



2022 Certified Safety Program Transportation Document Checklist

Below are the items and/or documents your ATACF Risk Manager will need to review during the Certified Safety Program review. Please have these documents printed or ready before your appointment time. Your Risk Manager will provide the number of New Hire files or Work Comp files they would like to view prior to the visit.

Completed		Document Review Items	
Hiring Practices & Procedures			
		The following will be reviewed: Completed New Hire File(s). <input type="checkbox"/> Driver Qualification File <input type="checkbox"/> Human Resource File <input type="checkbox"/> Medical File <input type="checkbox"/> Job Descriptions <input type="checkbox"/> Post Job Offer Medical Questionnaire <input type="checkbox"/> PSP - Pre-Employment Screening Program <input type="checkbox"/> Driver Evaluation Form <input type="checkbox"/> New Hire Orientation Schedule <input type="checkbox"/> New Hire Follow Up Documentation	
		Written Safety Manual with Sign-Off & the Following Policies in Place if Applicable: <input type="checkbox"/> Seat Belts <input type="checkbox"/> Speeding <input type="checkbox"/> 3 Points of Contact <input type="checkbox"/> Electronic Device Policy <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Required Safe Lifting/Pushing and Pulling Techniques <input type="checkbox"/> No Jumping <input type="checkbox"/> Harnessed or Netted in Bunk Area <input type="checkbox"/> 5 th Wheel Pin Puller <input type="checkbox"/> Ergonomic Binder	
Training & Inspections			
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly and/or <input type="checkbox"/> Quarterly Safety Training/Meetings w/Documentation: <input type="checkbox"/> 3 Points of Contact <input type="checkbox"/> Safe Work Methods <input type="checkbox"/> Forklift <input type="checkbox"/> OSHA <input type="checkbox"/> Flatbed <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Distracted Driving <input type="checkbox"/> Remedial Training <input type="checkbox"/> Monthly Shop Inspections	
Claims Reported			
		Complete Work Comp Claim File(s). We will be looking at/for the following: <input type="checkbox"/> All claims are reported within two (2) business days <input type="checkbox"/> Post Injury Drug Screen <input type="checkbox"/> Post Injury Follow-Up Call Documentation <input type="checkbox"/> Return to Work Program	
Management Commitment & Control			
		New-Hire President/Executive Calls Documentation	
		Event Recorders – <input type="checkbox"/> Forward Facing <input type="checkbox"/> Rear Facing	
		Injury Prevention Safety Incentive Plan with Documentation	