Dear SMC & ATA Members

The ATA Safety Management Council invites you to participate in the inaugural SMC Safety Benchmarking survey.

This survey was developed by the SMC Benchmarking Working Group which was established in May of 2021. The intent of the survey is to perform a holistic examination of motor carrier safety programs and to provide motor carriers the ability to benchmark their current policies and procedures against their industry colleagues.

Companies that participate in this annual survey will receive one complimentary copy of the final report. Additionally, round-table reviews and presentations of the data will take place at the annual ATA Safety, Security and HR National Conference & Exhibition.

There is sensitive information requested in the survey and we understand the hesitancy to share specifics regarding your safety programs. Please know that your responses are 100% confidential and your motor carrier name or any other identifying information will be excluded from reports or analysis pieces. Jacob Pierce, executive director of the ATA Safety Management Council will serve as the confidential agent in charge of managing the survey and will scrub all identifying information from the submissions prior to review.

Participation in the survey is highly valued and we encourage each ATA and SMC Member to enter information. Your responses will help shape ATA safety policy agenda, provide a safety benchmark for members of the ATA & SMC, and help improve the overall safety of the trucking industry.

If you have questions or would like further information, please contact Jacob Pierce at 703-838-1931 or jpierce@trucking.org.

Thank you for your consideration.

Sincerely,

Jacob Pierce
Executive Director
ATA Safety Management Council

Company Profile

* 1. What best describes your type of business?

☐ Truckload

☐ Less-than-truckload Carrier

☐ Full Service Lessor

☐ Other (please specify)

[   ]

* 2. What type of carrier?

◯ Private

◯ For Hire

Other (please specify)

[   ]

* 3. 2020 vehicle miles traveled

[   ]

* 4. What type of operation does your company primarly conduct? (select all that apply)

☐ Van Irregular Route	☐ Auto
☐ Van Dedicated or Private Van Fleet Regular Route	☐ Vocational (Mixers, Dumps, Refuse)
☐ Bulk Commodity Tank	☐ Non-processed Agriculture
☐ Liquid Tank	☐ Livestock
☐ Heavy Specialized	☐ Drayage
☐ Flatbed	☐ Light Commercial Vehicle
☐ Refrigerated Solids	

Other (please specify)

[   ]

* 5. Commercial motor vehicle driver count at the end of 2020
(include all drivers who operate a vehicle with a gross vehicle weight rating (GVWR) of 10,001 pounds or more)

Company Drivers

Owner Operator Drivers

Lease Drivers

Monthly Average Driver
Count

* 6. Annualized turnover percentage - calendar year 2020

Truckload

Dedicated

LTL

Other

* 7. At the close of 2020, how many power units were under your company operating authority?

Company Operated Units:

Owner Operator Units:

* 8. At the close of 2020, how many trailers did your company operate?

CSA BASICS

* 9. CSA BASICS - calendar year 2020

Number of overall
inspections:
_____

Unsafe driving - measure:
_____

Unsafe driving - percentile:
_____

Crash indicator - measure:
_____

Crash indicator -
percentile:
_____

Hours of service -
measure:
_____

Hours of service -
percentile:
_____

Vehicle maintenance -
measure:
_____

Vehicle maintenance -
percentile:
_____

Controlled substance &
alcohol - measure:
_____

Controlled substance &
alcohol - percentile:
_____

Hazardous materials
compliance - measure
_____

Hazardous materials
compliance - percentile:
_____

Driver fitness - measure:
_____

Driver fitness - percentile:
_____

* 10. CSA Roadside - calendar year 2020

Number of roadside inspection request for data reviews were submitted:

[   ]

Number of inspection-request for data reviews were determined in your company/driver's favor:

[   ]

Driver OOS rate at roadside:

[   ]

Vehicle OOS rate at roadside:

[   ]

Hazmat OSS rate at roadside:

[   ]

* 11. Crash preventability determination program - calendar year 2020

Number of crash preventability determination program request for data reviews were submitted:

[   ]

Number of crash preventability determination program request for data reviews were determined in your company/driver's favor:

[   ]

Other Policy

* 12. Onboard communication usage policy:

   ◯ Restricted

   ◯ Unrestricted

* 13. Cell phone hands free policy

   ◯ Permitted

   ◯ Not Permitted

Drug Testing

* 14. Do you hire drivers who graduated from SAP program?

○ Yes

○ No

* 15. Do you support current drivers in SAP program?

○ Yes

○ No

* 16. Do you perform pre-employment hair testing?

○ Yes

○ No

* 17. Do you perform random hair testing?

○ Yes

○ No

* 18. Do you perform post-accident hair testing?

○ Yes

○ No

19. In 2020, what percent of pre-employment drug tests returned positive? (Skip if not applicable)

Urine:

Hair:

On-board Safety Technology

* 20. Safety technology on power units (check all that apply):

☐ Automatic emergency braking

☐ Lane departure warning

☐ Tire inflation monitors

☐ Safe guard assist

☐ Stability control

☐ Forward collision warning system

☐ Lug lock system

☐ Sensor based blind spot detection

☐ Speed limit monitoring (adaptive cruise control)

☐ None

☐ Other (please specify)

* 21. Brakes

What percentage of company power units & trailers use disc brakes?

What percentage of company power units & trailer use drum brakes?

* 22. Do you deploy and use camera systems? (check all that apply)

☐ Camera based mirror systems (mirror-less trucks)

☐ Side view camera systems

☐ Blind spot detection systems

☐ Road facing dash cam

☐ Driver facing dash cam

☐ Fatigue monitoring system

☐ Backing cameras

☐ AI - fatigue/distracted driving monitoring

☐ None

☐ Other (please specify)

[text box]

* 23. Critical event recording alerts (check all that apply)

☐ Hard braking

☐ Stability control

☐ Lane departure warning

☐ Speed limit monitoring

☐ Speed management technology

☐ GPS idle alerts

☐ Off-route alerts

☐ Idle shut off

☐ Distracted driving alert

☐ Parking on shoulder alert

☐ None

Other (please specify)

[text box]

24. If you checked idle shut off, what temperature ranges do you permit idle?

[text box]

Electronic Logging Devices

* 25. Exceptions

Percent of fleet using
short-haul exception:

[   ]

Percentage of fleet
excepted from using ELDs:

[   ]

Percentage of fleet using
16-hour exception:

[   ]

* 26. Do you allow personal conveyance

◯ Yes

◯ No

27. If you allow personal conveyance, what distances do you permit?

Maximum Distance: [   ]

Maximum Duration: [   ]

28. If you allow personal conveyance, do you require pre-approval?

◯ Yes

◯ No

* 29. Do you allow yard moves?

◯ Yes

◯ No

* 30. Do you allow drivers to make adverse driving exceptions?
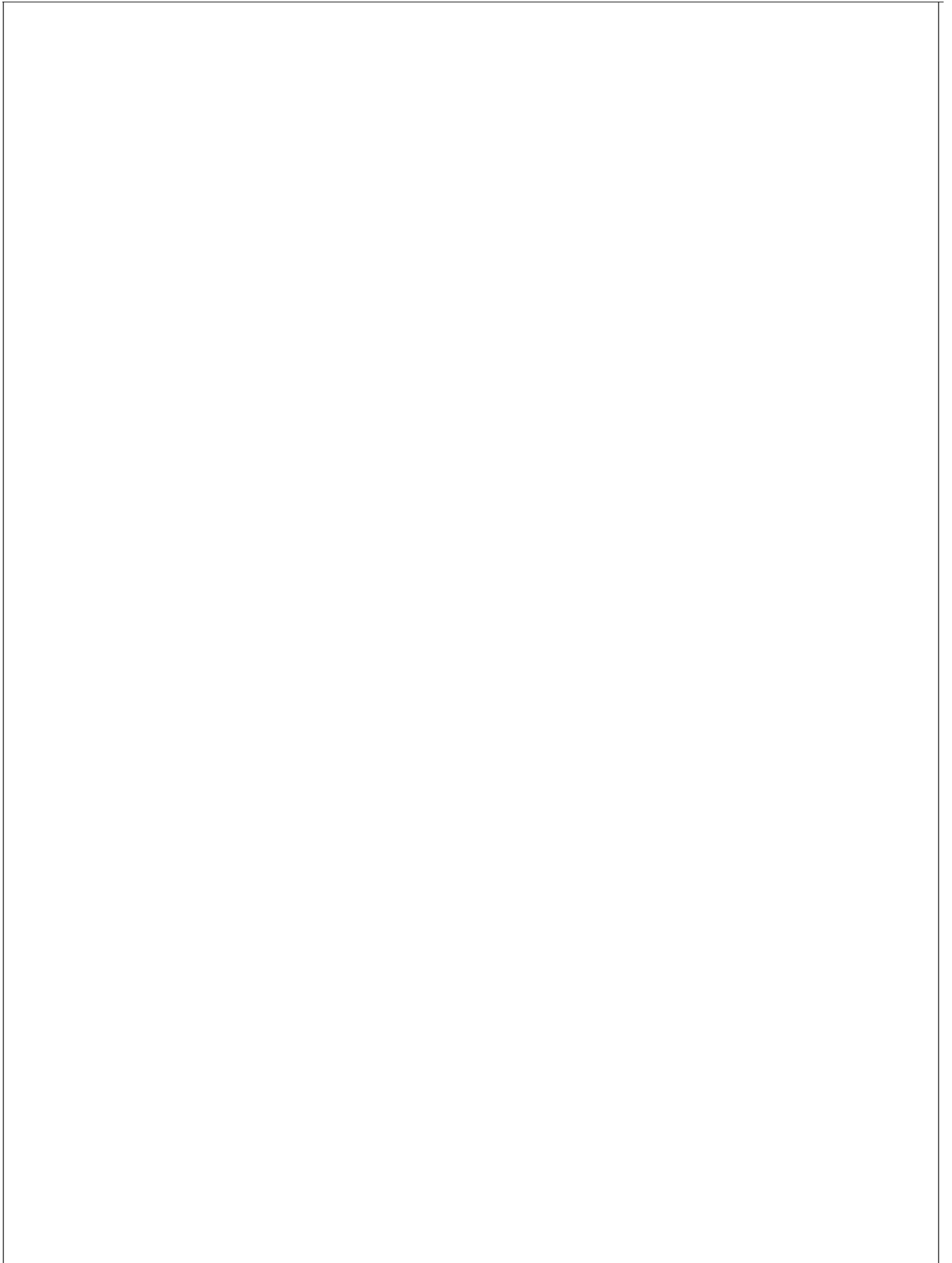
◯ Yes

◯ No

31. If you allow adverse driving exceptions, do you require company officials to pre-approve?

◯ Yes

◯ No

Do you track these exceptions? If so, explain:

[   ]

Collision Record

As defined in the *ATA Guidelines for Recording Fleet Accidents and Determining Preventability. To determine accident frequency in the below questions, use the following formula:*
Frequency Rate = # of Collisions x 1,000,000 / VMT

* 32. Collision record

Total number of "all" collisions in 2020

"All" collision rate per million miles in 2020

Number of DOT recordable collisions in 2020

DOT recordable rate per million miles in 2020

Health / Wellness

* 33. Do you require DOT medical exams at hire or lease?

- ○ Yes
- ○ No

* 34. Do you pay for DOT physicals?

- ○ Yes
- ○ No

* 35. Do you require a certain DOT physical provider?

- ○ Yes
- ○ No

* 36. Do you have a mandatory sleep apnea program?

- ○ Yes
- ○ No

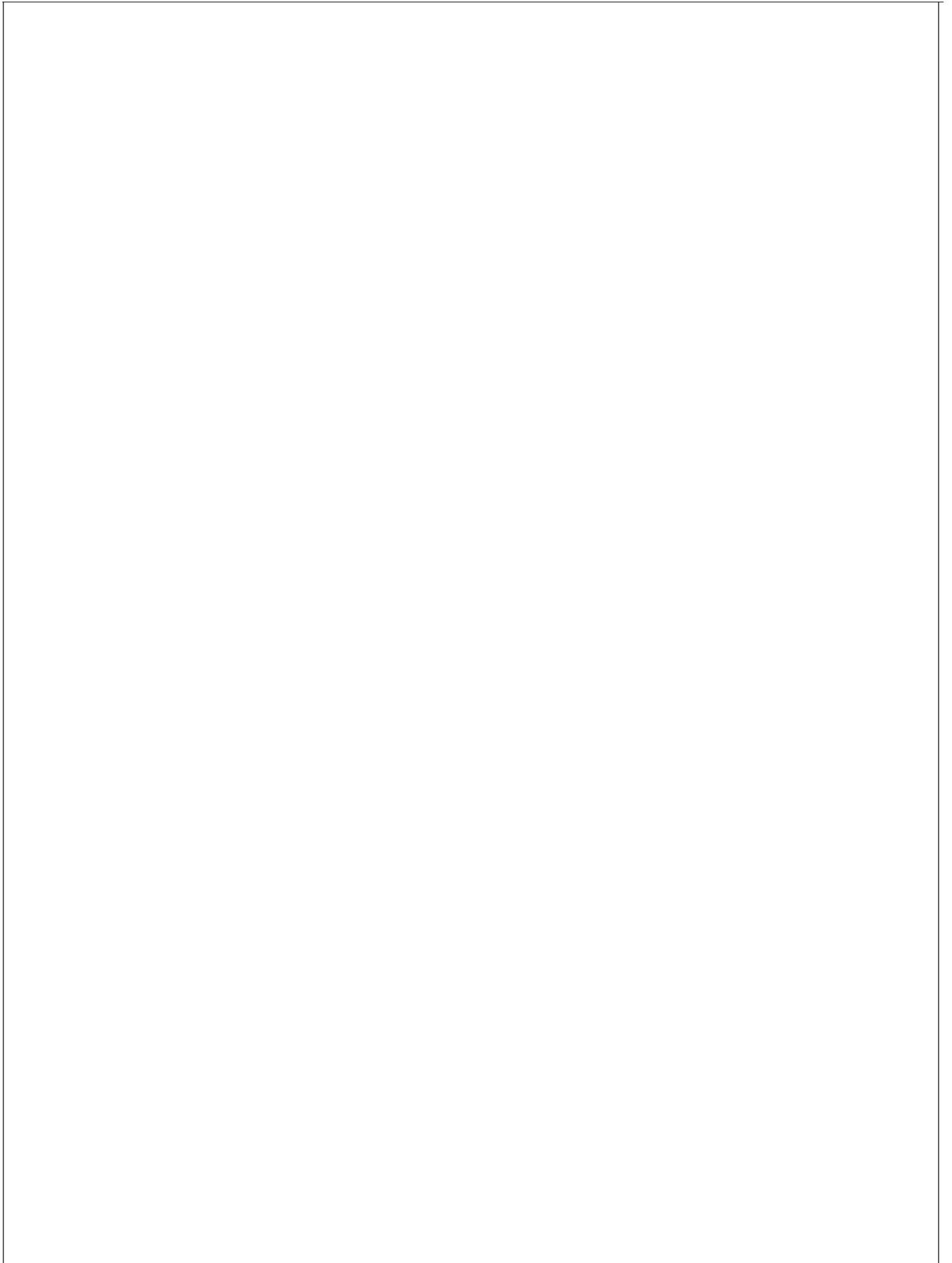* 37. Do you provide gym discounts?

- ○ Yes
- ○ No

* 38. Do you incentivize health & wellness?

- ○ Yes
- ○ No

If yes, explain:

39. Do your over the road drivers sleep in the cab or do you provide hotel rooms?

- ○ Sleep in cab
- ○ Provide hotel rooms
- ○ Other (please specify)

Workers' Comp

* 40. Total number of driver Injuries in 2020:

* 41. Total number of non-driver injuries in 2020:

* 42. Total number of driver medical-only claims in 2020:

* 43. Total number of non-driver medical-only claims in 2020

* 44. Total number of driver lost-time claims in 2020:

* 45. Total number of non-driver lost-time claims in 2020:

* 46. Percentage of driver medical only claims in 2020:

* 47. Percentage of non-driver medical only claims in 2020:

* 48. Number of driver lost work days in 2020:

* 49. Number of non-driver lost work days in 2020:

* 50. Average driver lost work days per lost time claim in 2020:

* 51. Average non-driver lost work days per lost time claim in 2020:

[ ]

* 52. Recordable Incident Rate (RIR) in 2020
(RIR = Incidents x 200,000/Total Number of Hours Worked):

[ ]

* 53. Days Away Restricted or Transferred (DART) Rate in 2020
DART = (total number of incidents or illnesses resulting in either employee missing work on restricted duty or transferred to another job within the organization x 200,00) / total number of hours worked

[ ]

* 54. Do you provide ongoing training to reduce / eliminate work place injuries?

( ) Yes

( ) No

* 55. Early return to work program?

( ) Yes

( ) No

* 56. Is early return to work program mandatory?

( ) Yes

( ) No

57. Do you provide paid leave for vaccinated employees who contract COVID-19?

( ) Yes

( ) No

58. Do you provide paid leave for unvaccinated employees who contract COVID-19?

( ) Yes

( ) No

Minimum Hiring Requirements

* 59. Do you require a driver to be a minimum age?

◯ Yes

◯ No

If yes, what is the minimum age required?

[   ]

* 60. Do you require a new-hire driver to have a minimum years of experience?

◯ Yes

◯ No

If yes, what is the minimum experience required?

[   ]

* 61. Do you require a new-hire driver to have a minimum class of CDL?

◯ Yes

◯ No

If yes, what class?

[   ]

* 62. Do you require HAZMAT endorsements?

◯ Yes

◯ No

◯ Partial Fleet

* 63. Do you require other endorsements?

◯ Yes

◯ No

◯ Partial Fleet

If yes / partial fleet, what endorsements?

[   ]

* 64. Do you hire drivers with criminal convictions?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 65. Do you hire drivers with minor traffic violations?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 66. Do you hire drivers with previous safety suspensions?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 67. Do you hire drivers with a DUI / DWI on their record?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 68. Do you hire drivers charged with reckless driving?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 69. Maximum CMV & passenger vehicle accidents permitted?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 70. Maximum DOT accidents permitted?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 71. Maximum preventable accidents permitted?

○ Yes

○ No

If yes, are there limitations? (example - 3 years past occurrence)

[   ]

* 72. Are you a training provider for entry-level drivers?

○ Yes

○ No

* 73. Test driver pre-hires for job-related physical standards?

○ Yes

○ No

* 74. Test non-driver pre-hires for job-related physical standards?

○ Yes

○ No

Staffing

* 75. What department does safety report to in your organization?

○ CEO / COO   ○ Outside Council / Legal

○ Operational Leadership   ○ Human Resources

○ Company General Council / Legal

○ Other (please specify)

[   ]

* 76. Highest position held by the head of safety:

○ Vice President

○ Director

○ Manager

○ Other (please specify)

[   ]

* 77. Safety

Number of corporate/headquarter safety personnel:

[   ]

Number of field safety personnel:

[   ]

Other safety staff: (example - administration)

[   ]

* 78. Driver Training

Number of corporate/headquarters driver training personnel:

[   ]

Number of full-time field/road trainers:

[   ]

Number of less than full-time road trainers:

[   ]

* 79. Compliance

Number of regulatory compliance personnel:

[   ]

* 80. Safety Department Total

Total safety head count:

Drivers per safety staff member percentage:

* 81. Contact Information

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address