

**SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE**

CHP 343 (Rev. 12-17) OP# 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CA NUMBER 56207	FILE CODE NUMBER 59701	COUNTY CODE 7	BED
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Mod Limo	CODE S	OTHER PROGRAM(S)	LOCATION CODE 320	SUBAREA 4565

CARRIER LEGAL NAME Pittsburg Unified School District	TERMINAL NAME (IF DIFFERENT)	TELEPHONE NUMBER (W/ AREA CODE) (925) 473-2330
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)
3200 Loveridge Road Pittsburg, CA 94565

MAILING ADDRESS (NUMBER, STREET, CITY, ZIP CODE) (IF DIFFERENT FROM ABOVE)
3200 Loveridge Road Pittsburg, CA 94565

LICENSE, FLEET AND TERMINAL INFORMATION

HM LIC. NO.	HWT REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	PASSENGER VEH. BY TYPE I 22 II Mod Limo	DRIVERS 19	BIT FLEET SIZE Powered
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

TERMINALS IDENTIFIED IN SECTION 34515(b) CVC
 Yes No

FILE CODE NUMBERS OF TERMINALS INCLUDED IN INSPECTION AS A RESULT OF SECTION 34515(b) CVC

EMERGENCY CONTACTS (In Calling Order of Preference)

EMERGENCY CONTACT (NAME) Matthew Belasco	DAY TELEPHONE NO. (W/ AREA CODE) (925) 473-2362	NIGHT TELEPHONE NO. (W/ AREA CODE) (925) 698-6179
EMERGENCY CONTACT (NAME) Robyn Owens	DAY TELEPHONE NO. (W/ AREA CODE) (925) 473-2418	NIGHT TELEPHONE NO. (W/ AREA CODE) (925) 848-8341

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [2021]

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	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input type="checkbox"/> No
USDOT 2666475	<input type="checkbox"/> MC <input type="checkbox"/> MX	<input type="checkbox"/> MC <input type="checkbox"/> MX	REASON FOR INSPECTION School Bus

INSPECTION FINDINGS

REQUIREMENTS	VIOL	INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable																			
		MAINTENANCE PROGRAM				DRIVER RECORDS				REG. EQUIPMENT				HAZARDOUS MATERIALS				TERMINAL			
MAINTENANCE PROGRAM		1 S	2 S	3 S	4 S	1 S	2 S	3 S	4 S	1 S	2 S	3 S	4 S	1 N/A	2 N/A	3 N/A	4 N/A	1 S	2 S	3 S	4 S
DRIVER RECORDS		No. 6	Time 1.5	No. 14	Time 2.5	No. 6	Time 6.0							TIME				TOTAL TIME			10.0
DRIVER HOURS		<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 Vehicle maintenance and hours of service records reduced by 50% per policy.																			
LAMPS & SIGNALS																					
CONNECTING DEVICES																					
STEERING & SUSPENSION																					
TIRES & WHEELS																					
EQUIPMENT REQUIREMENTS																					
CONTAINERS & TANKS																					
HAZARDOUS MATERIALS																					

Nice work!

INSPECTION TYPE <input checked="" type="checkbox"/> I <input type="checkbox"/> R	NON-BIT <input type="checkbox"/>	GPSS <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL. 10	INSPECTION DATE(S) 6/9 6/10/2022	TIME IN 7:00	TIME OUT 3:00
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INSPECTED BY (NAME(S)) M.HEALY	ID NUMBER(S) A17300	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None
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MOTOR CARRIER CERTIFICATION

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 12), 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) 917-4400 within 5 business days of the rating.

CURRENT TERMINAL RATING SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE	DATE 06/10/2022
CARRIER REPRESENTATIVE'S PRINTED NAME Robyn Owens	TITLE Supervisor	DRIVER LICENSE NUMBER STATE