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May 2, 2024

**VIA ELECTRONIC FILING**

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, PA 17120

Re: Application of D.W.G. Transportation LLC for Motor Common Carrier of Persons  
in Paratransit Service; Docket No. A-2024-\_\_\_\_\_

Dear Secretary Chiavetta:

Attached for filing with the Pennsylvania Public Utility Commission is the Application of D.W.G. Transportation LLC for Motor Common Carrier of Persons in Paratransit Service. The filing fee of \$350 has been paid electronically.

Thank you for your attention to this matter. If you have any questions regarding this filing, please do not hesitate to contact the undersigned.

Very truly yours,

Todd S. Stewart  
*Counsel for D.W.G. Transportation LLC*

TSS/jld  
Enclosures

## 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)

D.W.G. Transportation LLC

- 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)

\_\_\_\_\_

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** 7351530  
(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).**

Candice Langley

_____	_____
_____	_____
_____	_____

6. **Mailing Address**

1017 Oak Lane Ave

Street Address

Philadelphia, PA 19126  
City, State and Zip Code

Philadelphia  
County

917-723-1188  
Telephone Number

cclangley@gmail.com  
E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

1017 Oak Lane Ave

Street Address

Philadelphia, PA 19126  
City, State and Zip Code

Philadelphia  
County

917-723-1188  
Telephone Number

cclangley@gmail.com  
E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Todd S. Stewart 717-236-1300

Attorney's Name & Telephone Number for this Filing

100 North Tenth St, Harrisburg, PA 17101  
Attorney's Address

tsstewart@hmslegal.com  
E-mail 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                        X   Yes, at No.   4196748

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

**Transport people in wheelchairs or stretcher vans within the county of Philadelphia and from the county of Philadelphia to the counties of Bucks, Montgomery, Chester, and Delaware and return, and from the counties of Bucks, Montgomery, Chester, and Delaware, to points in the county of Philadelphia and return.**

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*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.

**Candice Langley**

\_\_\_\_\_  
(Print Name)



\_\_\_\_\_  
(Signature)

5/01/2024\_

\_\_\_\_\_  
(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.

**D.W.G. Transportation LLC**

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Legal Name of Applicant

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Trade Name, if any

**1017 Oak Lane Ave**

**Philadelphia**

**PA**

**19126**

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Street Address (principal place of business)

City or Municipality

State

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.

**See attached**

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

**See attached**

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

**See attached**

4. 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.

**See attached**

5. 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:
  - a. Your hiring standards for drivers;
  - b. Your system for conducting criminal background checks;
  - c. Your driver training program;
  - d. Your system for conducting driver license checks;
  - e. Your policies regarding alcohol and drug use by your drivers.

**See attached**

6. 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>

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

**See attached**

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

**See attached**

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

**See attached**

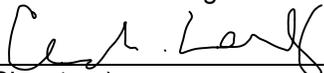
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES        X   NO

10. 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.

  
\_\_\_\_\_  
(Signature)

**Candice Langley, President**  
\_\_\_\_\_  
(Name and Title, printed or typed)

**5/01/2024**  
\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 3/31/2024**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	9,483.00	
Other Current Assets (specify)		
Total Current Assets		9,483.00
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)	2,625.00	
Office Equipment		2,625.00
TOTAL ASSETS		12,108.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	NA	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage	NA	
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		

Question 1 - 4

**VERIFIED STATEMENT OF APPLICANT**

1. CANDICE LANGLEY

2. OWNER OF D.W.G TRANSPORTATION LLC

3. Candice Langley brings a wealth of business experience, spanning diverse disciplines, to the operation of transportation services. With a background in managing businesses in fashion, housing, and providing transportation services to children attending after-school programs, Candice has honed her entrepreneurial skills and developed a keen understanding of operational logistics and customer service.

Her educational achievements further enrich her expertise, as she holds a Bachelor of Arts degree from Penn State University in Speech Communication, which enhances her ability to effectively communicate and engage with clients, employees, and stakeholders. Additionally, her Bachelor of Fine Arts degree from The Fashion Institute of Technology in NYC demonstrates a strong foundation in creative problem-solving, design thinking, and attention to detail, all of which are valuable assets in the realm of transportation service operations.

Candice's hands-on experience in managing businesses across diverse sectors, combined with her educational background, equips her with the strategic acumen and interpersonal skills necessary to excel in the transportation service industry. Her multidisciplinary approach and commitment to excellence ensure a well-rounded and comprehensive approach to providing reliable and customer-centric transportation services.

4. - Physical Location: 1017 Oak Lane Ave, Philadelphia, PA 19126

- Office Space: An administrative office is located at the physical location with no waiting area. It will have a desk, chair, computer, phone, fax, and locked file cabinet.

- Storage Facility: Vehicle(s) will be in driveway of physical location and surrounding perimeter of office

- Recordkeeping: All records will be in locked file, and digital files will be on password protected computer and protected cloud storage, according to all federal, state, and local regulations.

- Communication Network: NEMT Scheduling and Dispatch software will be utilized to fulfill requests and maintain continuous communication with our drivers.

- Record Retention: DWG will keep and maintain criminal record background checks for a period of three (3) years. Physical records will be kept and maintained for one (1) year after the employee's departure and then two (2) years electronically for a total period of three years in compliance with Section 29.505(a)(4) of the Commission's regulations.

Driver history records will be maintained in the same manner as criminal record background checks. Driver history records will be maintained for a period of three (3) years. Physical records will be kept and maintained for one (1) year after the employee's departure and then two (2) years electronically for a total period of three years in compliance with Section 29.504(a)(3) of the Commission's regulations.

## QUESTION 5 – A, B, D, E

### **A. Driver Qualifications And Hiring Prerequisites Knowledge, Skills, And Qualifications:**

- The Paratransit Driver should have a high school education. Those with a GED equivalent will be considered.
- Must have a current, valid driver's license.
- Must be 21 years of age or older.
- Must be knowledgeable of safe moving and lifting techniques to ensure safety of self and others.
- Must be knowledgeable in the correct use of hydraulic wheelchair lift.
- Must be knowledgeable in the correct use of safety straps used in securing patients while in the vehicle.
- Must successfully complete the Company's probationary program.
- Must pass a criminal background, drug and alcohol testing.

### **SUMMARY:**

The Paratransit Driver is responsible for the transportation of wheelchair and ambulatory patient(s). The Paratransit Driver must comply with all state, local and company policies and procedures pursuant to his or her level of training. The Paratransit Driver must also comply with all state, local and Company policies and procedures regarding certifications.

- Project a professional image and attitude when dealing with patients, other agencies and fellow employees.
- Be familiar with company driving policies/standards and always drive in a safe and responsible manner.
- Adhere to Company dress code and personal appearance policies.
- Be familiar with safe lifting and moving techniques and be physically/mentally fit for the performance of job duties.
- Be familiar with all Company policies and procedures and any changes made to the same.
- Be familiar with Company management structure.
- Be familiar with all Company forms and their purposes.
- Demonstrate proper patient care documentation techniques and a working knowledge of all policies and forms as well as all required hardware and software programs.
- Assume responsibility for daily check of vehicle maintenance and mechanical must inspect and report any vehicle damage or malfunction and check all fluid levels to insure they are replenished if necessary. Must refuel vehicle daily, noting vehicle number, mileage and driver assigned PIN on all transactions.

## QUESTION 5 – A, B, D, E

- Assume responsibility for cleanliness of vehicle cab and cleaning vehicle exterior in conjunction with partner on a daily basis.
- Have a working knowledge of the Company communications systems and communications policies and procedures.
- Be familiar with and capable of navigating in all response areas of the Company,
- Be knowledgeable of major receiving hospital/facility locations and their capabilities.
- Know how to use "GPS" products to assist in navigating.
- Be willing and able to perform special duties as assigned.
- Including but not limited to the following examples:
  - Washing Vehicles (inside/outside)
  - Sweeping/Vacuuming (vehicle/building)
  - Removal of trash (vehicle/building)
  - Billing
  - Driving Shuttle Programs
- Must report all incidents, accidents and problems to his/her immediate supervisor
- Be willing to work overtime as required.

### **B,D & E. Criminal Background checks, Driver's License check, and Policy for Alcohol and Drug Use/Testing**

#### **1. Background Check Service:**

- **Third-Party Background Check Providers will be contracted:**
  - We will use reputable third-party background, driver's license, and drug/alcohol check services.
  - We will ensure the chosen provider complies with relevant laws and regulations.

#### **2. Legal Compliance:**

- **FCRA Compliance:**
  - We will ensure that your background check process complies with the Fair Credit Reporting Act (FCRA) in the United States or equivalent laws in other jurisdictions.
  - We will obtain consent from candidates before initiating a background check.

#### **3. Verification Types:**

- **Criminal History:**

QUESTION 5 – A, B, D, E

	<ul style="list-style-type: none"><li>• Conduct a comprehensive search for criminal records at the county, state, and federal levels.</li><li>• Specify the depth of the check based on the nature of the position.</li></ul>
• <b>Driver’s License Verification:</b>	<ul style="list-style-type: none"><li>• Confirm driver’s license credentials to ensure the candidate possesses the required qualifications.</li></ul>
• <b>Drug and Alcohol Testing:</b>	
1. <b>Testing Policy:</b>	<ul style="list-style-type: none"><li>• We will conduct the following drug and alcohol testing:<ol style="list-style-type: none"><li>a) pre-employment</li><li>b) random, and</li><li>c) post-accident</li></ol></li></ul>
2. <b>Legal Compliance:</b>	<ul style="list-style-type: none"><li>• Ensuring compliance with local, state, and federal laws regarding drug and alcohol testing.</li></ul>
3. <b>Testing Facility:</b>	<ul style="list-style-type: none"><li>• We will work with certified laboratories and testing facilities to ensure accurate and reliable results.</li></ul>
4. <b>Consent and Education:</b>	<ul style="list-style-type: none"><li>• We will obtain explicit consent from employees or job applicants for drug and alcohol testing, and provide educational materials about the process.</li></ul>
5. <b>Random Testing Procedures:</b>	<ul style="list-style-type: none"><li>• When implementing random testing, a fair and transparent procedure for selecting employees will be conducted.</li></ul>
6. <b>Post-Accident Protocols:</b>	<ul style="list-style-type: none"><li>• Our procedure for drug and alcohol testing following workplace accidents or incidents is that testing will be conducted after every accident.</li></ul>
7. <b>Confidentiality:</b>	<ul style="list-style-type: none"><li>• We will ensure the confidentiality of testing results and only share information on a need-to-know basis.</li></ul>
8. <b>We Will Stay Informed:</b>	<ul style="list-style-type: none"><li>• We will keep abreast of changes in drug testing technology, legal requirements, and industry standards.</li></ul>

## Question 5 - C

### **SAFE TRANSPORTATION POLICY TRAINING**

#### Policy:

- To protect participant health and safety when “D.W.G TRANSPORTATION LLC” is responsible for providing transportation the agency promotes safe driving practices, with provisions for handling emergency situations.
- Driving/transporting participants is an essential job function at “D.W.G TRANSPORTATION LLC”. Employees must be mindful that they are a representative of “D.W.G TRANSPORTATION LLC” while transporting participants either in personal or agency vehicles. If there are accurate complaints of employees committing driving infractions, they may be subject to disciplinary actions including termination from employment.

#### **Vehicles – General Transportation Procedures:**

- The Program Director or Coordinator will ensure that all employees who transport participants have a current, valid driver’s license and are properly insured.
- Employees must report any driving violations, lapse in personal insurance, revocation of driver’s license, DUI’s, or accidents immediately to immediate supervisor.
- All employees will follow procedures to ensure safe transportation, handling, and transfers of participants and any equipment used by participants when assisting with transportation, whether or not we are providing the transportation. When we responsible for transportation of the participant or their equipment, employees will utilize the following assistive techniques:
  - All employees must wear their Employee ID in a visible manner while transporting participants to and from school, home, and/or residence.
  - Employees will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
  - Employees will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
  - When the vehicle is in motion, seatbelts are to be worn all the times by all passengers, including the driver.
  - Employees will comply with all seat belt and child passenger restraint system requirements under PA statues when transporting a child.

## Question 5 - C

- Employees will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids or specialized equipment used by the participant is properly secured before the vehicle is in motion.
- Employees must be prepared to intervene in order to maintain safety if a participant being transported engages in behavior that puts the participant, the driver, or other passengers at risk of immediate danger of physical harm.
- Employees will assure the following information is with them whenever transporting participants:
  - Participant Information Form or One Page Profile, including name and phone number of person(s) to call in case of emergency, must be kept according to data privacy policies.
  - Proof of insurance card and vehicle registration.
- All employees are required to follow all traffic safety laws while operating vehicles. Employees will be responsible for paying for any fines or tickets issued by law enforcement.
- All employees are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating vehicles.

### **Procedures in Case of Accident:**

- If employees are involved in an accident, they will follow these instructions in the order to given:
  - Do not leave the scene of the accident or move the vehicle unless you and the participants are in immediate danger.
  - Evaluate the condition of yourself and the participants. Administer First Aid as necessary.
  - Call the non-emergency police number for your community or call 911 to alert police if immediate medical attention is needed; if you are driving a bus, you must call the State Patrol as they need to complete an on-site investigation.
  - Solicit aid from passing motorists, if necessary.
  - Supply authorities and/or other drivers with accurate and complete information leading up to and involving the accident.
  - Report back to the Program Director as soon as possible.
  - Follow “Forever Care” policy & procedures for reporting incidents.

## Question 5 - C

### **Vehicles Owned or Leased**

#### Procedures for Verification of Insurance and Driving Record Checks:

- Human Resources staff will request verification of proof of insurance bi-annually for all employees whose job function requires them to drive.
- Human Resources staff will request verification of a driver's license for all employees annually.
- Human Resources staff will complete a motor vehicle driving record check on all employees whose job function requires them to drive.
- Employees must report any driving violations, lapses in personal insurance, revocation of driver's license, DUI's or accidents immediately to immediate supervisor.
- Human resources staff will provide Program Directors with a list of all employees who have current, valid driver's licenses and are properly insured. Employees cannot drive an agency vehicle or transport participants if they do not have a valid driver's license or are uninsurable.

#### **Procedures for Defensive Driving Training:**

- Program Director or Coordinator will assure all employees who drive vehicles during the course of their employment, whether agency vehicles or personal vehicles, complete defensive driving training upon hire, yearly, and as needed.
- The Program Director or Coordinator may require individual employees to take a driving safety course as a result of a driving violation.

#### **General Procedures:**

- When we're responsible for transportation of the participant or their equipment, employees will assure the following:
  - All employees must wear their Employee ID in a visible manner while transporting participants to and from school, home, and/or residence.
  - When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver.
  - Employees will comply with all seat belt and child passenger restraint system requirements under PA Statutes, when transporting a child.

## Question 5 - C

- Employees must be prepared to intervene in order to maintain safety if a participant being transported engages in behavior that puts the participant, the driver, or other passengers at risk of immediate danger of physical harm.
- Keys should not be left in the vehicle at any time unless in operation. Keys must be always in the driver's possession.
- Vehicles should not be left running unattended with or without participants in the vehicle.
- Lock all doors on vehicles when not in use.
- In the event employees need to leave participants inside the vehicle during transfers or drop offs, the vehicle must be turned off and keys must be removed from the ignition.
- Vehicles that are marked 'STOPS AT RR CROSSINGS' are required to stop at all railroad crossings. When approaching railroad tracks, move into the right-hand lane, put your hazards on a block ahead of time and come to a slow and complete stop. After looking both ways, proceed on your way, turn off your hazards.
- Radio volume must be kept low enough so as not to distract the driver at any time. The driver should have the ability to hear participants in the back seats talking in a normal voice, emergency vehicles, or warnings from other drivers, etc.
- Seats and wheelchairs should not be in a reclined position when the vehicle is in operation. Wheelchairs must always face forward.
- Cell phones cannot be used during the active operation of a vehicle or wheelchair lift or while loading and unloading participants. Ear buds cannot be used. Calls should be returned later or limited to times when the vehicle is properly parked and inactive. Pull over immediately to a safe place if a call must be made.
- If behaviors occur while on a route, the driver should pull over to a safe location and call the appropriate Program Director for assistance.
- Employees must always supervise all participants around all vehicles.
- Always be aware of the width and height of your vehicle. Some vehicles are wider or taller than average.
- Employees will assure the following information is with them whenever transporting participants:
  - Participant Information Form or One Page Profile
  - Name and phone number of person(s) to call in case of emergency.

## Question 5 - C

- First aid kit
- Proof of insurance card and vehicle registration.
- All employees are required to follow all traffic safety laws while operating vehicles. Employees will be responsible for paying for any fines or tickets issued by law enforcement.
- All employees are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating vehicles.

### **Procedures for Medication Transport and Administration:**

Drivers cannot give medication to participants.

### **Procedures for Fueling Vehicles:**

- When the tank reaches half full employees must refuel the vehicle.
- Fuel is the only purchase that can be made unless approval has been given by a supervisor prior to purchase.
- After filling agency vehicles, employees will collect the receipt, print their name, initial the receipt, and write the name/number of the vehicle on the front side of the receipt.
- Employees will turn the receipts into their Program Director daily.

### **Procedures Prior to Operating Vehicles:**

- All employees must follow the Vehicle Safety Checklist prior to operating vehicles.
- Employees must adjust mirrors prior to operating the vehicle.
- Employees must ensure lights are turned on whenever driving vehicles.
- Before operating any vehicle, employees must identify the location of the first aid kit and fire extinguisher.

### **Procedures for Loading and Unloading Participants:**

- Load participants in a safe and orderly fashion.
- Review seating arrangements. Think about pick up and drop off order when determining where individuals sit.

## Question 5 - C

- Before loading a vehicle, if a participant is exhibiting behaviors that are unsafe or pose a threat to others, the driver can refuse to provide transportation. All participants should be calm when entering a vehicle.
- Employees will provide assistance with seat belts, as needed to ensure they are correctly fastened.
- Employees will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
- Employees will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids or specialized equipment used by the participant is properly secured before the vehicle is in motion.
- Ambulatory participants cannot use wheelchairs as seating.
- Participants' personal items will be taken care of by the driver as needed. If possible, all items should be stored under the seat.
- Cell phones cannot be used while the wheelchair lift is being operated or while participants are being loaded or unloaded.
- As a safety measure, employees should open and close all doors. Employees must supervise and know where all the participants are always before closing the doors. Do not slam doors.
- Employees should assist at doors to ensure participants are clear of the door.
- All wheelchair securements should be retracted and turned out or removed from pathways.
- **It is Imperative that employees monitor the safe entry and exit of each participant in vehicles. This means not only watching and observing, but actually placing yourself right at the entrance/exit point so you can offer physical assistance to all those who need it and are prepared to support people, so they do not fail.**

### **Procedures for Loading Wheelchairs into Vehicles:**

- Park the vehicle where there is enough room to extend the lift to the ground.
- Vehicle may or may not need to be running for the lift to work. If the vehicle must be running be sure the vehicle is in park and the emergency brake is engaged.
- Use the deploy button to lay the ramp flat. If necessary, pull on the ramp to get it started. If the ramp seems stuck, report the problem to the Program Director as soon as possible.
- Use the down button to lower the ramp to the ground.
- ALWAYS explain to participants what you are doing while assisting them.

## Question 5 - C

- Roll the wheelchair onto the ramp with the participant facing out, away from the van. If the wheelchair cannot be turned around inside the van, the wheelchair may be loaded with the participant facing into the van.
- Set the brakes or turn off the power to the wheelchair.
- Secure the safety belt on the ramp if present. The belt should not be tight across the participant but must be short enough to keep the participant from rolling off the ramp. Lifts will not operate if the belt is not secured.
- Use the up button to raise the ramp.
- After the ramp is raised to the entry point, unlock the brake or turn on the wheelchair.
- Maneuver the wheelchair into the van so the wheelchair is facing forward. If necessary, the wheelchair may face sideways but only if unable to face the wheelchair forward. NEVER face a wheelchair backwards in a vehicle.
- Set the brakes or turn off power to the wheelchair.
- Place securements on designated areas on wheelchairs or on the wheelchair frame.
- Do not put the securement tie downs on any removable part of the wheelchair (e.g., arm rests, leg rests, wheels, etc.)
- After securements are attached to the wheelchair, place the seatbelt around the wheelchair, as close to the hips as possible. The seatbelt should go under any tray on the wheelchair and may be strung through armrests if necessary.
- Use the stow button to raise the lift for storage.

### **Procedures for Unloading Wheelchairs from Vehicles:**

- Use the deploy button to lay the ramp flat.
- ALWAYS explain to participants what you are doing while assisting them.
- Unlock the seatbelt from the participant.
- Unlatch the securements from the wheelchair. Be sure securements are retracted.
- Unlock the brake or turn on the power to the wheelchair.
- Turn the wheelchair to face out of the van if possible.
- Push the wheelchair onto the lift.
- Set the wheelchair brakes or turn off power to the wheelchair.

## Question 5 - C

- Place the belt under any trays and as close to the hips as possible. The belt should not be tight across the participant but must be short enough to keep the participant from rolling off the ramp.
- Use the down button to lower the ramp to the ground.
- Remove the safety belt.
- Unlock the wheelchair brakes or turn on the power to the wheelchair.
- Move the wheelchair off the ramp.
- Secure the safety belt. The lift will not work if the belt is not secured.
- Use the up button to raise the lift.
- Use the stow button to raise the lift for storage.

### **Procedures for Backing Up Vehicles:**

- Backing up vehicles is not preferred unless it is necessary. When stopping, park in such a way as to avoid backing up whenever possible.
- If it can be avoided do not pull into neighborhood driveways.
- Participants cannot be loaded or unloaded into a line of traffic. If it is safest for the participant, vehicles may be pulled into driveways.
- If a vehicle must be backed up, employees must first walk around the vehicle to ensure there are no obstructions.

### **Procedures for Parking Vehicles**

- If possible, when there is more than one employee, a staff member and participant(s) should be dropped off at the entrance. The other employee will then park the vehicle. The same should occur upon departure.
- Regular and handicap parking spots will accommodate minivans and larger vans. Bus should only be parked in handicap spots that are vertical to the entrance. However, it is preferred that employees park in a spot where a larger vehicle can pull in and pull out rather than backing up; this may mean parking towards the back of the lot. It is acceptable to use both the front and rear spot if the vehicle is longer than the space assigned.
- Participants cannot be loaded or unloaded into line of traffic so consider this when parking a vehicle.

## Question 5 - C

- If you must back out of a parking spot, be aware of the surroundings and note the vehicles behind you and on each side. If two employees are present, one employee should watch for pedestrians or oncoming vehicles and warn the driver.
- Take extra precaution when backing out, paying extra attention to side mirrors both on agency vehicles and the vehicles adjacent.

### **Procedures for Picking Up Participants:**

- In the mornings, pick up times may be scheduled around the times homes are staffed.
- Employees will follow the route guides that indicate the driving route and times participants are to be picked up.
- It is important to be prompt and on time. If a vehicle is late, this may result in a missed connection for transportation to worksites or other vehicles. If you are running late call the appropriate Program Director so others can be informed of the delay.
- Drivers are not to go into residences to assist participants in getting ready for transportation.
- Residential staff members should assist participants from the home to the vehicle. If they are unable to assist participants from the home to the vehicle, drivers should help.
- Drivers are responsible for helping participants into the vehicle.
- The wait time begins at the regularly scheduled pick-up time, even if the driver arrives early.
- If a participant is not outside waiting or does not exit the house upon the driver's arrival, the driver will wait 3 minutes beyond the scheduled pick-up time. The driver will then ring the doorbell or knock. After an additional 2 minutes, if the participant has not exited the house, the driver will leave. The driver should inform the Managers that member the vehicle will be leaving. It is then the responsibility of the residential provider to provide transportation for the participant.
- If the participant does not get on the van in the allotted time, the driver should contact their Program Director or Coordinator.

### **Procedures for Dropping Off Participants:**

- Participant eligibility for unsupervised drop offs will be identified on an individual basis. Eligibility will be communicated in writing to the agency providing transportation services. The IAPP or participant information will state if the participant can be dropped off without supervision.

## Question 5 - C

- If a participant requires a supervised drop off employees will wait until there is physical communication with someone at the home before departing.
- Employees will follow the route guides that indicate the driving route and times participants are to be dropped off.
- It is important to be prompt and on time. If a vehicle is late, this may result in a missed connection for transportation to worksites or other vehicles. If you are running late call the appropriate Program Director or Coordinator so others can be informed of the delay.
- When participants are dropped off at home, the employee is responsible for assisting participants out of the vehicle. Someone at the participant's home is responsible for assisting participants from the vehicle to the home. If someone at the home is unable to assist, the employee should help participants into the home.
- If someone at the home is not waiting outside or does not exit the house upon the vehicle's arrival, employees will call the home using the agency vehicle cell phone. If there is no answer employees will wait 2 minutes before going to the door and knocking. If there is no answer, employees will call the residential main office or parent/legal representative to inform them of the situation. The employee and the contact will agree on an alternative location where the participant can be taken. A transfer of responsibility will occur at the alternative location and not interrupt the other participants drop off times.

### **Procedures for Using Handicapped Parking:**

- It is important to follow all guidelines of Commercial Disability (handicap parking) certificates. Misuse may result in revocation of any certificates now or in the future by the State Driver and Vehicle Service Department.
- Handicap certificates are only kept in certain vehicles. If there is not one in a vehicle contact the Program Director.
- If a Commercial Disability certificate is missing from a vehicle, inform the Program Director as soon as possible.
- Commercial Disability certificates are to be used for individuals with physical limitations only.
- If parking in a handicap parking space, it is required to hang a handicap parking certificate from the rearview mirror, so it is visible from the front and the rear of the vehicle. This applies to any handicap parking spaces including at worksites.

## Question 5 - C

- When displaying a handicap certificate, parking is allowed in handicap designated parking spaces and metered parking spaces without obligation to pay the meter fee.
- Employees should place the certificate in the glove compartment or binder when done using it. It is illegal to have the certificate on the mirror while driving.
- Commercial Disability certificates do not permit parking in "NO PARKING" spaces or in spaces designated for specific purposes or vehicles (e.g. emergency vehicles only, truck unloading areas).

### **Procedures in Case of Accident:**

- If employees are involved in an accident, they will follow these instructions in the order given:
  - Do not leave the scene of the accident or move the vehicle unless you and the participants are in immediate danger.
  - Evaluate the condition of yourself and the participants. Administer
  - First Aid as necessary.
  - Call the non-emergency police number for your community or call 911 to alert police if immediate medical attention is needed.
  - Solicit aid from passing motorists, if necessary.
  - Supply authorities and/or other drivers with accurate and complete information leading up to and involving the accident.
  - An insurance information card and a vehicle accident procedure card are in every agency vehicle. These are in the binder.
  - Report back to the Program Director as soon as possible.
  - Follow Forever Care's policy & procedures for reporting incidents.

### **Procedures for Winter Driving:**

- Safety first. There is no place that you must be that warrants taking risks and placing yourself, your participants, or others in jeopardy.
- Slow down. Allow yourself extra time to get to your destination.
- Allow increased distance between vehicles.
- Do not pump anti-lock brakes.
- Do not use cruise control on wet or icy roads.
- Do not turn, brake, or accelerate too fast.

## Question 5 - C

- Do not follow snowplows too closely.
- Remove all snow and ice from all windows, vehicle hoods, and vehicle roofs.

### **Procedures for Inclement Weather:**

- In the event of bad weather, every precaution should be taken to ensure the safety of employees and participants being transported.

### **Procedures for Weather Emergencies:**

- Evacuate the vehicle and move everyone to the nearest building or substantial structure at least 200 feet away from the vehicle if possible.
- Take the First Aid Kit when evacuating the vehicle.
- In the shelter, instruct all ambulatory participants to lie face down with their hands clasped behind their heads. Ensure participants who use a wheelchair are in a location where they will be safe from falling or flying debris.
- If an adequate shelter cannot be reached without further endangerment, a ditch or depression in the immediate vicinity will have to be used.
- Instruct everyone to lie face down in the ditch or depression with their hands clasped behind their heads. Assist wheelchair participants out of their chairs and help them to lie face down in the ditch or depression.
- Once the danger has passed, assess the need for medical attention. Administer First Aid as necessary.
- Call for assistance if needed.

### **Procedures if Vehicle Breaks Down:**

- Pull over to the side of the road as safely as possible.
- Turn on emergency flashers and use the emergency triangles if available.
- If a cell phone is available, call the Program Director, give details of where you are located and what happened.
- If there is not a cell phone available, try to flag someone down and ask them to call Forever Care main office.
- Do not leave participants alone or send a client for help.

## Question 5 - C

- Depending on where you are, the participants you have with you, and weather conditions, you can consider taking participants with you and walking to the nearest phone.
- On evenings or weekends, call a call Program Director or Coordinator for assistance.

### **Procedures for Evacuating Vehicle (engine fire, submerged vehicle):**

- Stay calm.
- Assess the situation.
- Assess and utilize all available exits.
- Assess your participants' abilities and any equipment which may also need to be evacuated (e.g. oxygen tanks).
- Assist participants with unlatching seatbelts and exiting the vehicle.
- If unable to unlatch belts, use the seatbelt cutter supplied in the vehicle to cut seatbelt straps.
- Move all participants away from the vehicle to a safe location.

Question 6, 7, & 8

## **6. # Of Vehicles**

We will start with one to three vehicles and quickly expand to twelve. This approach ensures efficiency and quality service for a small territory before extending coverage to more areas in Philadelphia County.

## **7. THE FOLLOWING IS VEHICLE MAINTENANCE PROTOCOL:**

For vehicles operated for thirty (30) consecutive days or more, the motor carrier shall maintain, or cause to be maintained, the following record for each vehicle:

All identification of the vehicle including company number (if marked), make, serial number, year, and vin number. If the number vehicle is not owned by D.W.G. Transportation LLC, the record must identify the party providing, or leasing the vehicle.

A means to show the nature and due date of the various inspection and maintenance operations to be performed.

A record of inspection, repairs, and maintenance showing their date and type.

A record of tests conducted on pushout windows, emergency doors, and markings (if applicable).

## **UNSAFE OPERATIONS**

COMMERCIAL MOTOR VEHICLES (CMVs) may not be operated in such a manner as to likely cause accident or a breakdown to vehicle.

## **ROADSIDE INSPECTION REPORTS**

Any driver who receives a roadside inspection report, must deliver it to his/her manager or employer. (See Pre-Inspection Form)

## **MAINTENANCE SCHEDULE**

All drivers of D.W.G. must perform a pre-trip vehicle inspection on both the exterior and interior of the vehicle to prevent potential maintenance issues and future safety concerns. The daily inspections shall be completed by drivers before driving the vehicle to ensure that the vehicle is in safe operating condition. Drivers will have a daily vehicle inspection checklist to fill out prior to beginning a trip. The inspection sheets will include the driver's name and signature, the VIN, date, and time of inspection. All vehicle inspection forms will be delivered to management by the end of the day.

## Question 6, 7, & 8

All vehicles owned or leased by D.W.G. will be inspected at least once every 12 months by a certified inspection mechanic. D.W.G. will be responsible for recording and maintaining all certifications of inspections, maintaining records of inspection report sheets, keeping up to date with inspection expiration dates, and for annual inspection fees.

All vehicles owned or leased by D.W.G. will undergo routine maintenance to prevent long-term vehicle issues, improve fleet productivity and reliability, manage vehicle wear and tear, and ensure the safety of all staff and clients. Routine maintenance will be performed on a mileage or time basis and a thorough record of all scheduled maintenance checks will be kept by company management. A maintenance check will include, but is not limited to:

- Oil/filer changes
- Lubrication
- Tightening of belts and components
- Engine tune-ups
- Brake work and/or replacements
- Tire rotations
- Hose inspections and/or replacements
- Radiator maintenance

## **8. INSURANCE**

We have determined the types of insurance coverage needed to ensure that we have sufficient coverage for both our drivers and passengers. The company is in contact with several insurance companies that specialize in commercial transportation to compare premiums and terms and conditions to determine the right policy. Further, the company is financially able to insure its vehicles upon purchase without financial strain.

# Driver's Accident Report Form

## IN THE EVENT OF AN ACCIDENT

### NONPROFIT / INSURED

**Driver** – Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.

**Supervisor** – Fax this Driver's Accident Report form to your insurance broker immediately.

**BROKER** – Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (917) 723-1188.

This number is reserved for true claims emergencies after business hours and weekends.

## Driver/Vehicle Information

Name of Driver (first and last)		Driver's Age	Driver License No.	State
Driver's Address – Street		City	State	Zip
				Telephone No. (    )
Name of Nonprofit / Employer			ANI/NIAC Policy Number	
Nonprofit/Employer Contact Name		Contact Email Address		
Nonprofit / Employer Address – Street		City	State	Zip
				Telephone No. (    )
Make of Nonprofit's Vehicle	Body Type	Year	License Plate #	V.I.N. (last four digits)
Damage to Nonprofit's Vehicle:				

## Accident Information

Date of Accident	Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun	Time of Accident AM / PM	Location - Street or Highway & City	
On what street were you driving?			Direction (circle one) N S E W	Speed (approximate)
On what street was other vehicle driving?			Direction (circle one) N S E W	Speed (approximate)
Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of reporting officer	Agency	Citation/Report #	
Witness #1 Name (first and last)		Telephone No. (    )	Email Address	
Witness #2 Name (first and last)		Telephone No. (    )	Email Address	
Description of Accident (include weather and road conditions):				

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the accident)

**Passenger(s) in Your Vehicle** *(attached additional pages if needed)*

Name (first and last)	Telephone No. ( )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ( )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Telephone No. ( )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance called to scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of doctor or hospital			

**Other Vehicle Involved**

Name of Driver (first and last)		Driver License No.	State	
Address - Street	City/State/Zip	Telephone No. ( )	Email Address	
Name of Vehicle Owner (if different than above)		Telephone No. ( )	Email Address	
Name of Insurance Company		Policy #	Telephone No. ( )	
Year/Make of Vehicle	Body Type	License Plate No.	State	
Damage to Vehicle:				
Passenger's Name (first and last)	Telephone No. ( )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. ( )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Vehicle Involved** *(if any)*

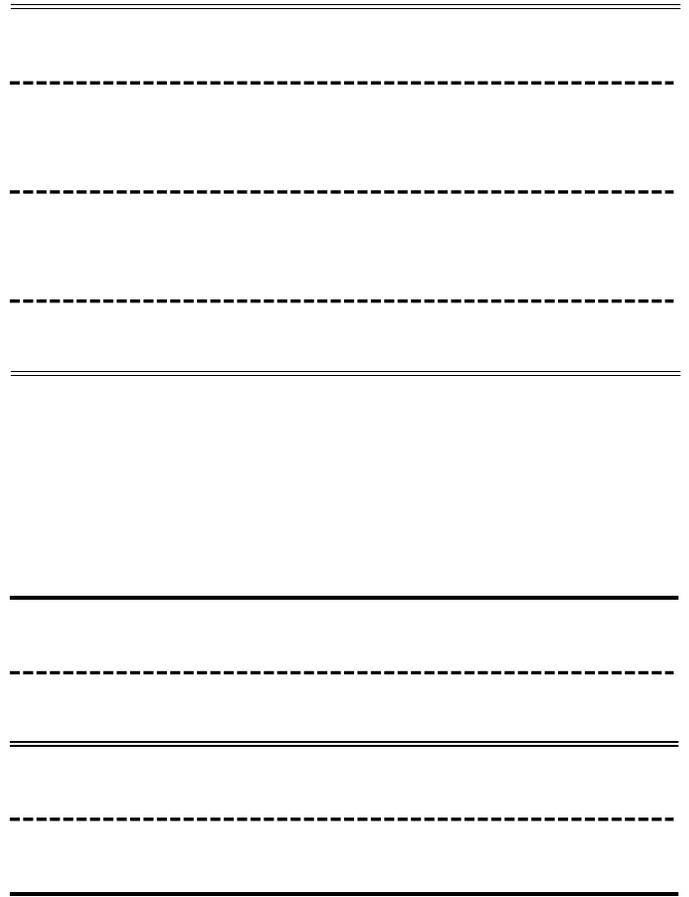
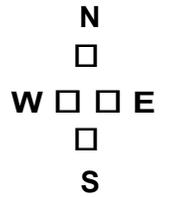
Name of Driver (first and last)		Driver License No.	State	
Address - Street	City/State/Zip	Telephone No. ( )	Email Address	
Name of Vehicle Owner (if different than above)		Telephone No. ( )	Email Address	
Name of Insurance Company		Policy #	Telephone No. ( )	
Year/Make of Vehicle	Body Type	License Plate No.	State	
Damage to Vehicle:				
Passenger's Name (first and last)	Telephone No. ( )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger's Name (first and last)	Telephone No. ( )	Email Address	Age	Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No

**On the diagrams below, please draw the accident.**

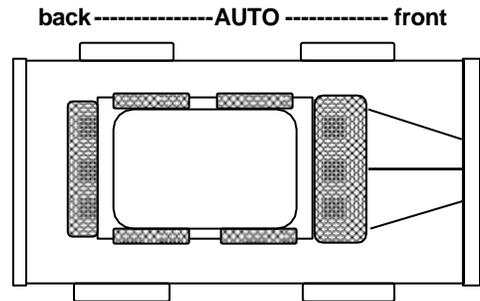
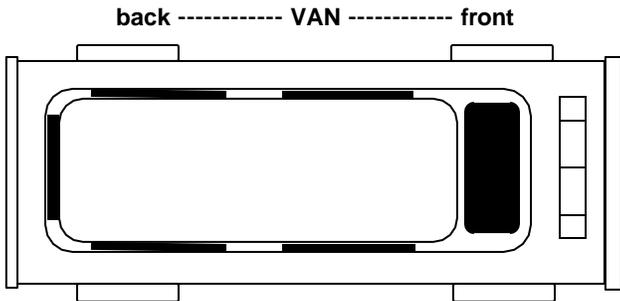
(Be sure to include any stop signs or traffic signals.)

**Legend:**

- V 1 ► Your Vehicle
- V 2 ► Other Vehicle
- V 3 ► Other Vehicle (if any)



**On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.**



\_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DATE

# Pre-trip Inspection form

Vehicle ID: \_\_\_\_\_

Beginning

Ending

Date: \_\_\_\_\_

Odometer

Time: \_\_\_\_\_

Hour Meter

**DO NOT** include tenths

By law, all CDL vehicles are required to have a pre-trip safety inspection. An effective inspection exposes safety concerns and potential maintenance issues. Repairs can be addressed before they become costly, major repairs. **Supervisor and Service Garage should be notified immediately of any safety concerns.**

## Vehicle Overview

As you approach the vehicle, notice its general condition. Look for fresh oil, coolant, grease, or fuel leaks.

**Inspection** DAILY: CDL=Entire checklist, **WEEKLY: Non-CDL (>10,000 GVW or equipped with liftgate), Bold only**

Pass Fail N/A  
(check one)

Pass Fail N/A  
(check one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check brake lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify three red reflective triangles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Emergency Flashers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check steering linkage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Turn Signals</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check suspension (leaf and coil springs )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Head Lights</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check u-bolts and hangers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check all mirrors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check frame for cracks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check windshield condition</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake chambers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check for wheel chocks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake hoses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Steering wheel looseness, damage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake drums
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Wiper blades and washer operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air brake check
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Horn operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check oil pressure gage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Heater / Defroster operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check lug nuts for tightness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Parking brake operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check axle seals for leaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Seat Belt operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for debris between dual tires
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check all external lights and reflectors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check condition of mud flaps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check tire rims for damage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all hoses for leaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check tires</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check to ensure compartment doors secure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check cargo area for loose material</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check battery box and connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check lift gate (up/down, stow completely)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check fuel tanks (caps secured )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Check Coupling System (5th wheel, hitch)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check exhaust system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check fuel gage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all belts for tightness and wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dumpbed operation, up - down
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check oil level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dumpbed pivot points, and end gate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure tanks are not below 1/4 tank
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check operation of boom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify fire extinguisher on truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check voltmeter

**Safety Concerns/Issues:** \_\_\_\_\_

**Remarks/Comments:** \_\_\_\_\_

\*Seat belt use is required

\*Cell phone use is prohibited while operating

University vehicles

\*Use of wheel chocks required

**Operator Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Inspection paperwork should remain in the vehicle until end of shift when it is delivered to the supervisor for forwarding to the Service Garage**