

**PLEASE KEEP THIS MANUAL WITHIN ARM'S REACH TO REVIEW AND REFERENCE REGULARLY TO ASSIST YOU IN ACHIEVING THE HIGHEST LEVEL OF PROFESSIONALISM.**

**A FEW VARIATIONS:**

**TO BE ABLE TO USE THIS EXEMPTION, DRIVERS OPERATING READY-MIX CONCRETE VEHICLES AND DRIVERS TRANSPORTING ASPHALT MUST RETURN TO THE WORK REPORTING LOCATION FOR THE DAY WITHIN 14 HOURS.**

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**IF THIS ELD DEVICE IS FOUND TO BE IN A MALFUNCTION STATE AS INDICATED IN THE CHART BELOW, THEN THE FOLLOWING MUST BE COMPLIED TO BY THE DRIVER AND THE MOTOR CARRIER OF THE CMV.**

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**NOTE:**

**IF A CHANGE OF DUTY STATUS OCCURS AT A LOCATION OTHER THAN A CITY, TOWN, OR VILLAGE, SHOW ONE OF THE FOLLOWING:**





PROTECT

YOURSELF, OTHERS, YOUR JOB, AND YOUR  
FUTURE BY PAYING ATTENTION, PLANNING  
YOUR TRIPS AND YOUR MOVES.

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VIOLATIONS OF THIS POLICY  
AND BECOMING INVOLVED IN A PREVENTABLE  
REAR-END CRASH WILL RESULT IN DISCIPLINARY  
ACTION, UP TO AND INCLUDING TERMINATION OF  
EMPLOYMENT.

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**ALL EMPLOYEE-OWNERS ARE REQUIRED  
TO REPORT AN INJURY INCIDENT AS  
SOON AS POSSIBLE.**



**NOTE:**  
**SUSPENSION WILL OCCUR WITHIN 10 DAYS AFTER  
THE THIRD REPORT.**

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<b>Level 3</b>	Clean Inspection	\$50.00
<b>Level 2</b>	Clean Inspection	\$100.00
<b>Level 1</b>	Clean Inspection	\$150.00

# POLICY ACKNOWLEDGEMENT

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I, \_\_\_\_\_ have received a copy of the Fleet Safety Manual (Manual).

This Manual has information on:

- Accident Reporting Procedures
- Annual Reviews
- Cell Phone Use Policy
- Citations
- Controlled Substance and Alcohol use testing Policy
- Defensive Driving
- Department of Transportation Roadside Inspections
- Discipline Policy
- Driver Vehicle Inspections Reports
- Drug and Alcohol Clearinghouse
- Drug and Alcohol Program
- General Company Fleet Requirements
- Hours of service Security Plan
- Safe Following Distance
- Safety Incentive Programs
- Safety Meetings /Educational Opportunities
- Safety Policy
- Seat Belt Usage Policy
- Three Point Enter and Exit
- Workplace Injury

As a Company driver, I understand that I am required to comply with all Department of Transportation Regulations and Company policies and procedures outlined in this Manual.

As an Independent Contractor, I understand that I am required to comply with all Department of Transportation Regulations and that the policies and procedures outlined in this Manual are a tool for me for continued success at the Company.

I understand that disciplinary action will be taken if I knowingly disregard Company safety rules or work practices. This disciplinary action could be verbal counseling, a written warning or suspension of my position here at the Company. I acknowledge that the Company reserves the right to immediately discharge me/terminate my lease for committing flagrant safety practice violations and/or endangering myself, co-workers, and/or the motoring public.

\_\_\_\_\_  
Employee-owner/Independent Contractor Name

\_\_\_\_\_  
Date