

# Grand Trophy Nominator

Submission of this completed form makes your company eligible for the OTA Grand Trophy Award judging, for those carriers who have placed first, second or third in their division.

Please read the following instructions carefully

The company name can appear only on Page 1 of the entry. ***Appearance of the company name, logo, address, employee names or any other "identifying" information will result in disqualification of the entry.*** All entries will be assigned a code number for tracking purpose.

Name of Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Person in charge of Safety Program:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**Contest Division:** (choose one)

Irregular Route

Regular Route

US DOT #: \_\_\_\_\_

Petroleum

Miscellaneous

**Mileage Classification:** (calendar year mileage only - Jan. 1, 2017-Dec. 31, 2017)

Under One (1) Million Miles

One (1) to Five (5) Million Miles

More than Five (5) Million Miles

**DO NOT WRITE IN THIS AREA. RESERVED FOR CONTEST COORDINATOR USE ONLY.**

CODE NUMBER: \_\_\_\_\_ CLASS PLACEMENT: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ FINAL PLACEMENT: \_\_\_\_\_

**1A. DRIVER QUALIFICATION (PRE-EMPLOYMENT)**

CODE \_\_\_\_\_

Company Drivers

Minimum age (HM): \_\_\_\_\_ Minimum age (Non-HM): \_\_\_\_\_

Required pre-employment road experience: \_\_\_\_\_

New physical exam by approved doctor? Yes  No

Company road test? Yes  No  Drug abuse screening? Yes  No

Number of moving violations permitted: \_\_\_\_\_

Number of DOT recodable accidents permitted: \_\_\_\_\_

Previous employment history check? Yes  No  How many years? \_\_\_\_\_

MVR review? Yes  No  Period examined: \_\_\_\_\_

Screening tests employed (please list): \_\_\_\_\_

Education minimum: \_\_\_\_\_

Other qualifiers or screening (please list): \_\_\_\_\_

**1B. OWNER/OPERATOR(S) REQUIREMENTS**

Decision to hire made by (list individual's TITLE, NOT NAME): \_\_\_\_\_

Drive Training

Owner/Operator training? Yes  No  Company driver training? Yes  No

Length of training session (New Drivers): \_\_\_\_\_

Length of training session ( Drivers with prior experience): \_\_\_\_\_

Make-up sessions provided? Yes  No

Type of training used (please mark 'yes' or 'no')

- |   |   |
|---|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Lecture                          | Yes <input type="checkbox"/> No <input type="checkbox"/> Literature (guided review) |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Tape/Slide                       | Yes <input type="checkbox"/> No <input type="checkbox"/> Personal Discussion        |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Video                            | Yes <input type="checkbox"/> No <input type="checkbox"/> Movies                     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Literature (self-taught)         | Yes <input type="checkbox"/> No <input type="checkbox"/> Computer Based Training    |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Compliance Safety Accountability |   |

Other (specify): \_\_\_\_\_

Topics covered (please mark 'yes' or 'no')

CODE \_\_\_\_\_

Speeding Policy Yes  No

Vehicle Inspections Yes  No

Alcohol/Narcotics/Drug Use/Abuse Yes  No

Driver Logs Yes  No

General Hazardous Materials Regulations Yes  No

Placarding Yes  No

Hazardous Material ID/Shipping Papers Yes  No

Equipment Operation Yes  No

Emergency Communications - Internal Yes  No

Customer Requirements Yes  No

Emergency Communications - External Yes  No

Customer Site Safety Rules Yes  No

Rail/Highway Grade Crossing Procedures Yes  No

Loading/Unloading Yes  No

Immediate Emergency Response Measures Yes  No

Other (specify): \_\_\_\_\_

Training administered by (mark one):

Company Staff  Company Driver/Trainer  Hired Professional Firm

Records of training subjects maintained for each driver? Yes  No

**2. DRIVER MANAGEMENT**

Do you have call-in requirements for drivers after dispatch? Yes  No

If yes, is this requirement daily? Yes  No

If not daily, please list: \_\_\_\_\_

If yes, what is reported? (mark that apply)

Delays  Completion of Unloading  Location & Status  Accidents

Other, please list: \_\_\_\_\_

Do you have a speed limit policy? Yes  No

If yes, explain policy: \_\_\_\_\_

Do you have speed controls on equipment? Yes  No

If yes, list controls: \_\_\_\_\_

Do you use company surveillance to monitor driver performance (including speeding)? Yes  No

Do you use outside agents to monitor drivers speeding or other driving problems? Yes  No

Are drivers required to report traffic violations? Yes  No

Do you have policies for logging violations? Yes  No

How handled: Written? Yes  No  Verbal? Yes  No

Other? \_\_\_\_\_

Are complaints recorded? Yes  No

CODE \_\_\_\_\_

Reviewed with driver? Yes  No

Are passengers allowed in the cab? Yes  No

If yes, please state policy: \_\_\_\_\_

Do you conduct driver performance reviews? Yes  No

If yes, please state frequency: \_\_\_\_\_

Do you recognize safety performance? Yes  No

Do you have an on-going safety program? Yes  No

### 3. SAFETY PROGRAM

Does the company safety personnel participate in state or national safety organizations? Yes  No   
(Oklahoma Safety Management Council, National Safety Council, NTTC, etc.)

Total DOT accident frequency (ALL STATES) for 2016: \_\_\_\_\_

Please explain your program on up to three (3) 8 1/2" x 11" pages and attach to this form. Please do not include any additional material. **DO NOT USE COMPANY LETTERHEAD. Any mention of the company name or specific employees will result in disqualification from this portion of the contest.**

### 4. ACCIDENT/INCIDENT RESPONSE, REPORTING AND COMMUNICATIONS

How are accidents/incidents reviewed with the driver?

Classroom

Driver Read Regulations Only

Driver Training

Other

Are "trip packs" provided for drivers to use for accident handling? Yes  No

Are written accident reports required of drivers? Yes  No

If no, who prepares the report? \_\_\_\_\_

Does the company have emergency response capabilities? Yes  No

If yes, to what extent? \_\_\_\_\_

Does your company use outside services for emergency response? Yes  No

If yes, name service(s): \_\_\_\_\_

How is response activated? Driver Calls  Dispatch Calls

Other: \_\_\_\_\_

**5. SAFETY AND TRAINING ORGANIZATION**

CODE \_\_\_\_\_

To whom does the person responsible for safety report? \_\_\_\_\_

Is the safety director/supervisor a full or part-time position? \_\_\_\_\_

To whom does the person responsible for driver training report? \_\_\_\_\_

Is the training director/supervisor a full or part-time position? \_\_\_\_\_

Other Safety Activity (Seminars, Programs, etc.). Explain the extent of participation (offices held, committee assignments, meeting attendance, seminars, etc.). Attach up to one page for additional information.

\_\_\_\_\_  
\_\_\_\_\_

**6. VEHICLE INSPECTIONS**

Please mark 'yes' or 'no':

Driver Pre-Trip Yes  No   
Driver Post-Trip Yes  No   
Shop Foreman Yes  No

Form used? Yes  No   
Form used? Yes  No

Inspection follow-up:

Mechanic: Yes  No   
Maintenance Shop Inspections Yes  No   
Frequency: \_\_\_\_\_

Tractors - Items Checked (please mark all that apply)

Steering Mechanism   
Brakes   
Safety/Emergency Equipment   
Lights   
Windshield Glass   
Lights

Engine Hose Condition   
Fluid Levels   
Coupling & Air Hose Condition   
Fifth Wheel Lube & Locking   
Other (please list)  \_\_\_\_\_  
\_\_\_\_\_

Trailers - Items Checked (please mark all that apply)

Undercarriage   
Tires   
Floors   
Sidewalls

Brake Adjustment   
Lights   
Dome Covers   
Other (please list)  \_\_\_\_\_  
\_\_\_\_\_

## 7. VEHICLE MAINTENANCE

CODE \_\_\_\_\_

Where performed?                      Company Shop       Outside Shop

Scheduled (PM) Maintenance Frequency:

Tractors: \_\_\_\_\_                      Trailers: \_\_\_\_\_

Major Overhaul Interval: \_\_\_\_\_

Please describe your vehicle maintenance program (attach up to one additional page if necessary):

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## 8. PERSONNEL SAFETY CONTEST

List below, by categories, all incidents experienced by your company during the past calendar year (2016). An incident is any incident arising out of and in the course of employment (or lease) which results in the injured person being unable to perform his/her normal duties during the remainder of his/her shift or tour of duty filed on OSHA Form 300. (For ALL states) Including fatalities and injuries. With this definition in mind, complete the following:

Type of Employee	Number of Employees	Number of Fatalities	Number of Incidents	Number of Hours Worked	Incident Frequency Rate
Drivers					
Mechanics					
Other Shop Employees					
Office Personnel					
Supervisory Personnel					
Other					
TOTAL					

**9. CSA Scoring (Based on a 24-month record ending December 31, 2017)**

CODE \_\_\_\_\_

BASICs Overview	On-Road %
Unsafe Driving	
Hours-of-Service (HOS ) Compliance	
Driver Fitness	
Controlled Substances & Alcohol	
Vehicle Maintenance	