

## DQ DRIVER FILE AUDIT

Operator/Driver Name: \_\_\_\_\_

- ☐ DQ Application (10 years of history<sup>(391.21)</sup>)!@ 391.51
- ☐ Signed, Drug Test Pre-Employment Statement@
- ☐ Controlled Substance Test Results (Before being dispatched in USA)@
- ☐ 3 Years of Reference Completed!@ 391.23, 391.23(e)
- ☐ Initial Driver Abstract (obtained at time of hire, dated within 30 days of hire) 391.23(b)
- ☐ Initial Commercial Driver Abstract (obtained at time of hire, dated within 30 days of hire)!
- ☐ 3 year MVR (Abstract) Date: \_\_\_\_\_(yyyy/mm/dd) \* (obtained annually and within 12 months of the previous abstract date (391.25(a)(b)))
- ☐ Commercial Driver Abstract Date: \_\_\_\_\_(yyyy/mm/dd)!(obtained annually and within 12 months of the previous abstract date)
- ☐ Copy Driver License \*
- ☐ Licence Expiry Date: \_\_\_\_\_(yyyy/mm/dd)
- ☐ Medical due date Date: \_\_\_\_\_(yyyy/mm/dd)
- ☐ CPIC Search Criminal Record!
- ☐ Written Test(s)! 391.11(2)
- ☐ Road Test (Suggested Minimum Length 40 Miles or 65 KM)! 391.31, 391.11(8)
- ☐ Annual Review/Record of Violations: \_\_\_\_\_(yyyy/mm/dd)!@ 391.25 391.27
- ☐ Receipt of FMCSR driver handbook@391.1



- ❑ Receipt of company policies and procedures!
- ❑ Copy of current, valid Dangerous Goods Training Certificate and copies of training materials, statement of experience, or other proof in writing\*391.25(1)
- ❑ A record of the driver's convictions of safety laws relating to the operation of a CMV in the current year and in each of the 4 preceding years\* 391.27
- ❑ A record of collisions involving any motor vehicle operated by the driver that are required to be reported to a peace officer\* 391.23d(2)
- ❑ A record of any administrative penalty imposed on the driver\*
- ❑ Signed and dated PSP waiver/release!
- ❑ Signed and dated Abstract waiver/release!
- ❑ A record of all training taken by a driver related to the operation of a vehicle and compliance with safety laws!
- ❑ Orientation checklist! 391.13
- ❑ Fast Card@
- ❑ For Owner-Operator, copy of 1149A WSIB and a copy of the confirmation letter from WSIB, stating that the Owner-Operator is an Independent Operator#
- ❑ For Owner-Operator, Application for 3rd party Alternative Insurance Coverage#

Audit by : \_\_\_\_\_

\*Required By Province, ! Recommended by Province Or Best Business Practice, @Required/Recommended For US Driver By DOT, # Recommended By Your Insurance Provider