



MEXICO-DOMICILED OP-1(MX) APPLICANT
PRE-AUTHORIZATION SAFETY AUDIT
PHASE 1 – VERIFICATION CHECKLIST

Instructions: This checklist should be completed on each motor carrier during Phase 1 (verification phase) of Pre-Authorization Safety Audits (PASA). If, during the PASA, the carrier submits a document verifying that it has the required systems in place (e.g., drug and alcohol testing program, hours of service, insurance), the auditor must attach the documentation submitted by the carrier to this checklist. Additionally, the auditor should attach other documents related to the PASA, including the OP-1 (MX) application, carrier profiles, written communications submitted by the carrier or sent by FMCSA to the carrier (e.g., e-mails, faxes, correspondence) to this checklist. This checklist and all attached documentation should be scanned into the Agency’s Electronic Data Management System (EDMS) once the carrier’s PASA has been completed.

CONTROLLED SUBSTANCES AND ALCOHOL TESTING PROGRAM

1. Has the motor carrier implemented a controlled substances and alcohol testing program in accordance with 49 CFR Parts 40 and 382, if applicable? _____ Yes _____ No

Note: If the motor carrier is administering its own controlled substance and alcohol testing program, verify the testing is being conducted in accordance with Part 40.

Place a check in the “Document Submitted” box to indicate the document(s) that were submitted by the motor carrier. Documents that are submitted must be attached. Place a check in the “Document Attached” box to confirm that the documents are attached. **All of the following** should be checked to show compliance with the controlled substances and alcohol testing requirements.

Document Submitted	Document Attached	
<input type="checkbox"/>	<input type="checkbox"/>	Written policy containing the minimum requirements under 382.601(b)
<input type="checkbox"/>	<input type="checkbox"/>	Name, address, and telephone number of United States or Mexico-based consortium, collection facility or site
<input type="checkbox"/>	<input type="checkbox"/>	Written agreement or contract with a consortium/third-party administrator (C/TPA) and/or collection site (the written agreement or contract should have account number or other information identifying the carrier);
<input type="checkbox"/>	<input type="checkbox"/>	Name, address, and telephone number of United States-based certified testing laboratory or site
<input type="checkbox"/>	<input type="checkbox"/>	Written agreement or contract with United States-based certified testing laboratory or site

Additionally, if the motor carrier is already operating in the United States municipalities and commercial zones along the U.S.-Mexico international border, the carrier must provide:

Copies of test results conducted for controlled substance and alcohol use.

FMCSA personnel must verify the information provided by calling each individual/company for which a document is submitted. The contact information for each individual should be captured below. Copies of the actual document(s) supporting the carrier's controlled substances and alcohol testing program must be attached to this checklist and maintained.

<i>Company Name:</i>	<i>Type of Company (laboratory, site, etc):</i>
<i>Contact Person's Name and Title:</i>	<i>Telephone Number:</i>
<i>Name of FMCSA Personnel Making Contact:</i>	<i>Date:</i>

Summary of Contact:

<i>Company Name:</i>	<i>Type of Company (laboratory, site, etc):</i>
<i>Contact Person's Name and Title:</i>	<i>Telephone Number:</i>
<i>Name of FMCSA Personnel Making Contact:</i>	<i>Date:</i>

Summary of Contact:

Company Name:	Type of Company (laboratory, site, etc):
Contact Person's Name and Title:	Telephone Number:
Name of FMCSA Personnel Making Contact:	Date:

Summary of Contact:

HOURS-OF-SERVICE (HOS)

1. Does the motor carrier require its driver(s) to comply with the hours-of-service requirements of 49 CFR Part 395? _____ Yes _____ No

The motor carrier must have a system of ensuring compliance with HOS requirements, including recordkeeping and retention. If no written policies and/or procedures exist, the auditor shall interview carrier officials and describe below the carrier's system of compliance.

Summary of system of compliance:

Place a check in the "Document Submitted" box to indicate the document(s) that were submitted by the motor carrier. Copies of documents submitted by the carrier must be attached. Place a check in the "Document Attached" box to confirm that the documents are attached.

Document Submitted Document Attached

Written policy or procedures describing carrier's system for complying with HOS requirements

The motor carrier must have **one or more of the following** to show compliance with the hours-of-service requirements of 49 CFR Part 395.

- Time cards used or to be used by the carrier (if applicable to operation)
- Print-out from log tracking software used or to be used
- Record of duty status used or to be used

FMCSA personnel must verify the information provided by requesting a copy of each document submitted. Copies of the actual document(s) supporting the carrier’s hours-of-service compliance must be attached to this checklist and maintained.

INSURANCE

1. Does the motor carrier have valid proof of adequate levels of financial responsibility? _____ Yes _____ No

Place a check in the “Document Submitted” box to indicate a document was submitted by the motor carrier. Place a check in the “Document Attached” box to confirm that the document is attached

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|--------------------------|--------------------------|--|
| Document Submitted | Document Attached | |
| <input type="checkbox"/> | <input type="checkbox"/> | A binder, policy, or other documentation from an approved United States-based insurance company, showing the policy number and the insurance company name, address and telephone number. |

FMCSA personnel must verify the carrier has adequate levels of insurance by contacting the insurance company providing insurance for the motor carrier. Copies of the actual documents supporting that the carrier has adequate levels of financial responsibility must be maintained.

Company Name:	
Contact Person’s Name and Title:	Telephone Number:
Name of FMCSA Personnel Making Contact:	Date:

Summary of Contact:

PERIODIC VEHICLE INSPECTIONS

1. Is the motor carrier conducting periodic inspections of all commercial motor vehicles it plans to operate in the United States? _____ Yes _____ No

The auditor shall identify all CMVs (power units and/or trailers) the motor carrier uses, or intends to use, in the United States. The auditor shall compile a list of CMVs from the information provided by the carrier, including any list the carrier may have of such CMVs, if available.

Document Submitted Document Attached

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A list of CMVs (power units and/or trailers) the motor carrier operates and/or plans to operate in the United States. The list should also be compared with the carrier profile to ensure no additional vehicles are showing on the profile as being operated in the United States, and paying close attention to vehicles with out-of-service violations. |
|--------------------------|--------------------------|--|

After the list is reviewed, place a check in the “Document Submitted” box to indicate the document(s) submitted by the motor carrier. Copies of documents submitted by the carrier, and the auditor compiled list of CMVs the carrier operates and/or intends to operate in the United States, must be attached. Place a check in the “Document Attached” box to confirm that the document is attached. **One or more of the following** should be checked to show compliance with the periodic vehicle inspection requirements of 49 CFR Part 396.

Document Submitted Document Attached

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Periodic inspection report(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Federal or State reports with Commercial Vehicle Safety Alliance (CVSA) decal information |
| <input type="checkbox"/> | <input type="checkbox"/> | Inspection reports from the Secretaría de Comunicaciones y Transportes (SCT) – Mexican Ministry of Communications and Transport |

FMCSA personnel must verify the documents submitted by the motor carrier. Copies of the actual document(s) supporting that the carrier has conducted periodic inspections must be attached to this checklist and maintained.

The auditor shall evaluate the carrier’s safety inspection, maintenance, and repair facilities (if the PASA is conducted at the carrier’s principle place of business (PPOB) and the carrier’s inspection, maintenance, and repair facilities are on-site) or management systems.

Summary of the evaluation of the motor carrier’s safety inspection, maintenance, and repair facilities and/or management systems:

Driver’s Qualifications

1. Does the motor carrier require its commercial drivers to meet the qualification requirements of 49 CFR Part 391, including having a valid Licencia Federal de Conductor, if applicable?
_____ Yes _____ No

The auditor shall identify all drivers currently operating in the municipalities and commercial zones on the United States-Mexico border or intending to operate beyond the municipalities and commercial zones of the United States-Mexico border. The auditor shall compile a list of drivers from the information provided by the carrier, including any list the carrier may have of such drivers, if available.

Document
Submitted

Document
Attached

A list of drivers (to include driver’s name, address, date of birth, and driver’s license number) currently operating in the municipalities and commercial zones on the United States-Mexico border or those intending to operate beyond the municipalities and commercial zones on the United States-Mexico border. The list should also be compared to the carrier profile to ensure no additional drivers are showing on the profile as operating in the United States, and paying close attention to drivers showing as unqualified.

After the list is reviewed, place a check in the “Document Submitted” box to indicate the document(s) submitted by the motor carrier. Copies of documents submitted by the carrier, and the auditor compiled list of drivers currently operating in the commercial zone and/or drivers the carrier intends to use to operate CMVs in the United States, must be attached. Place a check in the “Document Attached” box to confirm that the document is attached. The auditor must place a check in both boxes below to indicate that compliance with the driver qualification requirements of 49 CFR Part 391 has been verified. Be sure to determine the CDL requirements for the size vehicle to be used in the United States and if the carrier will be transporting placardable quantities of hazardous materials.

Document Submitted	Document Attached	
<input type="checkbox"/>	<input type="checkbox"/>	Documentation of a valid license (CDL or Licencia Federal de Conductor) for each driver on the list, if copies of the licenses are maintained by the carrier and/or available.
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Driver's License Information System (CDLIS) report for each driver on the list.

Does the list of drivers the motor carrier uses and/or intends to use to operate commercial motor vehicles in the United States include any driver(s) determined to *not* have a valid CDL or valid Licencia Federal de Conductor, if applicable?

_____ Yes _____ No

- A list compiled by the auditor of drivers determined to be unqualified (to include driver's name, address, date of birth, and driver's license number).

FMCSA personnel must verify the driver information through the Commercial Driver's License Information System (CDLIS) report for these drivers. If any driver required to have a license is found to not have a valid United States CDL or Licencia Federal de Conductor, the auditor must advise the carrier that the driver cannot be used for operations in the United States. The copies of the licenses and the actual CDLIS reports for each driver must be attached to this checklist and maintained.

Additional Comments

NOTE: Comments should represent what the auditor discovered during Phase I of the PASA. The comments may include, but are not limited to, notations of what information was obtained, the substance of the information provided by the carrier, requirements that were not met, etc.
