trailer experience within the last 5 years		
4.	Current Medical Examiners Certificate - 391.43		
5.	Drug Test (date, location and finding) - 391.87-		
6.	Current CDL from state of residence - 383.23		
a.	Air brake restriction - 383.95		
b.	Hazardous materials endorsement - 383.93		
7.	Moving violations or chargeable accidents within 3 years		
8.	Satisfactory driver profile evaluation		
9.	MOC (Management Operating Contractor) approval		

No

SECTION #2	NO DRIVER DISQUALIFICATION - 49 CFR, PART 391.15(C)(2) AND 383	Y	N
1.	Driving under the influence of alcohol (.04 BAC or higher)		
2.	Driving under the influence of illegal drugs		
3.	Refusing to test for alcohol or drugs		
4.	Driving while illegally possessing or transporting drugs		
5.	Leaving the scene of an accident		
6.	Committing a felony using a commercial motor vehicle		
7.	Serious traffic violations - 383.51(c)		

No

SECTION #3	INVESTIGATION AND ENQUIRIES - 49 CFR, PART 391.23	Y	N
1.	Inquiry to previous employers (3 years) - 391.23(a)(2) and (c)		
2.	Inquiry to state agencies - 391.23(a)(1) and (b)		

No

WIPP PROJECT - COMPLIANCE REVIEW		Date of Review:	Report #	PG #2
DRIVER	CHECKLIST	Driver's Name:		Date Hired:

SECTION #4	DRIVER'S APPLICATION - 49 CFR, PART 391.21	Y	N
1.	Name and address of carrier - 391.21(b)(1) _____		
2.	Complete applicant information - 391.21(b)(2) _____		
3.	Applicant's address(es) for last 3 years - 391.21(b)(3) _____		
4.	Date of application - 391.21(b)(4) _____		
5.	Commercial Driver's License - 391.21(b)(5) _____		
6.	Previous employer information (3 years) - 391.21(b)(10) _____		
a.	Name _____		
b.	Address _____		
c.	Date of employment _____		
d.	Reason for leaving _____		
e.	Certification that information is true and complete _____		
7.	Previous driving experience (10 years) - 391.21(b)(11) _____		
a.	Equipment _____		
b.	Nature _____		
c.	Duration _____		
d.	Reason for leaving _____		
8.	Accident involvement - 391.21(b)(7) _____		
9.	List of violations of motor vehicle laws - 391.21(b)(8) _____		
10.	Circumstances of license suspension, denial, etc. - 391.21(b)(9) _____		
<div>COMMENTS</div> <div>No</div> <div>GO TO SECTION #4, PAGE #5</div> <div>PRESS</div>			

SECTION #5	ANNUAL REVIEW OF DRIVING RECORD - 49 CFR, PART 391.25	Y	N
1.	Violations of 49 CFR - 391.25 _____		
2.	Driver's accident record - 391.25 _____		
3.	Driver's certification of violations - 391.27 _____		
4.	Name of reviewer - 391.25 _____		
5.	Date of review - 391.25 _____		
<div>COMMENTS</div> <div>No</div> <div>GO TO SECTION #5, PAGE #5</div> <div>PRESS</div>			

WIPP PROJECT - COMPLIANCE REVIEW		Date of Review:	Report #	PG #3
DRIVER	CHECKLIST	Driver's Name:		Date Hired:

SECTION #6	DRIVER TRAINING	Y	N
1.	Certificate of written RAM training - 177.825		
2.	Certificate of DOE TRUPACT training - Contract		
3.	Certificate of DOE, Enhanced Driver Training Program - Contract		
4.	Carrier training on rules and procedures - Contract		
5.	Employee Assistance Program training - 391.121		
(Effective 01/01/96, 49 CFR, Part 391.119 applies)			
<div>COMMENTS</div> <div>No</div> <div>GO TO SECTION #6, PAGE #5</div>		<div>PRESS</div>	

SECTION #7	DRIVER'S RECORD OF DUTY STATUS	Y	N
1.	Violations of 10 hour rule - 395.3(a)(1)		
2.	Violations of 15 hour rule - 395.3(a)(2)		
3.	Violation of 60/70 hour rule - 395.3(b)		
4.	Timely submission of record of duty status - 395.8(i)		
5.	Retention of driver's record of duty status - 395.8(k)(1)		
6.	Falsification of record of duty status - 395.8(e)		
<div>COMMENTS</div> <div>No</div> <div>GO TO SECTION #7, PAGE #6</div>		<div>PRESS</div>	

SECTION #8	OTHER CARRIER REQUIREMENTS	Y	N
1.	Dual driver service - Contract		
2.	When Transcom is inoperable, driver calls every 2 hours and when crossing state borders.		
3.	Written route plan - 177.825		
a.	Origin and destination		
b.	Route		
c.	Planned stops		
d.	Estimated departure and arrival times		
e.	Emergency phone numbers		
4.	Employee Assistance Program - 391.119		
(Effective 01/01/96, 49 CFR, Part 391.119 applies)			
<div>COMMENTS</div> <div>No</div> <div>GO TO SECTION #8, PAGE #6</div>		<div>PRESS</div>	

WIPP PROJECT - COMPLIANCE REVIEW		Date of Review:	Report #	PG #4
DRIVER	CHECKLIST	Driver's Name:		Date Hired:

SECTION #1	COMMENTS
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SECTION #2	COMMENTS:
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SECTION #3	COMMENTS
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WIPP PROJECT - COMPLIANCE REVIEW		Date of Review:	Report #	PG #5
DRIVER	CHECKLIST	Driver's Name:		Date Hire:

SECTION #4	COMMENTS:
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SECTION #5	COMMENTS:
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SECTION #6	COMMENTS:
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SECTION #7	COMMENTS:
<div style="border: 1px solid black; padding: 2px; display: inline-block;">PRESS</div>	

SECTION #8	COMMENTS

Name of Reviewer:		Personnel #	Signature:
Time Started:	Time Completed:		