

# ATA PRESIDENT'S TROPHY



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**GREAT WEST** CASUALTY COMPANY

*The Difference is Service®*

**Deadline: June 29, 2018**

**ENTRY & EXHIBIT**

NAME OF COMPANY:

## GENERAL INSTRUCTIONS & INFORMATION

1. Competition for the 2018 ATA President's Trophy is limited to those fleets which have won a first, second, or third place award in the appropriate division and mileage or employee class of the *2018 ATA National Truck Safety Contest* or the *2018 ATA National Industrial Safety Contest* and are members of American Trucking Associations (ATA). Membership will be verified prior to judging.
2. Please complete all applicable items of information requested herein and provide documentation to support the role of each in your program.
  - a) If you use materials from ATA, or other sources such as the National Safety Council or other safety groups, be sure to indicate use as appropriate. Please do not send in samples of vendor produced materials.
  - b) If you use other commercially available safety services, please include sufficient information to permit evaluation of the scope, adequacy and effectiveness of the service.
3. **An exhibit should be submitted in a single 8-1/2 x 11" notebook and consist of not more than 50 pages exclusive of forms, manuals, posters, bulletins and similar material.**
4. The attached materials are divided into major sections to assist you in organizing your exhibit and facilitate careful consideration by the judges. Please use the ATA sheets as the introduction to each major section of your exhibit. Supplemental materials (if any) should follow and be in the sequence indicated by the introductory material.
5. A fleet winning an ATA President's Trophy may not compete for the ATA President's Trophy for the following three years. Therefore any company who won in 2017 may not compete until 2021.

**CERTIFICATION:** I hereby certify that this exhibit is representative of the safety program of the above-named contestant; that all statistical information relative to accidents and costs is correct or represents the best available estimate of costs; and that all documentation represents material currently in use in the prevention of motor vehicle accidents and/or employee injuries.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Director

# I. GENERAL INFORMATION

## 1. Type of Operation

For-Hire     
  Private     
  Regular Route     
  Irregular Route

## 2. Types of Service (Check all that apply)

General Commodities Truckload     
  Household Goods     
  Auto Transporters  
 General Commodities LTL     
  Heavy Hauler     
  Dump Trucks  
 Tank Trucks     
  Flatbed     
  Miscellaneous (Specify Below)

## 3. Size of Fleet

a) # of Employees:		
- Line-Haul Drivers		
- Local Drivers		
- % Independent Contractors		
- Dock		
- Shop		
- Office		
- Others		
b) Size of Fleet		
Straight Trucks:		Tractors:
		Semi-Trailers:
		Dollies:
		Full Trailers (Fixed Axle):

## 4. Scope of Operations

Check (✓) the states in which operations were conducted during the contest year:

Alabama		Hawaii		Massachusetts		New Mexico		South Dakota	
Alaska		Idaho		Michigan		New York		Tennessee	
Arizona		Illinois		Minnesota		North Carolina		Texas	
Arkansas		Indiana		Mississippi		North Dakota		Utah	
California		Iowa		Missouri		Ohio		Vermont	
Colorado		Kansas		Montana		Oklahoma		Virginia	
Connecticut		Kentucky		Nebraska		Oregon		Washington	
Delaware		Louisiana		Nevada		Pennsylvania		West Virginia	
Florida		Maine		New Hampshire		Rhode Island		Wisconsin	
Georgia		Maryland		New Jersey		South Carolina		Wyoming	

## II. SAFETY RECORD INFORMATION

Show ALL accidents in accordance with the ATA National Truck Safety Contest rules.

### 1. VEHICULAR ACCIDENT EXPERIENCE

LINE-HAUL				LOCAL		
Year	Accidents	Mileage	Frequency	Accidents	Mileage	Frequency
2017						
2016						
2015						
2014						
2013						

LINE-HAUL				LOCAL		
Year	D.O.T. Accidents	Mileage	Frequency	D.O.T. Accidents	Mileage	Frequency
2017						
2016						
2015						
2014						
2013						

### 2. INDUSTRIAL ACCIDENT EXPERIENCE

Year	Number of OSHA 300 Recordable Cases	Employee Hours Worked	Frequency
2017			
2016			
2015			
2014			
2013			

- Attach a copy of each company-developed form used for the reporting, analysis or investigation of motor vehicle accidents. **DO NOT** include forms required for accident reporting to federal, state or local authorities.
- Attach a copy of each company-developed form used for the summarization and analysis of industrial accident experience. **DO NOT** include forms required for accident reporting to federal, state or local authorities.
- Attach a copy of each informational report or summary of motor vehicle and industrial accident experience submitted to top management during the contest year.

### III. COMPLIANCE WITH REGULATIONS

#### 1. Federal Motor Carrier Safety Regulations (FMCSR)

A) What is your company's current safety rating?				
B) When was this rating assigned?				
C) Have you been prosecuted for FMCSR violations in the last 5 years?	Yes		No	
D) Out-of-Service record for the <b>2017</b> year:				
1) Total number of Vehicle Inspections:				
2) Number of vehicles placed Out-of-Service:				
3) Percentage Rate:				
4) Total Number of Drivers inspected:				
5) Number of Drivers placed Out-of-Service:				
6) Percentage Rate:				
E) Do you have any enforcement case pending for violations of FMCSR?	Yes		No	
<b>NOTE:</b> Judges will not release pending information on violations.				

#### 2. Hazardous Materials Regulations (HMR)

A) How many vehicles were placed Out-of-Service for HMR violations in the contest year?				
B) Have Federal penalties been imposed for a violation of the HMR in the past 5 years?	Yes		No	
C) Do you have a Federal case pending for violation of the HMR?	Yes		No	
<b>NOTE:</b> Judges will not release pending information on violations.				

#### 3. Occupational Safety & Health Administration

A) In the past 5 years, have penalties been imposed by OSHA, or a state agency operating under an OSHA-approved state program?	Yes		No	
B) Does your company have any pending employee-safety cases at this time?	Yes		No	
<b>NOTE:</b> Judges will not release pending information on violations.				

#### 4. Environmental Regulations

A) In the past 5 years, have penalties been imposed for violations of Federal or State environmental protection regulations?	Yes		No	
B) Does the Company have any pending cases involving violations of environmental protection regulations?	Yes		No	
<b>NOTE:</b> Judges will not release pending information on violations.				

**NOTE:** Attach summary of citations and penalties for violations of DOT, OSHA and EPA regulations.

## IV. SAFETY POLICY AND ORGANIZATION

### 1. Safety Policy Statement

Attach a copy of your company's written safety policy statement.

### 2. The Role of the Safety Department:

Attach an organizational chart of the company, or provide a narrative description of the organizational structure showing the place of the safety department and the maintenance department in the structures the lines of authority used to get safety information and instructions to employees at all levels and to achieve and monitor compliance.

A) Indicate number of persons directly involved in safety activities.					
	Full-Time			Part-Time	
Safety Director					
Safety Supervisor					
Driver Trainer					
Other Training (Safety-Related)					
Clerical					
B) Is the person in charge of safety programming involved in other facets of the company's operations?	Yes		No		
1) If "Yes", list each including safety and the approximate percentage of time devoted to each.	Other Facets				% of Time

## V. EMPLOYEE SELECTION

### 1. Outline of Program:

Complete the matrix below by placing a check in each box to indicate the element of selection used and the classifications of employees to which it applies. Enter the appropriate number to indicate the frequency of periodical medical examinations and answer the questions with respect to medical qualifications below the matrix.

	Line-Haul	Local	Dock	Shop	Office	Others
Employment Application						
Personnel Interview						
Pre-Employment Medical						
MVR Checks						
Previous Employer						
Road Test						
Periodic Medical						
Personal References						
Credit Check						
Criminal Record						

2. Describe criteria used in determining whether or not employee requires "Return-to-Work" medical following absence due to injury or illness.

3. Do you have medical qualifications more stringent than DOT requirements? (Describe below)

4. Are special screening tests, general knowledge, or equipment knowledge tests used in the selection program?

Yes

No

Attach a copy or description of each such test and where it is obtainable.

5. Who administers selection tests?

6. What adverse findings automatically disqualify a candidate from further consideration in the selection process? (Describe below):

A) Drivers:

B) Dock:

C) Shop:

## VI. SAFETY TRAINING

<b>A) DRIVERS:</b>				
1) <b>Classroom Instruction:</b> Indicate number of hours devoted to each aspect when training new drivers: <i>(Indicate NA if Not Applicable)</i>				
				Number of Hours
a) Principles of Safe Driving				
b) Federal and State Safety Regulations				
c) Safety-related Forms and Records				
d) Hazardous Materials Handling				
e) Other Topics and Hours devoted to each:				
2) <b>Behind-the-Wheel Instruction:</b> Indicate number of hours devoted to each aspect when training new drivers: <i>(Indicate NA if not applicable.)</i>				
a) Yard Test				
b) Equipment Inspection				
c) Care & Handling of Equipment				
d) Loading & Unloading				
e) Hazardous Materials				
f) Indicate Average Time and Mileage per Road Test in Traffic	Time		Mileage	
g) Student Trips:				
(i) Minimum number required before driver "solos"	Time		Mileage	
(ii) Average time and mileage per trip	Time		Mileage	
3) Who does company safety training?				
4) Describe policies/procedures governing follow-up of the performance of new drivers:				
5) During the contest year, what retraining has been given to drivers for new equipment, changes in regulations, or other safety-related needs? List each subject area and average time spent per group or per driver as appropriate:				
6) Describe any program in effect for the rechecking or retraining of "problem" drivers. Be sure to describe criteria used to determine need for retraining.				

<b>B) DOCK</b>	
1) Describe safety training given to dock personnel and approximate amount of time for each subject. ( <i>Enter NA if not applicable</i> )	
Type/Description of Training	Time
- Lifting & Stacking:	
- Hazardous Materials:	
- Forklifts:	
- Other Freight Handling Equipment (Specify):	
- Other (List each item and time spent on each):	
2) Who conducts safety training of dock personnel?	
3) Who monitors safety compliance of dock personnel?	
4) How is it monitored?	
5) What requirements, if any, are placed on dock employees for wearing appropriate apparel and protective equipment?	
<b>C) SHOP</b>	
1) Describe the safety training program in effect in the shop.	
2) Who conducts safety training for shop personnel?	
3) Who monitors safety compliance in the shop?	
4) How is compliance monitored?	
5) What requirements are there on shop personnel with respect to clothing and personal protective equipment other than equipment required for special operations like welding?	



**D) GENERAL SAFETY TRAINING**

1) How frequently are safety meetings scheduled at facilities with employees in various job classifications? Attach samples of material prepared on the conduct of safety meetings.

Line Haul Drivers:		Local Drivers:	
Shop:		Dock Others:	
Other:		Other:	

REMARKS:

2) Are posters displayed appropriately at company facilities? Yes  No

a) How many times per year are they changed (Average)?

b) What poster sources are used? ATA  National Safety Council  NATMI

Insurance Co. Sources?	

Other Source(s)?	

3) Are safety-oriented letters or messages posted or distributed?

a) To drivers? Yes  No

b) To other employees? Yes  No

c) Insurance Cos.? If yes, list companies	

d) Other(s)? If yes, list them.	

4) Is use made of company-developed posters and safety messages? Yes  No

5) Is safety information an integral part of the company's communications periodical? Yes  No

**DOCUMENTATION REQUESTED:**

Enclose one sample of material posted or distributed in each quarter of the contest year representative of items 2-5, above. For each sample, write in the number (in the lower right-hand corner) of terminals in which it was displayed, or the number of driver to whom distributed.

Enclose copy of company driver's manual.

Enclose copy of any safety-related manual regularly issued to employees in other job classifications.

## VII. SUPERVISION OF DRIVERS

<b>1. Company Road Patrol:</b>					
A) # of persons engaged:	1) Safety supervisor		2) Other supervisors		
B) Approximate # of reports received in contest year	1) Satisfactory		2) Unsatisfactory		
<b>2. Insurance Company or Other Road Patrol Services</b>					
A) Services Used:					
B) Approximate # of reports received in contest year	1) Satisfactory		2) Unsatisfactory		
<b>3. Check Points</b>					
Attach list of such points other than terminals. Explain procedure to be used by drivers passing through.					
<b>4. Trip Recorders</b> (Technological). Type used and percentage of power units on which they are installed.					
Type:				Percentage:	
Is this equipment used for Hours of Service monitoring?	Yes		No		
<b>5. Other Features</b>					
Explain other features of driver supervision program not covered by the foregoing. Include any equipment or procedures used on an experimental basis and the results obtained.					

## VIII. INSPECTION AND MAINTENANCE OF EQUIPMENT

<b>1. Attach a copy of each of the following:</b>				
A) The Preventive Maintenance Schedule applicable to each type of vehicle for which a separate schedule has been developed				
B) Each maintenance record form used				
C) The Driver's Vehicle Condition Report				
<b>2. How do you monitor compliance with driver pre-trip inspection requirements and for submission and handling of vehicle condition reports? Attach a copy of any published instructions on these matters and indicate to whom they are distributed.</b>				
<b>3. Describe the ways in which the maintenance department is regularly, customarily involved in driver training.</b>				
<b>4. In the contest year, what training assistance for drivers has been provided by maintenance as a result of the introduction of new vehicles, or because of the current emphasis on fuel-efficient driving? If there was no such activity in the contest year, state when such training assistance was last provided and describe the program briefly. Attach a copy of each bulletin, or similar message, issued to drivers concerning a safety/maintenance-related matter during the contest year.</b>				
<b>5. Describe how the following safety inspections are handled:</b>				
A) Safety-checks other than by driver:				
B) Are the checks described done inbound or outbound?	Inbound?		Outbound?	
C) What provisions are made for checking tire inflation?				
<b>6. Safety Accessories</b>				
A) What safety-related accessories or equipment is installed on vehicles beyond legal or regulatory requirements?				
B) Please attach a picture of each such installation and indicate how such equipment has been in place in the fleet.				

C) Describe procedures used to insure that such extra accessories or equipment are in place and ready for use.		
7. What input does the Safety Department have in vehicle selection, specifications, or modifications? Give recent examples and reasons for the actions taken.		
8. If the fleet does not have a Maintenance Department, how is maintenance handled?		
A) Independent repair shop		B) Dealer or Factory Branch
		C) Full-Service Leasing
D) Other – describe:		
9. If maintenance is not handled directly, describe the means by which management is kept informed as to the condition of equipment and adherence to maintenance procedures.		

## IX. ACCIDENT HANDLING, REPORTING AND INVESTIGATION

<b>1.</b> Attach sample of Accident Report Kit or comparable material carried in vehicles for use by drivers involved in accidents. Indicate if no such material is furnished. None Available											
<b>2.</b> What other material or information is furnished to drivers for guidance in case of accident? Attach samples.											
<b>3.</b> Do you have a form on which company personnel can record information when a driver reports involvement in any accidents? Attach samples.					Yes		No				
<b>4.</b> Indicate percentage of accidents investigated by:											
A) Company personnel		%		B) Adjusters		%		C) Insurance Co.		%	
D) Other – specify:								%			
<b>5.</b> Describe the criteria for determining when a physical investigation of an accident is being made.											

## X. OTHER FACTORS

<b>1. Driver Incentive Program-</b> Describe driver incentive and recognition program.					
A) Nature of awards given:					
B) Basis for award:					
C) If you have any short-term safety incentive programs during the contest year, describe each program including awards given and basis for the awards.					
<b>2. Safe Driving Award Program</b> - Describe any other safe driving award program in use including nature of award and basis for giving it. If you use a package program, please indicate source.					
<b>3.</b> Attach information to show the nature and scope of the company's industrial accident prevention program including samples of posters, safety messages to employees (other than drivers), information in company periodical, etc.					
<b>4. Are Safe Worker Awards</b> given?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, state what classifications of employees are eligible for them:					
<b>5. Internal Training:</b> In-service safety training for supervisory and management personnel					
By job classification, indicate the number of persons who have received safety training in the past year. Show institutions attended, type of training received.					
Job Classification	# Trained	Institution	Type of Training		

**6. Institution Training** - What safety training has been given by carrier personnel serving as instructors during the past year?

List job classification of instructor, type of training given, institution and year.

Job Classification of Instructor	Type of Training	Institution (e.g., NATMI, etc.)	Year

**7. Leadership in Industry Safety Activities** - For the past three years list each instance in which a member of the Safety Department has been a Safety Management Council officer, or committee chairman at the state or national level. Show job classification of the individual in the fleet (name optional), council position held, and year.

**8. Special Training** - Describe any special safety training programs conducted for employees (e.g. First Aid) and number of employees receiving such training in the past year.

**9. Participation in Outside Safety Activities** - List other safety organizations in which company personnel are actively involved and the job classification (name optional) and safety groups involved.