

From: Croshaw, Geoff TRAN:EX
To: Marriott, Ivor TRAN:EX
Subject: Audit demographics request letter – Event 129520 – Papason Trucking Ltd. – 2018Jul30
Date: Monday, July 30, 2018 1:36:58 PM
Attachments: BC Registry - Papason Trucking Ltd. - 2018Jul30.pdf
Audit Demographics Request Letter - Event 129520 - Papason Trucking Ltd. - 2018Jul30.pdf

Hello Ivor,

I have sent a demographics request letter for the above event, scheduled for September 11, 2018 at 9.00am.

Please find two attachments: the demographics request letter and the BC Corporate Registry.

Associated carriers: None

Number of currently active vehicles: 30

Thanks,

Geoffrey Croshaw

National Safety Code

Ministry of Transportation and Infrastructure

(250) 953 – 4018 (Direct Line)

(250) 952 - 0576 (General Line)

(250) 952 - 0578 (fax)

nsc@gov.bc.ca

www.cvse.ca



July 30, 2018

NSC #200044557
Event #129520

ACTION REQUIRED

PAPASON TRUCKING LTD.
1933 RIVER RD
P.O. BOX 2629
PRINCE GEORGE BC V2N 4T5

Dear National Safety Code Carrier:

Re: Carrier Audit

In order for the National Safety Code (NSC) program office to determine whether you are meeting NSC requirements under Division 37 of the *Motor Vehicle Act Regulations*, an audit of your operation has been requested.

The audit will cover, but will not be limited to, records about your drivers, hours of service, vehicle maintenance, bills of lading, transportation of dangerous goods (if applicable) and your safety plan. The Carrier Safety Inspector will be auditing these records to determine if your operation is in compliance with the National Safety Code (NSC). Compliance with the requirements of NSC will be determined through a review of your records, safety practices and operating policies.

The date, time and location of the audit are as follows:

AUDIT DATE: **Tuesday, September 11, 2018 at 9.00am**
LOCATION: **1933 River Rd**
Prince George, BC V2N 4T5
WITH: Carrier Safety Inspector **Ivor Marriott** Phone: **(250) 565-7286**
EXPECTED DURATION OF AUDIT: **4 day(s)**

You must contact the Carrier Safety Inspector to confirm your attendance within 5 business days of receiving this letter.

Failure to appear for this audit or to provide the records requested will result in the immediate suspension of your NSC Safety Certificate and could lead to its cancellation.

You and/or your representative must provide the following records for inspection (MVA 212.1(1.1)):

Driver Records (Sorted by driver):

- Driver abstracts dated at time of hire of the driver and at least annually thereafter
- TDG (transport of dangerous goods) certificates if applicable
- Violation tickets; accident reports

Hours of Service Records (sorted by driver):

- Bills of lading and invoices, for the last six (6) months
- Loggers mill delivery sheets if applicable, for the last six (6) months
- Log books along with supporting documentation, for the last six (6) months.
- Log books and/or time records if operating within 160 kms of the home terminal, along with supporting documentation, for the last six (6) months.

Examples of supporting documentation include, but not limited to:

- bills of lading;
- shipping documents;
- fuel receipts (complete with accurate dates and times of fueling);
- accommodation receipts;
- driver dispatch receipts;
- driver trip receipts;
- payroll records;
- charter trip reports; and other receipts (meal, bridge tolls, truck wash, emergency repairs, etc.) and
- any other document that can support the hours of service records

Vehicle Maintenance (sorted by vehicle)

- Trip inspection reports for the last 90 days
- CVSA and CVIP inspection reports; notice and orders
- Vehicle maintenance information including repair invoices (past 24 months)
- Copies of each vehicle registration (power units and trailers)
- Manufacturers' defect notices (recall notices) where applicable, and proof of repair(s)

Miscellaneous

- Copy of your Safety Plan and applicable policies
- Disciplinary letters

Please note that all documentation must be in its original form, photocopies will not be accepted.

At the time of audit, the inspector may request additional documents and/or information recorded or stored by any means to determine compliance. It is an offense to obstruct an inspector conducting an audit (MVAR 37.33(2)).

Enclosed are blank Carrier Demographics, Complete Drivers List, Trailer List and Carrier Audit Representative forms. Instructions on completing the forms can be found on the back of each form. Include the names of all drivers that have been operating under your NSC number in the past 6 months and all trailers that have been operating under your NSC number in the past 12 months.

Within 10 business days of the date of this letter, you must fax or mail the forms to the NSC program office. (A mailing address and fax number are located at the bottom of this letter).

If you have any questions, please contact your local Carrier Safety Inspector at the number provided on the first page of this letter, or the NSC program office at (250) 952-0576.

Yours truly,

Geoff Croshaw
National Safety Code
Commercial Vehicle Safety and Enforcement

Enclosures: Demographics forms
Carrier Audit Representative Information

CC: CSI Ivor Marriott

What is a Carrier Profile?

Carrier Profile is a measurement of a carrier's on road performance and is comprised of a carrier's demographic information, accident records, contraventions, and vehicle inspections. Data contained on the profile is retrieved from numerous data bases throughout the Ministry, ICBC and other Canadian and American jurisdictions. The overall result of NSC carrier audits is also included on the carrier profile. Easy access to the carrier profile will provided carriers with an excellent management tool at their fingertips.

What do you need to access Carrier Profile?

You need a BCeID UserID to access the Carrier Profile online.

How do you apply for a BCeID UserID?

Go to www.bceid.ca/register to apply for a BCeID.

To access the Carrier Profile online:

Once you have your BCeID UserID, go to http://cvse.ca/national_safety_code/carrier_profile.htm

You will need your NSC number and either your incorporation number (if you are incorporated, a society, municipality, etc.) or your driver licence number (if you are an owner/operator or a partnership).



**NATIONAL SAFETY CODE AUDIT
CARRIER DEMOGRAPHICS**

NSC#: _____ Name of Carrier: _____
(as it appears on your Safety Certificate)

Principal: _____ Drivers Lic. #: _____ Juris: _____ Title: _____

Principal: _____ Drivers Lic. #: _____ Juris: _____ Title: _____

Principal: _____ Drivers Lic. #: _____ Juris: _____ Title: _____

Business Mailing Address – Street: _____

City: _____ Province: _____ Postal Code: _____

Location of Business Records (Physical Address) – Street: _____

City: _____ Province: _____ Postal Code: _____

CSI Area: _____ Location(s) of Audit if different from business records location: _____

Contact Person (name): _____ Title: _____ Telephone #: _____ E-mail: _____

Fax #: _____ Cell #: _____

Scope of Operation:

Intra-Provincial % _____ Extra Provincial within Canada % _____ Extra- Provincial outside of Canada % _____

Have you ever, in any year, operated at least one of your vehicles out of province? _____ (Y/N) Indicate within or outside Canada _____

Classification of Carrier: () Private () For-Hire – Passenger Transportation # _____

| | TRAILERS | TRACTORS | TRUCKS | TAXIS | BUSES | LIMOS | OTHER |
|------------------|----------|----------|--------|-------|-------|-------|-------|
| Company Vehicles | | | | | | | |
| Lease Operators | | | | | | | |

Total Number of Drivers: _____ of which _____ operate beyond 160 km.

Safety Plan: _____ (Y/N) Approved Preventive Maintenance Number: P _____ (if applicable)

Brief description of your vehicle maintenance plan including scheduling of maintenance for each type of vehicle.

| Maintenance Safety Plan & Schedule | | |
|------------------------------------|----------------|---------------------------|
| MOTOR VEHICLES | | |
| SCHEDULE | Odometer Value | Safety Plan & Maintenance |
| Sample: | 10,000 km | A - Inspection |
| | | |
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| Trailers | | |
| Sample: Monthly | | A - Inspection |
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I confirm to the best of my knowledge that the above information is true and accurate

Date

Signed

Printed Name

Position

Please complete this form and return it to the National Safety Code Program office within the time limit required as per covering letter. Failure to do so is an offence under section 37.331 of the Motor Vehicle Act Regulations.

Instructions for completing form by Carrier:

| | |
|---------------------------------------|--|
| Principal: | Name of Company Principals or Owners |
| Drivers Licence #: | Drivers Licence # of Company Principals or Owners |
| Juris: | Jurisdiction (BC, AB, ON, SK). Most jurisdictions will |
| be BC. | |
| Title: | Title in company (President, Vice President, Secretary, |
| Treasurer) | |
| Business mailing Address: | Mailing address of Company |
| Location of Business Records: | Physical address of Company records. |
| CSI Area: | Example: Vancouver Island, Lower Mainland, Interior, |
| Northern. | |
| Location of Audit: | Civic address of Audit Location if different from |
| Location of Business Records. | |
| Contact Person: | Person to contact regarding Audit. |
| Title: | Title in company (President, Vice President, Secretary, |
| Treasurer) | |
| Telephone #: | Number at which Contact person may be reached. |
| E-mail: | E-mail address of Contact person or company. |
| Scope of Operation: | % of business either: Intra Provincial, Extra Provincial within Canada, Extra Provincial outside of Canada. All percentages must total 100%. |
| Classification of Carrier: | Either private, for hire (include Motor Carrier Reference # if applicable) or could be both. |
| Vehicle Table: | List total number of Company Owned, Leased or Lease Operator Vehicles using your National Safety Code Number by type of Vehicle. |
| Total Number of Drivers: | Number of all Drivers employed or operating under your National Safety Code number during the past twelve (12) months. |
| Operate beyond 160 km: | Number of Drivers that operate outside of 160 km of home terminal. |
| Safety Plan: | Does Carrier have a written safety plan. Answer 'Y' or 'N'. |
| Preventive Maintenance Number: | Number can be found on your Vehicle Inspection Facility Licence, if you hold one. |
| Maintenance Safety Plan and Schedule: | Describe vehicle maintenance plan according to Motor Vehicles and Trailers as per sample displayed. |



Complete Drivers List

NSC # _____

Name of Carrier _____
(as it appears on your Safety Certificate)

| | Driver | | Type of HOS record: Log, within 160 KM or time sheets | This driver teamed with driver. (Show row #) | Driver Licence | | | Dates of Employment | | Haul DGs (Y / N) |
|----|--------------------|-------------|---|---|---------------------------------|---------------|-----------|-----------------------------|----------------------------------|------------------------|
| | Surname | Given Name | | | Date of Birth Year/Month/Day | Number | Jur | Hired Year/Month/Da y | Terminated Year/Month/Da y | |
| | Sample: Doe | John | L, 160, T | 3 | 1960/MAR/0 | 123456 | BC | 2000/JAN/ | | N |
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I confirm to the best of my knowledge that the above information is true and accurate.

Date

Signed

Printed Name

Position

Please complete this form and return it to the National Safety Code Program Office, within the time limit required as per covering letter. Failure to do so is an offence under section 37.331 of the Motor Vehicle Act Regulations.

Instructions for completing form by Carrier:

- Surname: Full surname of all Drivers employed or operating under your National Safety Code number during the past six (6) months.
- Given Name: Full legal name(s) as on drivers licence (no nicknames).
- Type of HOS record: Enter L if driver uses log books, 160 if driver operates within 160 km of home terminal, or T if time sheets are used.
- This driver teamed with driver: If driver is a team driver, enter the row number of the driver teamed with.
- Date of Birth: Year-Month-Day as on drivers licence.
- Number: Drivers Licence Number
- Jur:
Jurisdiction. Jurisdiction (BC, AB, ON, SK). Most drivers employed by Carriers will have a BC
- Hired: Original date driver started work for the Carrier.
- Terminated:
Carrier. If Driver terminated within the past six (6) months, last date Driver worked for the
- Haul DGs: Enter 'Y' if Carrier hauls dangerous goods. Enter 'N' if Carrier does not haul dangerous goods



Power Unit List BC Base Plated

(Note: Do Not List Trailers)

NSC # _____ Name of Carrier _____
(As it appears on your Safety Certificate)

| | Vehicle Type | Registration # | Vehicle Plate # | Vehicle Year | Make | Model | Vehicle Unit # (If applicable) | Owned / Leased in (O/L) |
|----|----------------------|-------------------|--------------------|-----------------|-------------|--------------|-----------------------------------|-------------------------------|
| | Sample: Tract | 1234567 | P12345 | 1996 | Mack | CL713 | 78 | L |
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I confirm to the best of my knowledge that the above information is true and accurate.

Date Signed Printed Name Position

Please complete this form and return it to the National Safety Code Program Office, within the time limit required as per covering letter. Failure to do so is an offence under section 37.331 of the Motor Vehicle Act Regulations.

Instructions for completing form by Carrier:

BC Base Plated Power Units only, Do not include Trailers

| | |
|----------------------------|---|
| Vehicle Type (Body Style): | Taken from Insurance Registration Papers. |
| Registration: | Taken from Insurance Registration Papers. |
| Vehicle Plate #: | Taken from Insurance Registration Papers. |
| Vehicle Year: | Taken from Insurance Registration Papers. |
| Make: | Taken from Insurance Registration Papers. |
| Model: | Taken from the 'VIN' Plate. |
| Vehicle Unit #: | <u>May</u> appear on Insurance Registration Papers. |
| Owned/Leased In (O/L): | Answer 'O' if vehicle is owned by Carrier. Answer 'L' if vehicle is leased to Carrier. Answer 'L' if vehicle is owned by an Owner/Operator, using your National Safety Code Number. |



TRAILERS LIST BC BASE PLATED

(Note: Do Not List Power Units)

NSC # _____ Name of Carrier _____

(as it appears on your Safety Certificate)

| | Type of Trailer (see sample list below) | Registration # | Vehicle Plate # | Vehicle Year | Make | Vehicle Unit # (If applicable) | Service start date (Year/Month/Day) | Owned / Leased in O/L |
|----|--|-------------------|--------------------|-----------------|----------------|---|--|--------------------------------|
| | Sample: Fldck | 1234567 | 12345W | 2000 | Doepker | 100 | 2001/Aug/18 | O |
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I confirm to the best of my knowledge that the above information is true and accurate.

Date

Signed

Printed Name

Position

Please complete this form and return it to the National Safety Code Program Office, within the time limit required as per covering letter. Failure to do so is an offence under section 37.331 of the Motor Vehicle Act Regulations.

Instructions for completing form by Carrier:

BC Base Plated Trailers only, Do not include Power Units

| | |
|-------------------------------|--|
| Type of Trailer (Body Style): | Taken from Insurance Registration Papers. |
| Registration: | Taken from Insurance Registration Papers. |
| Vehicle Plate #: | Taken from Insurance Registration Papers. |
| Vehicle Year: | Taken from Insurance Registration Papers. |
| Make: | Taken from Insurance Registration Papers. |
| Vehicle Unit Number: | <u>May</u> appear on Insurance Registration Papers. |
| Service Start Date: | Enter the date that the trailer began operating in your fleet. |
| Owned/Leased In (O/L): | Answer 'O' if vehicle is owned by Carrier. Answer 'L' if vehicle is leased to Carrier. Answer 'L' if vehicle is owned by an Owner/Operator, using your National Safety Code Number. |

CARRIER AUDIT REPRESENTATIVE INFORMATION

NSC#: _____ Name of Carrier: _____
(as it appears on your Safety Certificate)

**NAME OF INDIVIDUAL(S) DESIGNATED BY CARRIER AS RESPONSIBLE FOR RECEIVING AND SIGNING
THE AUDIT REPORT ON BEHALF OF THE CARRIER:**

| | | |
|------------------------------|----------------|--|
| _____ Name (Please Print) | _____ Title | _____ Driver's licence # & Jurisdiction |
| _____ Name (Please Print) | _____ Title | _____ Driver's licence # & Jurisdiction |
| _____ Name (Please Print) | _____ Title | _____ Driver's licence # & Jurisdiction |

SIGN IN DECLARATION OF ALL OF THE ABOVE

An authorized signatory must sign this declaration. (If this is a Corporate application, authorized signatory refers to a person appearing on the corporate registry.)

Signed: _____ **On this date:** YYYY _____ MM _____ DD _____

Print your name in block letters:

_____ **Title** _____

Phone: _____ **Fax:** _____ **Email:** _____

Please complete this form and return it to the National Safety Code Program office, within the time limit required as per covering letter. Failure to do so is an offence under section 212.1(2) of the Motor Vehicle Act.

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Page 16 to/à Page 47

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