

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Fox Chase Adult Day Care, INC.

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** **NO** **Previous Authority?** **NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4114078

(See checklist and indicate type of business entity registered)

5. If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).

Yakov, Jacob, Galibov
Igor Galibov

6. **Physical Address** (do not use PO Box)

7770 Dungan RD, Unit #1
Street Address
Philadelphia, PA 19111
City, State and Zip Code
267-538-4620 Philadelphia
Telephone Number County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

11990 Dumont RD.
Street Address
Philadelphia PA 19116
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

N/A
Attorney's Name & Telephone Number for this Filing
N/A
Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No Yes, at No. _____

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

To transport people in all of Philadelphia county.
Transport people from home to a facility and vice versa.

Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Yakov (Jacob) Galibov / President / Fox Chase Adult Day Care.
(Print Name)


(Signature)

8/29/2017
(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Fox Chase Adult Day Care, Inc.

Legal Name of Applicant

N/A

Trade Name, if any

7770 Dungan RD. Unit #1

Street Address (principal place of business)

Philadelphia

City or Municipality

PA

State

19111

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Yakov (Jacob) Galibov

President.

7770 Dungan RD. Unit #1, Philadelphia, PA 19111

267-538-4620-p / 267-538-4621-fax

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

Owners: Yakov Galibov 50%

Igor Galibov 50%

Refer to: Article of Incorporation/EIN Doc's.

3. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

Please refer to "Transport - Policies & Procedures.docx"
page 1

4. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

Please refer to "Transport - Policies & Procedures.docx"
page 9

5. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID#</u>	<u>MILEAGE</u>
2007	Ford	E350	12	1FDSE35L47DB42817	150,000
2007	Ford	E350	12	1FDSE35L07DB47223	178,000

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

6. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Please refer to "Transport - Policies & Procedures.docx"
Page 15 + Attachment #6

7. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Insurance currently obtained.
Please see Attachment #7.

8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

9. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Yakov Galibov
(Signature)

Yakov Galibov / President.
(Name and Title, printed or typed)

8/29/2017
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 8/29/2017

ASSETS

Current Assets			
Cash		\$27,000.00	
Accounts Receivable		\$28,000.00	
Notes Receivable			
Other Current Assets (specify)			
Total Current Assets			<u>\$55,000.00</u>
Tangible Assets			
Motor Vehicle Equipment		\$15,000.00	
Less: Accumulated Depreciation			
-		\$15,000.00	= <u>∅</u>
Building and Structures			
Less: Accumulated Depreciation			
-			= _____
Office Equipment		\$18,000.00	
Less: Accumulated Depreciation			
-		\$18,000.00	= <u>∅</u>
Land			
Investments and Funds (specify)			
Intangible Assets			
Other Assets (advances and idle equipment – specify)			
TOTAL ASSETS			<u>\$55,000.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach schedule)			
Total Current Liabilities			_____
Long Term Liabilities (Due after one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach Schedule)			
Total Long Term Liabilities			_____
TOTAL LIABILITIES			_____

NET WORTH (Partnerships and individuals, only) \$55,000.00

<u>OWNER'S EQUITY</u> (Corporations only)			
Capital Stock			<u>100</u>
Additional Paid-in Capital			_____
Retained Earnings			_____
Less: Treasury Stock			= _____
Total Owner's Equity			_____

TOTAL LIABILITIES & OWNER'S EQUITY \$55,000.00

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	\$ 350,000.00
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	\$ 350,000.00

EXPENSES

Equipment Maintenance and Garage Expense	\$ 15,000.00
Insurance Expense	\$ 6,000.00
Employee Salaries	\$ 140,000.00
Supervisory Salaries	_____
Officer Salaries	\$ 60,000.00
Fuel Expense	\$ 30,000.00
Purchased Transportation (Lease Expense)	\$ 30,000.00
Materials and Supplies Expense	\$ 2,000.00
General Office Expense	\$ 7,000.00
Advertising Expense	\$ 5,000.00
Telephone Expense	\$ 2,000.00
Accounting Expense	\$ 2,500.00
Legal Expense	\$ 1,000.00
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	\$ 1,000.00
Rent Expense	\$ 40,000.00
Loss	_____
Total Operating Expenses and Losses	_____

Net Income Before Taxes

Provision for Income Taxes	_____
<u>Net Income (Loss)</u>	\$ 8,500.00

Attachment #6

Daily Rpt.

RJX CHASE ADULT DAY CARE
7770 DUNGAN RD
PHILADELPHIA PA 19111

DATE: _____ VEHICLE ID: _____
DRIVER NAME: _____

PRE SHIFT DRIVER'S VEHICLE INSPECTION REPORT

LOCATION: _____ TIME: _____

ODOMETER: _____

EXTERIOR CLEAN (Y/N) ENGINE OIL E-----F
 INTERIOR CLEAN (Y/N) TRANSMISSION OIL E-----F
 WARNING GAUGES OFF (Y/N) COOLANT LEVEL E-----F
 WHEELCHAIR LIFT WORKING (Y/N/NA)
 NUMBER OF WHEELCHAIR HOOKS HEAT / AC WORKING (Y/N)
 NUMBER OF WHEELCHAIR BELTS HORN WORKS (Y/N)
 HEADLIGHTS & TURN SIGNALS OK (Y/N) WIPERS CONDITION OK (Y/N)
 TIRES CONDITION ACCEPTABLE (Y/N) WIPER FLUID PRESENT (Y/N)
 SERVICE DOOR OPERATIONAL (Y/N)
 EMERGENCY DOOR UNLOCKED (Y/N)
 NO FLUID LEAKS UNDER VEHICLE (Y/N)
 MINUTES OF ENGINE WARM-UP IDLE RUN

* IF ANY "N" MARKED, PROVIDE DESCRIPTION IN NOTES

NOTES: _____

DRIVER'S SIGNATURE: _____

POST SHIFT REPORT

LOCATION: _____ TIME: _____

ODOMETER: _____

SHIFT WITHOUT INCIDENTS (Y/N)
 NO FLUID LEAKS UNDER VEHICLE (Y/N)
 NUMBER OF WHEELCHAIR HOOKS
 NUMBER OF WHEELCHAIR BELTS
 WARNING GAUGES OFF (Y/N)
 INTERIOR CLEAN (Y/N)
 EXTERIOR CLEAN (Y/N)
 VEHICLE FUEL FILLED UP (Y/N)
 -> FILL UP \$ AMOUNT _____ ODOMETER _____
 ALL DOORS LOCKED (Y/N)

VEHICLE KEYS LOCATION _____

NOTES: _____

DRIVER'S SIGNATURE: _____

Weekly Rpt.

Attachment #6

FOX CHASE ADULT DAY CARE
 7770 DUNGAN RD
 PHILADELPHIA PA 19111

FACILITY: _____ DATE: _____

TYPE BUS/ VAN	VEHICLE NUMBER	LICENSE PLATE	# OF SEATS & WC	WC LIFT YES/NO	MILEAGE FOR NEXT OIL CHANGE	INSP STICKER DATE	REGISTR CARD EXPIR DATE	FIRE EXTING EXPIR DATE	MILEAGE	EXTERIOR WASHED. DATE	DESIGNATED DRIVER

EXAMPLE:

BUS	401	BA 77490	14 SEATS 1 WC	YES	120,500	12/17	AUG 31, 2017	SEP 2017	120,245	MARCH 1	John Smith
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NOTES

SUPERVISOR'S NAME: _____ SIGNATURE _____

AUTO COLLISION REPORT FORM

Important: please fill out form **COMPLETELY**. Don't leave **ANY** fields empty. Mark "N/A" if not applicable. Incomplete or improperly completed form will not be accepted.

Driver's Name:		Time work day started:		am/pm
Date: ___/___/___	Vehicle ID#:	Location:		
Collision time: am/pm	Collision Type:	Fixed Object	Another Vehicle	Pedestrian
Police responded: <input type="checkbox"/> yes <input type="checkbox"/> no	Badge#	Police report #	District#	
Number of vehicles involved	Driver injured <input type="checkbox"/> yes <input type="checkbox"/> no	Post Accident test <input type="checkbox"/> yes <input type="checkbox"/> no		
vehicle towed <input type="checkbox"/> yes <input type="checkbox"/> no	Other vehicle(s) towed <input type="checkbox"/> yes <input type="checkbox"/> no			
Damage to vehicle	None			Minor Major
Number of Passenger	Number of Passenger Injured	Number of Photos taken		

Name of other driver/pedestrian		License#		
Phone Number	Address			
Other driver injured <input type="checkbox"/> yes <input type="checkbox"/> no	Number of Passenger	Number of Passenger Injured		
Vehicle Owner's name	Address			
Vehicle make and model	Year	License Plate/Tag #		
Insurance Company	Policy Number	Insurance Card Valid <input type="checkbox"/> yes <input type="checkbox"/> no		
Damage to Other vehicle	None			Minor Major

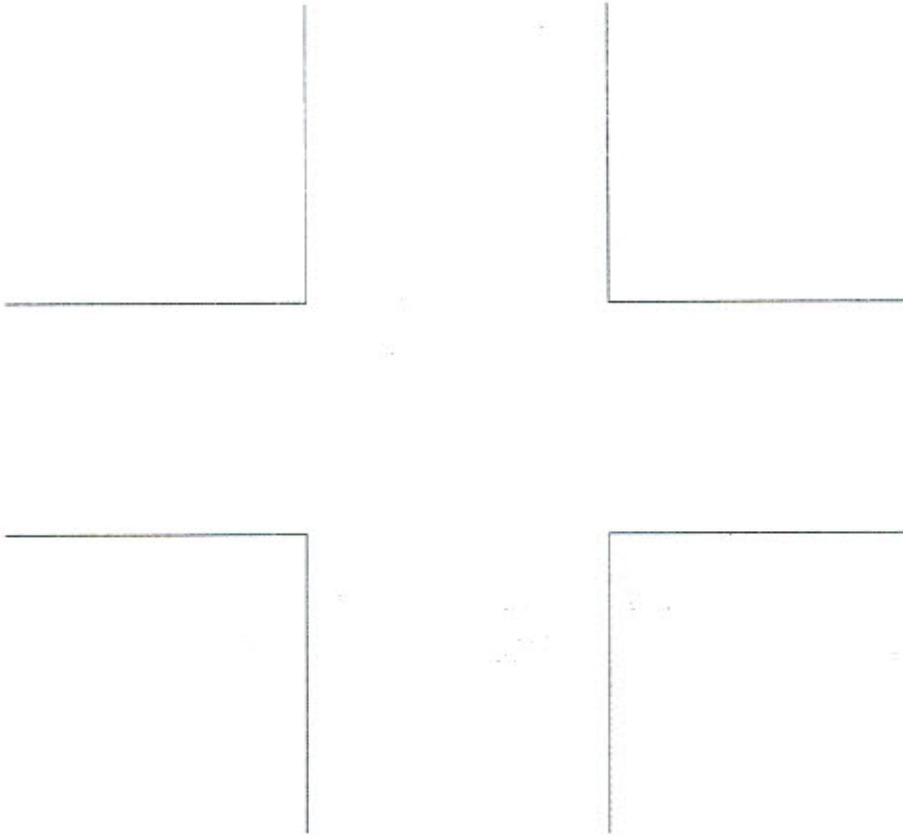
Passenger List:

Passenger Name	Address	Telephone	Injured	Witness
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

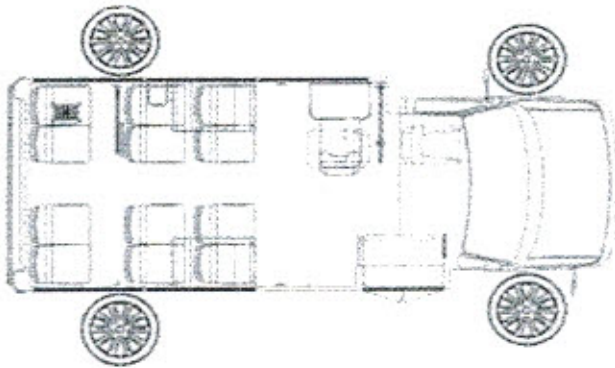
*Continue on another side of this page or attach additional sheet if necessary

**Draw a diagram of what had happened and show damages on both vehicles on page # 3

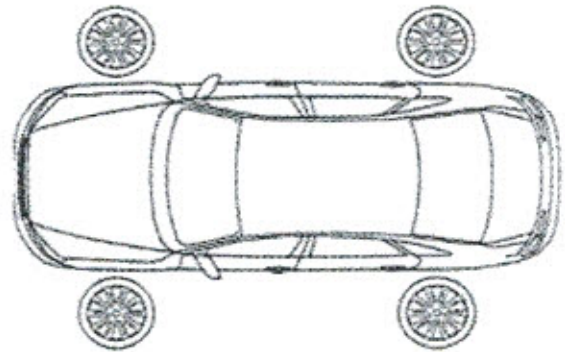
USE BELOW DIAGRAM TO SHOW WHAT HAPPENED



USE BELOW DIAGRAM TO SHOW



Vehicle #1



Other Vehicle (car #2)



7770 Dungan RD, Unit 1, Philadelphia, PA 19111

Records Maintenance

Personnel File/Record

1. Contents of File

A personnel file will be kept for each employee. The personnel file of each employee may contain his/her application for employment, federal and state tax forms, evidence of education, resume, training and previous experience, the records of hiring, job assignments, work schedules, salary, job performance evaluations, correspondence relating to the employee, reprimands and other discipline. Separate itemization of all credits for meals, tips and lodging against the minimum wage taken each pay period, if any, may also be included in the file. The file may contain other information not prohibited by law.

Employee medical records will be maintained in a separate file. Similarly, employee letters of recommendation will be maintained separately.

2. Personnel Files

For the purpose of maintaining complete and accurate personnel files, employees are required to report any changes in their personal status to the employer. The information needed is:

1. Change of address or telephone number;
2. Any change affecting your tax withholding status;
3. Legal change of name;
4. Change of person(s) designated to call in case of emergency
5. Changes that would affect your insurance benefits.

3. Employee Access to File

Pursuant to Pennsylvania law, employees may review and request a copy of their personnel file. They may also file a response regarding the content of his or her personnel file. If an employee would like to review his or her personnel file, a written request must be submitted to the employer.

The request for review should include the employee's name, social security number, dates of employment and the specific location at which the employee works or worked. The examination of the personnel file will be supervised and will be scheduled during regular office hours, unless other arrangements are necessary.

If there is a disagreement between the employer and the employee regarding the contents of the file, the employee may submit up to five pages (8.5 x 11) of written response. This response will be included when the personnel file is divulged to a third party.

Confidentiality of Transport Participant Information

Transport participant records must be kept confidential and safeguarded. These are presently stored in a locked, steel file cabinet in the office of the Director. Staff must always ensure that this cabinet is always locked and that only authorized staff has access to these private records along with Public Utility Commission (PUC) personnel.

Each transportation participant has a right to confidentiality. In accepting employment at this facility, employees are placed in a position of trust in regard to any and all information regarding the Transportation Participants. Employees, contractors, consultants and volunteers must constantly be aware of the confidential nature of all information regarding the transport participants.

All reports, records and data are confidential. If anyone requests client's confidential information, immediately direct that person to the Administrator.

Information concerning transport participants or staff person is not to be discussed outside the workplace. Information concerning the transport participants or staff persons should not be released in any form, whether written, orally or over the phone, to any individual or agency without the approval of the Employer.

The maintenance and supervision of transport participant records shall also be governed by the provisions of PUC.

Patient Care Responsibilities

Our company's reputation has been built on caring employees, excellent service and quality work. Maintaining this reputation requires the active participation of every employee. This means consistent, caring and attentive application of professional services in a manner that supports maximum physical and mental comfort for the patient.

Good or bad, the opinions and attitudes that patients and the public hold toward our company will be determined to a large extent, and for a long time, by the good *or* bad attitudes & actions of even *one* of our employees.

FCADC employees must adhere to the Commonwealth of Pennsylvania General Laws and PUC regulations and/or any other laws concerning paratransit. These laws pertain to the responsibility as noted, in the event that they should have any questions or concern relative to the industry.

Every incident or injury involving patients, other facility's staff, or the public must be immediately reported to the dispatcher or company management-regardless of severity-and an Incident Report must be thoroughly and accurately completed by every employee involved, detailing all pertinent information and facts involved, before the employee's shift end.

It is important, since we are dealing with people with physical limitations, to allow 5-6 minutes for each passenger to load and unload. This formula will be crucial in deciding what time to start loading vehicles.

Be sure and adhere to appropriate wheelchair etiquette. Let passengers know when they have to go over a bump in the floor. Ensure they are properly secured if prone to regular leaning forward or rapid movements

Use the log to verify where each person has to be dropped off. Drivers must note what time a person is picked up, the mileage on the vehicle at the time and the time a program participant is dropped off.

Communication Network

Fox Chase ADC utilizes Verizon push-to-talk communication capability that allows peer-to-peer communications in real-time as well as cell-phones. Vehicles will be dispatched via set routes and/or phone calls to ensure transport participant is routed to a given destination. Communications with driver(s) will be kept via push-to-talk and cell phones.

Physical Location

Fox Chase ADC vehicles are housed at 7770 Dungan RD, Philadelphia, PA 19111. Parking space is available for up to 50 parking spots with 24/7 monitoring capability.

Code of Conduct

Employees are expected to maintain high standards of neatness, cleanliness and personal hygiene. All employees should arrive to work in modest, neat and clean clothing appropriate for the work at hand. If required, employee uniforms, name tags and identification badges must be worn. All employees should be constantly aware that they are a reflection of the organization at all times. Work attire varies based on job category:

For Female Staff – casual slacks such as stirrups stretch pants, leggings, blue jean or denim attire and shirts along with shorts are prohibited.

For male staff – Open collar shirts, blue jean or denim attire, golf clothing, corduroy slacks, shorts, ski sweaters and golf sweaters are prohibited during office hours.

1. Sleeping on Duty

Sleeping on duty is strictly prohibited.

2. Telephones

Employees are to use the business telephone for business purposes only, or in case of extreme personal emergency. No personal calls are to be received or made during working hours. Employees are prohibited from carrying personal cellular phones, pagers or other electronic devices for the purposes of receiving or initiating personal phone calls or digital communications while on duty.

3. Solicitation/Distribution Policy

In the interest of efficiency and for the protection of the workplace, the employer has adopted the following policy concerning solicitation and distribution of materials by employees and non-employees. There shall be no solicitation or distribution of materials by an employee or non-employee during the working time of the employee or the working time of the person(s) being solicited.

4. Employer Email, Voice mail and Internet Policy

The above services are provided for company business use only. Misuse of the above services can result in disciplinary action. Employees are not to use the Employer's email and voice mail for personal use. Some examples of misuse of the internet that could result in disciplinary actions are as follows:

1. Illegally downloading electronic files, including those that may be copyrighted
2. Downloading transmission and/or possession of pornographic, profane or sexually explicit materials.
3. Sending threatening messages/files
4. Sending racially insensitive, ethnically insensitive, religious, sexually harassing or offensive messages/files
5. Sending chain letters through email
6. Attempting to access any computer system without proper authorization
7. Sending or posting proprietary or company confidential information
8. Using Fox Chase time or resources for personal gain.

5. Media Releases

Only authorized spokespersons may give information to the media. If a contact is made by the media directly to an unauthorized employee, the employee should request the name of the visitor/caller, the telephone number where the person can be reached and the name of the media represented. The employee must inform the visitor/caller that the employer's spokesperson will return the call or make arrangements to meet with them at an alternate site

or time. The employee shall advise the employer of any such call or visit at once. Employees should never release the home telephone number of any other staff member, including the supervisory staff. No member of the press should be allowed in the assisted living residence without the express approval of the employer.

6. Inspection of Containers and Packages

The Employer reserves the right to inspect all containers and packages entering or leaving the premises such as boxes, bags, lunch buckets, brief cases, etc., at all locations on the Employer's premises

7. Tardiness

Employees are expected to inform their supervisor that they will be late as soon as it becomes evident. A call is required on each day the employee is late. Failure to do so will result in the Employee being recorded as "Late, no call". Asking a friend, another employee or a relative to give notification is not considered acceptable, unless extenuating circumstances preclude the employee from operating or accessing a phone (i.e., medical emergency)

8. Penalty

Excessive tardiness will result in termination. Excessive tardiness is defined as being late more than three (3) times within a period of 120 consecutive days. If an employee is more than one hour late, the employer may, at its sole discretion, remove the Employees from the schedule for the rest of the shift. Without any further obligation to provide additional work hours later in the workweek

9. Absenteeism

The employee must call each day that he or she will be absent. It is unacceptable to have a third party call on the employee's behalf unless extenuating circumstances exist (i.e., medical emergency)

10. Penalty

Excessive absenteeism will result in termination. Excessive absenteeism is defined as being absent more than one (1) day a month. Scheduled and approved all-purpose leave days will not be counted towards this calculation. Any employee who is absent two (2) consecutive scheduled work days without reporting their absence to their supervisor will be considered a "voluntary quit" and termination procedures will automatically ensue.

11. Penalty for Attendance Breaches

Absence for more than two (2) days because of illness will require an employee to provide a statement from his or her doctor that validates the reason for the absence and releases him or her to return to work

Any employee, at the discretion of management, can be terminated if there are three (3) unexcused absences or occasions of tardiness within a single ninety, (90) day period.

12. Employee Honesty and Integrity

Employees are selected by the employer with the fact in mind that the employee's honesty and integrity are of the highest level. In the event an employee is observed by another employee taking any property of the employer or a transport participant without authorization or misusing it, it becomes the witness's responsibility to advise the employer of this observation. Property, equipment or supplies belonging to the Employer or transport participants are not to be removed from the employer's premises by any employee without express permission to do so.

Those employees who are exposed to confidential information about the Employer's business are expected to keep such information confidential.

13. Acceptance of Gifts and Loans

Employees are strictly prohibited from accepting gifts of any kind from Program Participants for whom the Employer provides care, family members, friends of Program Participants, or from individuals or organizations with which there is a direct business relationship. It must be made clear that compensation (of any type) for services rendered to the Program Participant is limited strictly to the financial agreement established in the Program Participant Care Agreement. Similarly, it must be made clear that the employer's business decisions are made entirely on the basis of merit, as accurately as can be determined. If employees receive a gift or are asked to accept a gift, they must report it immediately.

Employees are not permitted to borrow money from Program Participants, family members of Program Participants or friends of Program Participants under any circumstances.

Employees are not to commingle, borrow or pledge funds of a Program Participant. Pennsylvania law makes it a misdemeanor, with possibility of a two-year imprisonment, a \$25,000 fine or both if convicted.

14. Anti-harassment Policy

Harassment because of religion, race, color, national origin, sex, age, height, weight, handicap, disability, marital status or other legally protected status is unlawful discrimination and is prohibited by federal law and the employer. The employer will not tolerate any form of harassment.

For the purposes of this policy, "harassment" means unwelcome verbal communication or physical contact because of religion, race, color, national origin, sex, age, height, weight, handicap, disability, marital status or other legally protected status, which unreasonably interferes with a person's work performance or which creates an intimidating, hostile or offensive work environment.

“Harassment” includes “sexual harassment,” which means unwelcome sexual advances, unwelcome requests for sexual favors and other unwelcome verbal or physical conduct or communication of a sexual nature.

The Employer does not condone, either explicitly or implicitly, and will not tolerate, harassment of any kind by anyone in the organization or others including clients, vendors, independent contractors, applicants for employment or visitors to the workplace

15. Workplace Violence

Violence or threats of violence in the workplace will not be tolerated. Pushing, choking, fighting, threats or intimidating acts of violence against any employee, employee’s personal property of employer property is forbidden.

If a friend or relative of an employee enters or attempts to enter the employer premises under the suspicion of threat to the employee or other persons, the employee will be removed from the schedule until the potential or actual risk to the employee or others is eliminated.

The employer endeavors to provide a safe work environment for its Employees.

16. Communications

If a work-related matter is troubling an employee or if he or she feels as if they are not being treated fairly, the employee should discuss the matter with their supervisor. When a group of people are working together closely, some misunderstandings are bound to occur. The employer welcomes and encourages suggestions. Employees may have suggestions, problems and complaints which, when expressed, can offer an improved workplace for everyone. It may be a method to improve productivity, a solution to reduce waste or a clarification policy. The employer hopes that each employee feels free to offer ideas that could help improve the quality and efficiency of operations.

17. Teamwork

Teamwork is important. Everyone assigned to serve a Program Participant must work together to provide for the needs of the client being served. No one must consider themselves more important or better qualified than the other. All must work together for the job.

18. Personal Etiquettes

We should never address our bosses by their first names in the presence of Program Participants. Our clients need to see we have a work structure that demonstrates professionalism and management protocol. Further we do not want our Program Participants to be under the misguided impression that care delivery staff has a friendship with management. When participants believe this they may be reluctant to report staffing problems.

Use Mr. Ms. or Mrs. when addressing management in the presence of a participant being served.

19. Time Off

When we require Time-Off we should complete a "Request for Time Off" form and submit to the office by mail or by giving it to the Home administrator. (See Sample form that follows).

20. Vacations

All full-time employees, defined as those who work 52 consecutive weeks of at least 35 hours each, are entitled to ten, (10) days' vacation. The total number of hours allowed will be the average number of hours worked per day for the previous 52 weeks times 10.

21. Break/Lunch Time

All Staff are entitled to 30 minutes unpaid break time.
Staff must ensure the break time is taken when assigned by the Administrator to ensure adequate staff coverage.

Employees that wish to request Time Off or Vacation should utilize the "Request for Time-Off form."

Driver Hiring Qualifications

Currently, FCADC employee's two drivers that transport 13 to 15 on a daily basis. Drivers will be obtained to ensure adequate services are provided to transport clients in sufficient manner.

FCADC utilizes the following driver hiring process and standards. All documents are to be included for the duration of employment:

- Motor vehicle records requested from state within 30 days of hire. Request performed via DMV of PA.
 - Annual motor vehicle records
 - Annual review of driving records
 - Annual list of violations from driver

- Background Investigations
 - A report of criminal history record information shall be gathered from the State Police Central Repository. If the applicant for this position has resided in the Commonwealth of Pennsylvania for less than two, (2) years a report of federal criminal history under the Federal Bureau of Investigation appropriation of Title II of the act of October 25, 1972 shall be used as a source of criminal background information. Persons with felony convictions will not be hired and those with any criminal conviction or legitimate accusation associated with abuse or neglect of a vulnerable adult will also not be considered for employment.
 - Criminal History Check
 - Safety Performance History

- Medical Background & History
 - If applicable, documentation of any variance, exemption, or waiver from the physical qualification standards

Driver Training Program

The Transit Director will document all training in each employee's personnel file.

The Transit Director will keep a spreadsheet containing the following information:

- ✓ Employee name
- ✓ Course title
- ✓ Instructor name
- ✓ Instructor credentials (if available)
- ✓ Training materials (if available)
- ✓ Date of training
- ✓ Date of refresher (if required)

Employees will be expected to attend periodic safety training and update meetings are required.

Following is a suggested training curriculum:

(NOTE: Some of the courses/subjects listed below are required training. Please see the attached training matrix for a list of required courses per program.)

Orientation of New Hires will include:

1. Policy and Procedures Manual
2. Personnel Policy Manual
3. Scheduling
4. Radio Procedures
5. Office and Paperwork Requirements
6. Training Requirements for Drug and Alcohol Program
7. Vehicle Familiarization of all vehicles
8. Basic Operations and Maneuvering
9. Pre and Post Trip Inspections
10. Adverse Weather Conditions

Other Trainings:

1. Bloodborne Pathogens –Annually as required by OSHA
2. ADA Requirements
3. Other Federal and State Requirements

First Aid and CPR

Training will be conducted on first aid, CPR, and proper pre- and post-trip inspections. All drivers must be certified in first aid and CPR. A refresher course will be required for updated certification.

Special Driving Conditions

Interstate – Proper procedures for entering and exiting Interstate or other limited access highways will be covered.

Intersections – Procedures for safely negotiating intersections of all types will be covered.

Railroad Crossings – Agency vehicles will stop at all railroad crossings, the front door will be opened, and both directions will be carefully checked for on-coming trains. In the case of multiple tracks, vehicles will not proceed until all tracks can be verified as clear. Special caution will be exercised at unguarded crossings.

Vehicle Evacuation

New employees will be trained in vehicle evacuation, which will include placement of triangles.

Backing-up Vehicles

New employees will be trained in backing-up procedures including walk-around's and using spotters.

Boarding and Alighting Passengers

Proper procedures for boarding and alighting passengers safely will be covered. This includes stopping, starting, bus stops, special situations, and hazardous conditions on steps or outside the vehicle.

Lift Procedures and Wheelchair Securement

Proper procedures for the safe use of all wheelchair accessible equipment, four-point securement devices, and boarding/alighting techniques will be covered. Topics include lift deployment, manual lift operations, proper securement techniques, and various mobility aid securement techniques.

Substance Screen Policy

It is the policy of the employer to maintain a drug free work environment for employees. The employer reserves the right to require employees to submit to a substance screen by urine, blood or hair sample when requested.

A. Policy Purpose:

- ◆ Assure a drug free staff to service the transport participants, many of whom are medically involved;
- ◆ Reduce vehicle accidents and unforeseen accidents;
- ◆ Assure heightened safety of staff when operating equipment
- ◆ Maintain high staff morale and employee performance for the benefit of staff and transport participants;
- ◆ Reduce crime in the work place;
- ◆ Reduce absenteeism and tardiness;
- ◆ Increase staff effectiveness, productivity and reliability;
- ◆ Secure a safe environment which protects the transport participant's property and wellbeing and sustain the highest quality of service.

B. Pre-Employment Substance Screen

All new job applicants shall be informed that a substance screen is incorporated in the pre-employment physical. Successful completion of the substance screen portion of the pre-employment physical is a condition of employment that must be met before the offer of employment may be accepted.

1. The hiring agent shall explain the nature of the screening procedure to the applicant.
2. If an initial substance screen test is positive, it will be followed with a confirmation test.
3. An applicant shall be notified by the hiring agent of a positive finding resulting from the substance screen, and shall have five (5) working days in which to challenge positive test results.
4. Confidentiality of substance screen results shall be assured. The test results will be used for hiring purposes only. Test results will not be released to anyone except the management staff of the employer.
5. An applicant who has received an offer of employment, and subsequently refuses to submit to the substance screen portion of the physical shall be in default of the terms and conditions for employment with the employer, and the offer of employment shall be null and void. The applicant may reapply for employment if desired after twelve (12) months.

C. All Employees

2. No employee shall possess, consume or carry with them alcoholic beverages of any kind, controlled substances not prescribed by a physician, or illegal drugs on employer's property or in an employer's vehicle or any other location during working hours.
3. No employee shall report to work after consuming alcoholic beverages, controlled substances or illegal drugs in a condition that makes him/her unfit for full and reliable performance of job responsibilities and appropriate transport of participants entrusted to his/her care.
4. Any employee suspected of being under the influence of drugs or alcohol, or any other good cause, will be required to submit to urine analysis or blood test
5. Any employee involved in an accident may be required to submit to a drug or alcohol test.
6. Any employee involved with damage to equipment belonging or entrusted to the employer may be required to submit to a drug or alcohol test.
7. Any employee who has indicated the he/she is unable to perform their duties or has given employer cause to suspect drug or alcohol usage affecting his/her job may be required to submit to submit to a drug or alcohol test.
8. Excessive or unusual absenteeism may be cause for drug or alcohol tests.
9. Any employee convicted of selling drugs, convicted of illegal drug usage or illegal possession may be terminated.
10. Employee who, as part of a medical treatment plan, are required by a physician to use prescription drugs or narcotics must report this fact to their immediate supervisor along with a reasonable medical documentation requested by the employer prior to reporting to work. A determination shall be made by the employer as to whether the Employee is able to perform his/her work responsibilities satisfactorily.

D. Procedure

1. A substance screen shall be by securing a urine or blood sample
2. The employer will utilize only professionally developed and administered drug detection tests and will pay all costs for drug detection tests. Also, the employee will receive a copy of the test results and all reports or analysis prepared as a result of a positive confirmation test.
3. The sample will be secured by means of a chain of Custody program at the clinic to assure identification and integrity are maintained from collection through testing.
4. The drugs being identified are those drugs which are used or abused, are not part of a medical treatment plan, and may alter the thinking and actions of its user. The classes of drugs frequently identified by way of illustration and not a total listing of all drugs are: amphetamines, barbiturates, benzodiazepines, cocaine, opiates, and cannabinoids (Marijuana or THC).Some over-the-counter drugs may be identified. Positive results will be evaluated in context of the individual's complete medical history.
5. The specimen will be subject to an initial screen. If a drug is detected, it will be followed with a confirmation test.
6. The results of a drug detection test shall be kept confidential unless disclosures of results are mandated by law, by a court decision, by the advice of employer's attorney or when an employee challenges the results of the test.
7. When an employee's confirmation test results are positive, specimens of the tested fluids will be saved in order to enable the employee to challenge test results. The employee will have three days from the date of notification of positive test results to make arrangements at an approved laboratory for an alternate test and pay for these additional tests, at his/her own expense.
8. If the results of the employee's test differ from the employer's, the employee shall authorize release of the test results to the employer. The employer will reconsider the results and take action accordingly.

E. Rehabilitation

1. All employees who admit they have a substance abuse problem or test positive for drug or alcohol use and who want to go through a drug or alcohol rehabilitation program for the first time will be conditionally reinstated to their job after successfully completing the substance abuse rehabilitation program and maintaining the preventive course of the conduct prescribe by the employee's drug or alcohol counselor and his or her doctor, including, but not limited to , regular attendance at AA meetings. Proper documentation and verification of being free of drugs and a doctor's statement shall be required before the employee will be permitted to return to work.
2. An employee who is diagnosed as drug abuser or alcoholic may be granted an unpaid medical leave of absence consistent with the terms and conditions of the employer's leave of absence policy. The employee will not be permitted to return to work until certification is presented to the employer indicating that the employee is capable of satisfactorily performing his/her job responsibilities. Failure to cooperate with an

agreed upon rehabilitation treatment plan may result in discipline up to including employee termination.

3. Employees who do not follow the presented preventative maintenance treatments by their drug or alcohol counselor and who engage in drug or alcohol abuse will be subject to immediate termination. Employees will have only one opportunity to go through a rehabilitation program.
4. Employees who refuse to seek appropriate help or rehabilitation, as determined by the employer, shall be subject to dismissal.
5. The employee shall be responsible for all medical and rehabilitation costs and fees unless the health insurance program provides coverage, if applicable.

F. Refusal

If an Employee refuses a substance screen by blood or urine test, That Employee will be treated as insubordinate for failure to obey a directive and such action will be grounds for dismissal.

G. Employee Statement

I have read this policy on substance testing and understand the purpose and procedure as stated. I agree to participate in the procedures and grant my permission for the results to be disclosed to the Employer. I agree to cooperate fully in taking the substance screen test.

I hereby release Employer, his directors, officers, Employees, agents, volunteers and contractors from all liability, claims and damages whatsoever that I may have for administration of the substance screen test.

Date

Name of Employee

Employee Signature

Vehicle Safety Program

FCADC follows all general provisions to ensure equipment handling rules, vehicles required inspection, safety and emissions inspection, and annual/semiannual inspections are adhered to Commonwealth of PA

Pre-trip walk around inspections

Employees are responsible for conducting walk-around inspections of their vehicles before driving each day or shift and note any defects or damage. Employees must also note defects or damage to seats, seat belts, interior lights, engine warning lights, rearview mirrors, and emergency equipment.

Employees must report defects or damage to the appropriate manager immediately. The appropriate manager will evaluate the report and ensure that all hazards are repaired promptly. Vehicles that are unsafe to drive must be placed out of service immediately.

Vehicle service and maintenance intervals

Vehicle service and maintenance intervals are determined by the vehicle manufacturer. Maintenance will be performed by a qualified auto or truck mechanic. A signed and dated record of all maintenance work must be kept in the vehicle file. Vehicles that are unsafe to drive must be placed out of service until repairs are completed.

Company vehicle records

This company keeps the following records on each company-owned vehicle:

- *Daily Vehicle Inspection Report* - pre & post maintenance report
- *Weekly Vehicle Report* - identifies driver, mileage used and time stamps
- *Monthly Vehicle Inspection Report* - identifies damage or defective equipment.
- *Vehicle History Report* - complete history of the costs of maintenance, parts, and labor associated with the vehicles.
- *Incident Report* - reports damage to company vehicle and/or pertaining other party(s)
- *Consent Form* - employee acknowledgement of company safety policy

All company reports must be completed in order to follow vehicle safety procedures. Reports include periodic (daily & weekly) vehicle maintenance plan. Reports will ensure our vehicles continuously comply with applicable PA vehicle equipment standards per (67 Pa. Code, Chapter 175).

All company reports and records are confidential and must not be released to third parties without the consent of the company president and the company's attorney.

FCADC Consent Form

I have reviewed information of the company's vehicle safety policy, watched the vehicle safety video, and scored at least 80 percent on the written test.

I understand that it is my responsibility to operate company vehicles safely and follow the requirements of the company vehicle safety policy. I also understand that the company will periodically review my motor vehicle record (MVR) and assess my eligibility to drive a motor vehicle on company business.

Employee's name (printed): _____

Driver's license number and state issued: _____

Employee's signature and date: _____

Reviewer's signature and date: _____