



# DOT Compliance Audit Checklist


## Driver Qualification Files

Review driver records to ensure compliance with DOT regulations regarding hiring, training, and medical certification.

### Number of Active Drivers

### Date of Last Driver Qualification File Review

### Sample Driver Application Form

 Upload File

### Driver Application Process - Background Checks?

☐ Yes

☐ No

### Summary of Driver Qualification Process Description

**Are MVRs (Motor Vehicle Records) obtained for all drivers?**

☐ Yes

☐ No

**Frequency of MVR Review (e.g., annual, bi-annual)**

Enter a number...

**Description of Driver Training Program (Initial & Ongoing)**

Write something...

**Do drivers receive training on Hours of Service regulations?**

☐ Yes

☐ No

## Driver Hours of Service (HOS)

Verify compliance with electronic logging device (ELD) or manual logbook regulations for driver hours worked and rest periods.

**Review ELD Certification Date**

Enter date...

**Number of Drivers Utilizing ELDs**

Enter a number...

### Logbook Types Used (Check all that apply)

- ☐ Electronic Logging Device (ELD)
- ☐ Paper Logs

### Summary of any HOS Violations Found (if any)

Write something...

### Number of Drivers Exceeding Daily Driving Limit

Enter a number...

### Date of Last Driver HOS Training

Enter date...

### ELD Provider Used:

- ☐ Trimble
- ☐ PeopleNet
- ☐ Omnitrac
- ☐ KeepTruckin
- ☐ Other

## Vehicle Maintenance Records

Examine records of vehicle inspections, repairs, and preventative maintenance to ensure vehicles are safe and in compliance with DOT standards.

### Last Full Vehicle Inspection Date

Enter date...

### Mileage at Last Inspection

Enter a number...

### Summary of Maintenance Performed (including parts replaced)

Write something...

### Attach Vehicle Inspection Report (VIR)

 Upload File

### Number of Preventative Maintenance (PM) Services Completed This Year

Enter a number...

### Date of Last Oil Change

Enter date...

### Description of any recurring maintenance issues

Write something...

### Hours since last engine service

Enter a number...

## Vehicle Inspection Reports (VRRs)

Review driver vehicle inspection reports for completeness, accuracy, and correction of identified defects.

### VRR Frequency - Days Since Last Inspection

Enter a number...

### VRR Date

Enter date...

### Driver Comments/Notes on VRR

Write something...

### Defects Found (Check All That Apply)

- ☐ Brakes
- ☐ Lights
- ☐ Tires
- ☐ Suspension
- ☐ Steering
- ☐ Engine
- ☐ Exhaust
- ☐ Body/Frame
- ☐ Other

### Detailed Description of Defect(s) Found

Write something...

### Severity Rating (1-5, 1=Minor, 5=Critical)

Enter a number...

### Corrected By (Mechanic or Driver)

- ☐ Mechanic
- ☐ Driver

### Description of Repair/Correction

Write something...

### Date of Repair/Correction

### Upload Repair Documentation (Receipt, Invoice)

 Upload File

## Accident Records


Assess records of accidents, incidents, and near misses, including investigations and corrective actions.

### Total Number of Accidents Reported in the Audit Period

### Date of Most Recent Accident Reported

### Summary of Investigation Process for Accident #1 (if applicable)

### Attach Police Report for Accident #1 (if applicable)

 Upload File

### Was a Root Cause Analysis Performed for Accident #1?

- ☐ Yes
- ☐ No
- ☐ N/A

### Description of Corrective Actions Implemented Following Accident #1 (if applicable)

Write something...

### Was Driver Counseling Provided After Accident #1?

- ☐ Yes
- ☐ No
- ☐ N/A

### Details of any regulatory reporting related to accident #1 (e.g. Form M)

Write something...

## Drug and Alcohol Testing Program

Evaluate compliance with DOT drug and alcohol testing requirements, including testing procedures, recordkeeping, and policies.

### Number of drivers subject to random drug testing?

Enter a number...



**Number of drivers subject to random alcohol testing?**

Enter a number...

**Type of MRO used?**

- ☐ Certified MRO
- ☐ Medical Review Officer Service
- ☐ Company Employee (Not Certified)


**Date of last program review?**

Enter date...

**Description of driver education/awareness training related to drug & alcohol policy (including frequency and content)**

Write something...

**Copy of current Drug & Alcohol Testing Policy (including procedures for positive tests, refusals, and SAP programs)**

 Upload File

**Is a Substance Abuse Professional (SAP) utilized for return-to-duty processes?**

- ☐ Yes
- ☐ No

## Summary of procedures for handling positive drug test results and return-to-duty processes.

Write something...

## Cargo Securement

Verify compliance with cargo securement regulations, including load securement techniques and equipment.

### Number of Cargo Securement Devices (e.g., straps, chains, posts) per trailer/vehicle?

Enter a number...

### Working Load Limit (WLL) of Securement Devices (in pounds)?

Enter a number...

### Types of Securement Devices Used (check all that apply):

- ☐ Straps
- ☐ Chains
- ☐ Posts
- ☐ Blocking
- ☐ Edge Protection
- ☐ Other (Specify in Long Text)

**If 'Other' selected above, please specify the type of securement device used.**

Write something...


**Are securement devices inspected before each load?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**Describe the procedure for inspecting cargo securement devices.**

Write something...

**Upload example photo of cargo securement process**

 Upload File

**Are load plans used for complex or oversized loads?**

- ☐ Yes
- ☐ No
- ☐ Not Applicable

**Date of last cargo securement training for drivers.**

Enter date...

# Hazardous Materials (Hazmat) Compliance (if applicable)

Assess adherence to DOT regulations pertaining to the transportation of hazardous materials, including proper classification, packaging, and placarding.

Is your company a registered Hazmat Shipper?

- ☐ Yes
- ☐ No

USDOT Hazmat Certificate Number:

Enter a number...

Hazmat Training Completion Date (Driver 1):

Enter date...

Hazmat Training Recertification Date (Driver 1):

Enter date...

Driver Hazmat Training Certificates (Driver 1):

 Upload File

### Hazmat Employee Designation:

- ☐ Security Plan Coordinator
- ☐ Emergency Response Coordinator
- ☐ Training Coordinator
- ☐ Shipping Paper Preparer
- ☐ Other (Specify in LONG\_TEXT)

### If 'Other' designation selected, please specify:

Write something...

### Shipping Papers - Are they prepared according to 49 CFR 172.200?

- ☐ Yes
- ☐ No
- ☐ N/A

### Example Shipping Paper:

 Upload File

## Recordkeeping and Retention

Ensure all required DOT records are maintained accurately, completely, and retained for the specified retention periods.

### Number of Driver Qualification Files Maintained

Enter a number...

### Number of Vehicle Maintenance Records Kept

Enter a number...

### Last Review Date of Driver Qualification Files

Enter date...

### Last Review Date of Vehicle Maintenance Records

Enter date...

### Number of Completed Accident Reports Retained

Enter a number...

### Date of Last Audit of Record Retention Practices

Enter date...

### Description of Record Retention Policy (Summary)

Write something...

### Record Storage Method (Physical/Digital/Hybrid)

☐ Physical

☐ Digital

☐ Hybrid

**Number of years driver medical cards are kept**

Enter a number...

## Company Safety Program

Evaluate the effectiveness of the company's overall safety program, including policies, procedures, and training.

**Describe the company's documented safety policy.**

Write something...

**What safety training is provided to drivers?**

- ☐ Defensive Driving
- ☐ Cargo Securement
- ☐ Hours of Service
- ☐ Hazardous Materials (Hazmat)
- ☐ Drug and Alcohol Awareness
- ☐ Accident Reporting
- ☐ Other (Specify in LONG\_TEXT)


**How often are company-wide safety meetings held?**

Enter a number...

**Date of last comprehensive safety program review.**

Enter date...

**Attach the most recent safety program documentation.**

 Upload File

**How are safety concerns reported by employees?**

- ☐ Directly to Management
- ☐ Through a Safety Committee
- ☐ Anonymous Reporting System
- ☐ Other (Specify in LONG\_TEXT)

**Describe the process for investigating safety incidents and near misses.**

Write something...

**How are drivers encouraged to participate in safety improvements?**

- ☐ Suggestion Box
- ☐ Safety Incentive Programs
- ☐ Feedback Sessions
- ☐ Other (Specify in LONG\_TEXT)