

## AUTOMOTIVE / GARAGE KEEPERS

### Motor Vehicles

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| MVR checks on all employees who drive?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do Employees driving heavy trucks receive any special training?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are Vehicles used only on local roadways?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a post accident investigation policy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you perform random and post accident drug/alcohol testing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Describe vehicle maintenance program including frequency of service:<br>What is the average mileage per year per vehicle? |                              |                             |
| Do you require MVRs on all prospective drivers?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Describe your disqualification criteria   |                              |                             |
| Do you require a written test?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require a road test?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require Pre-employment physicals?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require Drug Screening?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you pull MVRs on all drivers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How often?  |                              |                             |
| What action is taken when a poor record is discovered?  |                              |                             |

## PARKING GARAGES & VALET PARKING

### Parking:

Is parking located (list number of spaces within each parking structure)

- |                            |                          |
|----------------------------|--------------------------|
| Below Ground/Basement      | <input type="checkbox"/> |
| Attached Parking Structure | <input type="checkbox"/> |
| Detached Parking Structure | <input type="checkbox"/> |
| Outdoor Parking Lot        | <input type="checkbox"/> |
| Other:                     |                          |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is Valet Parking provided?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a "walk around" inspection completed prior to parking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How are keys controlled?                                  |                              |                             |

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| Is Garage Sprinkled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---------------------|------------------------------|-----------------------------|

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Is there a charge or fee for parking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Annual parking revenue: \$            |                              |                             |