



TRADEBE

Environmental Services, LLC TM

Thank you for your interest in becoming a for-hire transporter for Tradebe Environmental Services. To become a transporter for Tradebe Environmental Services please provide the following documents and complete the enclosed Audit Questionnaire.

DOCUMENT:	PROVIDED
• DOT Safety Rating (include copy of certificate)	YES / NO
• MCS-90 Form (or equivalent)	YES / NO
• Certificate of Insurance, listing Tradebe Treatment & Recycling as an additionally insured	YES / NO
• Hazardous Material Registration (include copy of certificate)	YES / NO
• Highway Carrier Assessment Protocol (enclosed in this packet)	YES/ NO
• Rates – Supply any rates that are not included in our contract	YES / NO
• Operating authorities	YES / NO
• Provide copies of the states permits/licenses you are authorized to transport any of the following materials,	
○ Hazardous Waste,	YES / NO
○ Solid Waste,	YES / NO
○ Used Oil	YES / NO
○ Asbestos	YES / NO
○ Polychlorinated Biphenyls	YES / NO
Prior to a Permit/License expiring please provide Tradebe, Attention Peter Olsen updated Permits/Licenses.	
If a Permit/License is revoked please notify Tradebe immediately.	
• Hazmat Security Plan HM-232 (or certification of compliance)	YES / NO

This information will be treated as confidential. In addition, please include any information regarding specific capabilities or services offered by your company.

Please submit all information to:
Tradebe Environmental Services
1433 83rd Avenue, Suite 200
Merrillville, IN 46410
Attn: Peter Olsen
us.logistics@tradebe.com

Your prompt attention to this matter is greatly appreciated. If you have any questions, please call me at 219-397-3951.

Sincerely,

Peter Olsen
Director of Transportation



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Audit Questionnaire

Transporter Name: _____
 Parent Company Name: _____
 Parent Company Mailing Address: _____
 Public or Private Company: _____
 Transporter's USEPA ID#: _____
 US DOT Number: _____
 Point of Contact: _____
 Dispatch Contact: _____
 Compliance Contact: _____
 Phone Number: _____
 E-mail Address: _____

1.) Type of Carrier: Truck load _____ LTL _____ Bulk/Tank _____

2.) Equipment: Tractors owned by company _____
 Tractors owned by owner / operator _____
 Straight Trucks owned by company _____
 Straight Trucks owned by owner / operator _____
 Trailers / Tanks owned by company _____
 Trailers / Tanks owned by owner/ operator _____
 Refrigerated Trucks YES / NO
 Refrigerated Trailers YES / NO

3.) Drivers: Union _____ Non-Union _____
 Number of company drivers _____
 Number of owner / operators _____

4.) Company Safety indicators:

- DOT reportable accident rate per million vehicle miles:
 Current year _____ Previous year _____ Two years previous _____
- Insurance Carrier: _____
 Liability limits: _____ Deductible: _____
 o Please provide a copy of the Certificate of Insurance and updates as the certificate is renewed.
- Current Bureau of Motor Carrier Safety survey: _____
- Date of last BMCS safety survey: _____
 Violations recorded: _____



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5.) Authority to Transport:

Are you authorized to

- Export hazardous waste YES / NO
- Transport hazardous waste domestically YES / NO
- Transport solid waste YES / NO
- Transport used oil YES / NO
- Transport asbestos YES / NO
- Transport polychlorinated biphenyls YES / NO
- Transport explosives YES / NO
- Transport radioactive waste YES / NO
- Transport medical waste YES / NO

6.) Driver qualifications:

New Company Drivers: (Class A&B)

- Minimum age: _____ Road experience: _____
- Company road test: YES / NO Physical exam required: YES / NO
- Number of moving violations permitted: _____
- Number of reportable accidents: _____
- Pervious employment history check: YES / NO How many years: _____
Conducted by: Telephone _____ Letter _____ Fax _____
- Motor vehicle record review: YES / NO Period examined _____
- Decision to hire made by: (list title) _____
- Minimum education required: _____
- Has the Drivers conducted transfers to a rail carriers YES / NO
- Other requirements: _____

7.) Owner / Operators and Subcontractors:

Owner / operators:

- Supply list of requirements used to select owner / operators.

Provide List of Third Party Subcontractors:

- _____
- _____
- _____
- For a list greater than 3 Subcontractors please provide on a separate sheet of paper. Please also provide completed Tradebe Transporter Audit Questionnaire for each Subcontractor.



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8.) Driver Training:

- Organized driver training provided for
Company drivers: New _____ Existing _____
Owner / operators: New _____ Existing _____
- Length of training sessions for new drivers: _____
- Frequency of ongoing training: _____
- Type of training used: (Place an X for any that apply)
Lecture: _____ Video Cassette: _____ Tape/Slide: _____
Personal discussion: _____ Movie: _____ Literature/self-taught: _____
Other: _____

9.) Training Topics Covered:

- | | |
|---|----------|
| • Speeding Policy | YES / NO |
| • Alcohol/narcotics/drug abuse | YES / NO |
| • Hazardous materials regulations | YES / NO |
| • Hazardous waste regulations | |
| • Hazardous materials identification on shipping papers | YES / NO |
| • Completing a Hazardous Waste Manifest | YES / NO |
| • Trained in Managing Hazardous Waste | YES / NO |
| • Placarding | YES / NO |
| • Emergency procedures | YES / NO |
| • Rail/ highway grade crossing procedures | YES / NO |
| • Vehicle inspections | YES / NO |
| • Driver logs | YES / NO |
| • Loading/bracing/blocking | YES / NO |
| • Customer site safety rules policy | YES / NO |
| • Loading / unloading procedure | YES / NO |
| • Equipment operation | YES / NO |
| • Equipment inspections | YES / NO |
| • Immediate emergency response measures | YES / NO |

10.) Training administered by:

- Company staff _____ Driver / trainer _____ Professional firm _____
- Records of training subjects maintained for each driver YES / NO

11.) Driver management:

- Do you have call-in requirements for drivers after dispatch?
Yes _____ No _____ If yes, Daily _____ Other _____



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- Method of communications:
Radio____ Cell phone____ GPS____ Telephone____ Other_____
- Do you have a speed limit policy? YES / NO
If yes, list policy_____
- Do you have speed controls on equipment? _____
If yes, list controls: _____
- Do you use company surveillance of driver performance? YES / NO
- Do you use outside agents to monitor drivers? YES / NO
If yes, list agent: _____
- Are drivers required to report traffic violations? YES / NO
- Do you have policies for logging violations? YES / NO
If yes, how are they handled? Written_____ Verbal_____ Other_____
- Are complaints recorded? YES / NO
If yes, are they reviewed with the driver_____ Safety Team _____
- Do you have a program to recognize safety performance? YES / NO
If yes, describe program_____
- Are passengers allowed in cab? YES / NO
If yes, state policy_____
- Who maintains hazardous material permits? _____
- Do you conduct driver performances reviews? YES / NO
- Do you have an ongoing safety program? YES / NO

12.) Incident communications:

- List 24-hour emergency # _____
Is emergency number listed on the shipping papers? YES / NO
- How is CFR 49-394.9, Reporting of accidents reviewed with drivers?
Classroom_____ Driver training_____ Driver reads regulations_____ Other_____
- Are trip packs provided for drivers to use in the event of an accident? YES / NO
- Is a written accident report required of the driver? YES / NO
If no, who prepares? _____
- Who calls local authorities in the event of an accident?
Driver_____ Dispatcher_____ Safety supervisor_____ Other_____
- Who calls CHEMTREC if required? _____
- Is shipper notified of incidents? YES / NO
- Is the Driver required to take a drug test? YES / NO



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13.) Emergency Response:

- Do drivers have Emergency Response Guide book (DOT P5800.2 or equivalent) in their vehicle? _____
- Does carrier have emergency response capabilities? _____
- Does carrier use outside services for emergency response? _____
If yes, list services _____
- Does carrier have recovery drums on vehicle? YES / NO
- How is response team activated? Driver calls _____ Dispatch calls _____

14.) Vehicle inspection:

- Vehicle inspections
Pre-trip _____ Form used _____
Post-trip _____ Form used _____
Inspection follow up by Mechanic: _____ Foreman _____
Other _____
- Shop inspections:
At what frequency? _____
Items Checked – Trucks
Steering mechanism _____ brakes _____ engine hoses _____
Fluid levels _____ lights _____ windshield glass _____
Tires _____ couplings / air hose _____ fifth wheel _____
Items checked – Trailers
Undercarriage _____ tires _____ floor _____ sidewalls _____
Brake adjustment _____ lights _____ doors _____

15.) Equipment Maintenance:

- Where is maintenance performed?
Company shop _____
Outside shop _____
- What is the frequency of scheduled preventive maintenance?
Trucks _____
Trailers _____
- Major overhaul interval: _____
- Tire replacement policy:
Steering axle _____
Tractor drive axle _____
Trailer _____
Are recaps used? _____ If yes, where? _____
- Does the Company provide its own roadside service? YES/NO
- How is maintenance service audited? _____



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16.) Cargo Tank Inspection and Testing:

- Where are visual inspections performed?
Company facility _____
Outside facility _____
- Where is hydrostatic testing performed?
Company facility _____
Outside facility _____
- Where is relief valves bench tested and inspected?
Company facility _____
Outside facility _____
- What is the Visual inspection interval for cargo tanks? (MC 307,312) _____
- What is the hydrostatic test interval for cargo tanks? (MC 307,312) _____
- What method is used for pre-trip inspections? _____
- What method is used for post-trip inspections? _____

17.) Transfer Stations:

- Does transporter use a transfer station? YES/ NO
If yes, please answer the following
- Location of transfer station _____
 - For multiple transfer stations please provide a list with applicable information
- Owner of transfer station _____
- Is rail available at transfer station? YES / NO
- Is transfer station subject to State and/or Federal Regulations? YES / NO
- Is the transfer station subject to State/Federal inspections? YES / NO
- Has the transfer station received any violations for the past 5 yrs? YES / NO
If yes, please list _____
- Transfer station permit (s) numbers _____
- How many days is hazardous waste held? _____
- Is there an individual on site? _____
- Method of security _____

- Describe surrounding area of transfer station (heavy industry, light industry, residential. Please identify what is to the North, South, East, and West

- Where are the vehicles parked (concrete, asphalt, or soil/gravel)? _____



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Comments: