

**SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE**

CHP 343 (Rev 12-17) OPI 062

NEW TERMINAL INFORMATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CA NUMBER 409630	FILE CODE NUMBER 317400	COUNTY CODE 01	BED
TERMINAL TYPE <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Mod Limo	CODE 1	OTHER PROGRAM(S)	LOCATION CODE 375	SUBAREA 4544

CARRIER LEGAL NAME Rapid Truck Lines Inc	TERMINAL NAME (IF DIFFERENT)	TELEPHONE NUMBER (W/ AREA CODE) (408)210-0000
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)
31038 Huntwood Ave, Hayward, CA 94544

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) (IF DIFFERENT FROM ABOVE) P.O. Box 1801, Los Gatos, CA 95031	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) 31038 Huntwood Ave, Hayward, CA 94544
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LICENSE, FLEET AND TERMINAL INFORMATION

HM LIC. NO.	HWT. REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES 7 X V	TRAILERS AND TYPES 2 V	PASS VEH BY TYPE I- II-	MOD LIMO	DRIVERS 11	BIT FLEET SIZE POWERED 7
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT	HW VEH.	HW CONT.	PPB / CSAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		TOWED 2

TERMINALS IDENTIFIED IN SECTION 34515(b) CVC
 Yes No

EMERGENCY CONTACTS (In Calling Order of Preference)

EMERGENCY CONTACT (NAME) Blair Johnson	DAY TELEPHONE NO. (W/ AREA CODE) (408)210-0000	NIGHT TELEPHONE NO. (W/ AREA CODE)
EMERGENCY CONTACT (NAME) Scott Honeyman	DAY TELEPHONE NO. (W/ AREA CODE) (925)570-1754	NIGHT TELEPHONE NO. (W/ AREA CODE)

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [2017]

A <input type="checkbox"/> UNDER 15,000	B <input type="checkbox"/> 15,001 - 50,000	C <input type="checkbox"/> 50,001 - 100,000	D <input checked="" type="checkbox"/> 100,001 - 500,000	E <input type="checkbox"/> 500,001 - 1,000,000	F <input type="checkbox"/> 1,000,001 - 2,000,000	G <input type="checkbox"/> 2,000,001 - 5,000,000	H <input type="checkbox"/> 5,000,001 - 10,000,000	I <input type="checkbox"/> MORE THAN 10,000,000
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OPERATING AUTHORITIES OR PERMITS

PUC <input type="checkbox"/> T <input type="checkbox"/> TCP <input type="checkbox"/> PSC <input type="checkbox"/>	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT <input type="checkbox"/> US DOT NUMBER 2720642	MC <input type="checkbox"/> MX <input type="checkbox"/>	REASON FOR INSPECTION Bit Re-Inspection

INSPECTION FINDINGS INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable

REQUIREMENTS	VIOL	MAINTENANCE PROGRAM	DRIVER RECORDS	REG EQUIPMENT	HAZARDOUS MATERIALS	TERMINAL
MAINTENANCE PROGRAM		1 S 2 S 3 S 4 N/A	1 S 2 S 3 U 4 S	1 S 2 S 3 S 4 N/A	1 N/A 2 3 4	1 S 2 S 3 U 4 S
DRIVER RECORDS		No. Time	No. 8 Time	No. Time	TIME	TOTAL TIME
DRIVER HOURS		HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted	CONTAINERS/TANKS No. Time	VEHICLES PLACED OUT-OF-SERVICE Vehicles 0 Units		
BRAKES		REMARKS				
LAMPS & SIGNALS						
CONNECTING DEVICES						
STEERING & SUSPENSION						
TIRES & WHEELS						
EQUIPMENT REQUIREMENTS						
CONTAINERS & TANKS						
HAZARDOUS MATERIALS						

BIT <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	NON-BIT <input type="checkbox"/>	CPSS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL 3	INSPECTION DATE(S) 12/10/2018	TIME IN 7:00	TIME OUT 9:00
INSPECTED BY (NAME(S)) M.Healy					ID NUMBER(S) A17300	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	

MOTOR CARRIER CERTIFICATION

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 6), will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Motor Carrier Safety Unit Supervisor at 707-648-4180 within 5 business days of the rating.

CURRENT TERMINAL RATING SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE Scott Honeyman	DATE 12/11/2018
CARRIER REPRESENTATIVE'S PRINTED NAME Scott Honeyman	TITLE Transportation Director	DRIVER LICENSE NUMBER STATE

CARRIER NAME Rapid Truck Lines Inc	CA NUMBER 409630	LOC. CODE 375	SUBAREA 4544
STREET ADDRESS, CITY, STATE, ZIP CODE 31038 Huntwood Ave, Hayward, CA 94544	PHONE NUMBER (408)210-0000	DATE 12/10/18	
CARRIER REPRESENTATIVE Scott Honeyman	TITLE Transportation Director	TIME IN 10:00	TIME OUT 11:00
INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLACE OF BUSINESS)	U.S. DOT NUMBER 2720642	MC NUMBER	

On this date, the above named motor carrier was inspected by the California Highway Patrol. The inspection evaluated the carrier's compliance with the following requirements:

- CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM [VC 34520 & 49 CFR 382]
- OTHER: _____

REMARKS

Enrollment in CSAT verified with :

Carrie Wood-Supervisor

No Drugs Inc

1-800-490-3784

As a
app

*****SEE ATTACHED PAGES OF REPORT FOR DETAILS*****

RATING HISTORY 1 ___ 2 <u>UR</u> 3 <u>U</u> 4 <u>S</u>	NUMBER OF RECORDS INSPECTED 8	NUMBER OF VIOLATIONS	CHP 345 ISSUED <input type="checkbox"/>	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	CHP 100D COLUMN NO. 4
INSPECTED BY (NAME) M.Healy	ID NUMBER A17300	CARRIER TYPE <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Bus			

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CARRIER REPRESENTATIVE'S PRINTED NAME Scott Honeyman	TITLE Transportation Director	DRIVER LICENSE NUMBER AND STATE
CARRIER REPRESENTATIVE'S SIGNATURE	CURRENT CARRIER RATING SATISFACTORY ✓	DATE 12/11/18