**Safety Plan**

***Carrier Name Enter Below***

**(Business Name or Individuals Name - match name on SFC Application and vehicle registration)**

**Date Created Enter Below**

**DATE:**

## Driver Files

*The following bullets are suggestions of the minimum requirements that need to be considered when completing the driver files section of your safety plan:*

* *Indicate that a driver file will be established for each employee (including company owners) who does/will drive regulated vehicles for the company.*
* *Indicate what files will be collected at the time someone is hired*
* *Indicate how the new driver’s qualifications will be tested and documented.*
* *Indicate who will review the new driver’s driving record and how that review will be documented in the driver files.*
* *Indicate how drivers will be expected to disclose incidents and accidents*
* *Indicate how driver’s qualifications will be reviewed/updated and who is responsible for making sure that your company does this*
* *If not keeping separate training files for drivers, indicate how driver training will be included in the file.* 
  + *Keep lists of training courses the driver is required to take and the date the course was completed.*
  + *Keep evidence of successful completion of training (i.e. certificates and invoices for training costs)*
* *If you develop separate policies related to driver training, progressive discipline, etc. the safety plan can refer to the policies and do not have to repeat all the information.*
* *For more information on what you need to think about when completing this section of your safety plan, please refer to the Parts 1 to 7 of the NSC Recordkeeping Compliance Plan.*

## HOURS OF SERVICE

*The following bullets are suggestions of the minimum requirements that need to be considered when setting up your plan for ensuring that your drivers remain compliant with hours of service rules and that your company is correctly documenting that hours of service compliance is regularly monitored and issues are corrected:*

* *Indicate how your company will establish files to track each driver’s hours of service records.*
* *Indicate how drivers will receive hours of service training to ensure they know what is required to be compliant for your operations.*
* *Indicate the companies policy for how the drivers will maintain their record of duty status, how they will file them with the company office and on what timeline.*
* *Indicate who will review the record of duty status to ensure compliance and how the company will address issues related to non-compliance.*
* *Indicate the company’s policy on hours of service record retention. Minimum requirement is 6 months.*
* *If you develop separate policies related to hours of service expectations, progressive discipline, etc. the safety plan can refer to the policies and do not have to repeat all the information.*
* *For more information on what you need to think about when completing this section of your safety plan, please refer to the Parts 8 & 9 of the NSC Recordkeeping Compliance Plan.*

## VEHICLE MAINTENANCE

*The following bullets are suggestions of the minimum requirements that need to be considered when setting up your plan for ensuring that your vehicles are properly maintained and that your maintenance recording keeping is compliant with requirements under the National Safety Code (NSC) and the Highway Traffic Act (HTA):*

* *Indicate that your company is responsible for ensuring that your vehicles are in good repair and safe for your operations.*
* *Indicate who in your company is responsible for ensuring that the vehicles are mechanically sound and in compliance with applicable NSC standards and the HTA.*
* *Indicate how your company plans to ensure that your vehicles have a current periodic mandatory vehicle inspection certificate.*
* *Indicate how the vehicle maintenance files will be established and what information is required to be kept in the files.*
* *Indicate the company’s preventative maintenance activities and the schedule on which these activities will take place. Preventative maintenance check lists can be used, there are many examples available online that can be adapted to your operations.*
* *Keep all repair invoices and document all in-house preventative maintenance completed. (i.e. changing worn hoses before they fail)*
* *Keep CVSA inspection results and any repairs completed as a result of the inspections.*
* *If you develop separate policies related to your preventative maintenance program these can be referred to, rather than repeated.*
* *For more information on what you need to think about when completing this section of your safety plan, please refer to the Parts 11 to 13 of the NSC Recordkeeping Compliance Plan.*

**DECLARATION OF COMMITMENT TO TRANSPORTATION SAFETY**

* *In this section the company owner or a managing partner must sign-off on the safety plan. By doing so, the owner is accepting that they have a responsibly to ensure their company has a commitment to safety.*
* *Suggested declaration wording is included, however a company may edit as they see fit.*
* *The named certified compliance officer for the company is also required to sign this document.*

I, name of owner/partner, am committed to ensuring all employees are aware of and dedicated to following transportation safety laws as outlined in this plan. I am committed to ensuring that my employees have the necessary training and supports to ensure the implementation of this safety plan.

I commit to monitoring my company’s compliance with this safety plan and related policies and adapt and update the plan and policies as needed to improve the safety of my employees and other road users.

**Owner/Partner**

|  |  |  |  |
| --- | --- | --- | --- |
| ***This declaration must include individuals named on the vehicle registration. When vehicle registration shows a corporate, society or organization name, then the declaration must include the owner(s), manager(s), or director(s).*** | | | |
| Name: | | Position in Company: | |
| Phone: | Email: | | Date: |
| Signature: | | | |

**Designation of Compliance Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| **The person(s) responsible for maintaining and implementing this plan is:** | | | |
| Name: | | Position in Company: | |
| Phone: | Email: | | Phone: |
| Signature: | | | |