

**STATE OF:** *Enter State name*  
**FISCAL YEAR 2014**  
**COMMERCIAL VEHICLE SAFETY PLAN (CVSP) CHECKLIST**

**Part 1 - GENERAL OVERVIEW**

**Section 1.1 – Mission or Goal Statement**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State describe the mission or goal of the lead State agency and other participating agencies (if any)?
	If No:	<i>Specifically describe what was omitted</i>

**Section 1.2 – Program Structure**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State briefly describe its commercial motor vehicle (CMV) enforcement program, including a description of the program structure (state and local agency participation, along with responsibilities), number of personnel supporting the program within each state and local agency, and/or personnel trained/certified?
	If No:	<i>Specifically describe what was omitted</i>

**Section 1.3 – MCSAP Minimum Requirements**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State complete all of the MCSAP minimum requirements checkboxes indicating how it supports the activities of §350.201(q) and (t)?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

## Part 2 – PROGRAM EFFECTIVENESS SUMMARY

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State properly show the effectiveness of its CMV safety program activities in prior years by completing the information requested in the template?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the effectiveness summary show trends supported by safety and performance data collected over several years?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State sufficiently identify CMV safety problems and challenges in working towards its goals and describe how they were overcome?
	If No:	<i>Specifically describe what was omitted</i>

### Section 2.1 – State Fatality Reduction Goals: 2008 – 2012

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State complete the table to document the state’s safety performance goals and outcomes over the past year?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State enter the source of data used?
	If No:	<i>Specifically describe what was omitted</i>

#### **ADDITIONAL COMMENTS:**

*Insert any additional comments*

### Section 2.2 – State Motorcoach/Passenger Fatality Reduction Goals: 2008 – 2012

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State complete the table to document the state’s Motorcoach/Passenger fatality reduction goals and outcomes over the past year?
	If No:	<i>Specifically describe what was omitted</i>

<input type="checkbox"/>	<input type="checkbox"/>	Did the State enter the source of data used?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 2.3– State Hazardous Materials Incident Reduction Goals: 2008 – 2012**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State complete the table to document the state’s Hazardous Materials Incident reduction goals and outcomes over the past year?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State enter the source of data used?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 2.4 – Data Quality Improvement Goal from Previous Year – Report on Outcomes**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State complete the SSDQ table to document the State’s Data Quality Improvement goals and outcomes over the past year?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State enter the source of data used?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

## Section 2.5 – Outreach and Education Goals from Previous Years – Report on Outcomes

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State complete the table to document the State’s Outreach and Education goals and outcomes from previous years?
	If No:	<i>Specifically describe what was omitted</i>

### **ADDITIONAL COMMENTS:**

*Insert any additional comments*

## Section 2.6 – State Specific Goals from Previous Year – Report on Outcomes

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State complete the table to document the State-Specific goals and outcomes from previous years?
	If No:	<i>Specifically describe what was omitted</i>

### **ADDITIONAL COMMENTS:**

*Insert any additional comments*

## Part 3 – FY 2014 STATE CMV SAFETY PROGRAM OBJECTIVES

### Section 3.1 – Crash Reduction Goal

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem Statement:</b> The State included a definitive problem statement for this objective that describes and quantifies the problem (e.g., number/percentage of crashes, fatalities, injuries, and/or hazardous materials incidents) that is supported by performance data or other information?
	If	<i>Specifically describe what was omitted</i>

	No:	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Objective:</b> Did the State include a performance objective/outcome that it expects will result in a measurable reduction in the number of CMV crashes & fatalities?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Program Activity(ies) Plan(s):</b> Did the State describe how it will quantifiably measure the activities (e.g., number of staff hours, details completed/performed, or other measures of the particular activity(s))?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Measurements(s):</b> Did the State include specific, quantifiable performance measure(s) it will use to monitor and evaluate progress toward achieving the performance objective?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 3.2 – State CMV Safety Program Data Quality Objective**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem Statement:</b> The State included a definitive problem statement for this objective that describes and quantifies the problem (e.g., number/percentage of crashes, fatalities, injuries, and/or hazardous materials incidents) that is supported by performance data or other information?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Objective:</b> Did the State include a performance objective/outcome that it expects will result in a measurable reduction in the number of CMV crashes & fatalities?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Program Activity(ies) Plan(s):</b> Does the State describe how it will quantifiably measure the activities (e.g., number of staff hours, details completed/performed, or other measures of the particular activity(s))?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Measurements(s):</b> Did the State include specific, quantifiable performance measure(s) it will use to monitor and evaluate progress toward achieving

		the performance objective?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 3.3 – State-Specific CMV Safety Program Objectives**

**Section 3.3.1 – Passenger Transportation Safety (Required)**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State indicate that it had a definitive Passenger Transportation Safety problem?
	If Yes:	Complete the table below regarding the Problem Statement, Performance Objective, Program Activity Plan(s), and Performance Measurement(s).
	If No:	Please answer the next question.
<input type="checkbox"/>	<input type="checkbox"/>	Was the State’s assertion that it did not have a definitive Passenger Transportation Safety problem adequately supported by data?
	If No:	<i>Specifically describe what was omitted and proceed to Section 3.3.2.</i>

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem Statement:</b> The State included a definitive problem statement for this objective that describes and quantifies the problem (e.g., number/percentage of crashes, fatalities, injuries, and/or hazardous materials incidents) that is supported by performance data or other information?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Objective:</b> Did the State include a performance objective/outcome that it expects will result in a measurable reduction in the number of CMV crashes & fatalities?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Program Activity(ies) Plan(s):</b> Does the State describe how it will quantifiably measure the activities (e.g., number of staff hours, details completed/performed, or other measures of the particular activity(s))?
	If	<i>Specifically describe what was omitted</i>

	No:	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Measurements(s):</b> Did the State include specific, quantifiable performance measure(s) it will use to monitor and evaluate progress toward achieving the performance objective?
	If No:	<i>Specifically describe what was omitted</i>

### Section 3.3.2 – Hazardous Materials Transportation Safety (Required)

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State indicate that it had a definitive Hazardous Materials Transportation Safety problem?
	If Yes:	Complete the table below regarding the Problem Statement, Performance Objective, Program Activity Plan(s), and Performance Measurement(s).
	If No:	Please answer the next question.
<input type="checkbox"/>	<input type="checkbox"/>	Was the State’s assertion that it did not have a definitive Hazardous Materials Transportation Safety problem adequately supported by data?
	If No:	<i>Specifically describe what was omitted and proceed to Section 3.3.3.</i>

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem Statement:</b> The State included a definitive problem statement for this objective that describes and quantifies the problem (e.g., number/percentage of crashes, fatalities, injuries, and/or hazardous materials incidents) that is supported by performance data or other information?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Objective:</b> Did the State include a performance objective/outcome that it expects will result in a measurable reduction in the number of CMV crashes & fatalities?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Program Activity(ies) Plan(s):</b> Does the State describe how it will quantifiably measure the activities (e.g., number of staff hours, details completed/performed, or other measures of the particular activity(s))?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Measurements(s):</b> Did the State include specific, quantifiable performance measure(s) it will use to monitor and evaluate progress toward achieving

		the performance objective?
	If No:	<i>Specifically describe what was omitted</i>

**Section 3.3.3 – State-Specific Safety Program Objective 1: *Enter name of objective from CVSP***

Y	N	Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem Statement:</b> The State included a definitive problem statement for this objective that describes and quantifies the problem (e.g., number/percentage of crashes, fatalities, injuries, and/or hazardous materials incidents) that is supported by performance data or other information?	
	If No:	<i>Specifically describe what was omitted</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Objective:</b> Did the State include a performance objective/outcome that it expects will result in a measurable reduction in the number of CMV crashes & fatalities?	
	If No:	<i>Specifically describe what was omitted</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Program Activity(ies) Plan(s):</b> Does the State describe how it will quantifiably measure the activities (e.g., number of staff hours, details completed/performed, or other measures of the particular activity(s))?	
	If No:	<i>Specifically describe what was omitted</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Measurements(s):</b> Did the State include specific, quantifiable performance measure(s) it will use to monitor and evaluate progress toward achieving the performance objective?	
	If No:	<i>Specifically describe what was omitted</i>	

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 3.3.4 – State-Specific Safety Program Objective 2: *Enter name of objective from CVSP***

Y	N	Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem Statement:</b> The State included a definitive problem statement for this	

		objective that describes and quantifies the problem (e.g., number/percentage of crashes, fatalities, injuries, and/or hazardous materials incidents) that is supported by performance data or other information?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Objective:</b> Did the State include a performance objective/outcome that it expects will result in a measurable reduction in the number of CMV crashes & fatalities?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Program Activity(ies) Plan(s):</b> Does the State describe how it will quantifiably measure the activities (e.g., number of staff hours, details completed/performed, or other measures of the particular activity(s))?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Measurements(s):</b> Did the State include specific, quantifiable performance measure(s) it will use to monitor and evaluate progress toward achieving the performance objective?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 3.3.5 – State-Specific Safety Program Objective 3: *Enter name of objective from CVSP***

Y	N	Applicable <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem Statement:</b> The State included a definitive problem statement for this objective that describes and quantifies the problem (e.g., number/percentage of crashes, fatalities, injuries, and/or hazardous materials incidents) that is supported by performance data or other information?	
	If No:	<i>Specifically describe what was omitted</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Objective:</b> Did the State include a performance objective/outcome that it expects will result in a measurable reduction in the number of CMV crashes & fatalities?	
	If No:	<i>Specifically describe what was omitted</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Program Activity(ies) Plan(s):</b> Does the State describe how it will	

		quantifiably measure the activities (e.g., number of staff hours, details completed/performed, or other measures of the particular activity(s))?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Performance Measurements(s):</b> Did the State include specific, quantifiable performance measure(s) it will use to monitor and evaluate progress toward achieving the performance objective?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Part 4 – FY 2014 NATIONAL PROGRAM ELEMENTS ACTIVITIES**

**NOTE:** In completing this section, the State need not repeat the broad program objectives or performance measurements established in the previous goals section of the plan. This section is to provide information on the specific activities the State will use to achieve those goals, and how the State will measure the specific outputs associated with the goal. Measuring outputs should include both a quantitative and a qualitative component.

**Section 4.1 - Driver/Vehicle Inspections**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State fully complete the CVSP table indicating the number of inspections that the State expects to conduct during FY 2014?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State include an appropriate distribution of Levels of inspections?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State include a minimum of 33% of Level III inspections?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 4.2 – General Roadside and Fixed-Facility Inspection Program**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State describe the components of its general roadside and fixed-facility inspection program that are not already detailed elsewhere in the CVSP?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State fully complete the checklists in this section of the CVSP template?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 4.3 – Traffic Enforcement**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State describe its implementation of a statewide CMV and non-CMV traffic enforcement program (including traffic enforcement with and without an inspection) to include plans to conduct comprehensive and highly visible traffic enforcement and CMV safety inspection programs in high-risk locations and corridors?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	If the state conducts CMV and non-CMV traffic enforcement activities only in support of the overall crash reduction goal, did the State describe how it allocates traffic enforcement resources (number of officers, times of day and days of the week, specific corridors or general activity zones, etc.)?
	If No:	<i>Specifically describe what was omitted</i>

<input type="checkbox"/>	<input type="checkbox"/>	Did the State fully complete the checklists in this section of the CVSP template?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

**Section 4.4 – Carrier Interventions**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State describe its implementation of FMCSA’s interventions model to the maximum extent possible and any remaining or transitioning compliance review program activities for specific motor carrier populations (e.g., intrastate motor carriers)?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	If the State does not include activities in the Compliance Reviews/Carrier Interventions Program Element, is an adequate explanation provided?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State fully complete the checklists in this section of the CVSP template?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did the State fully complete the FY 2014 Carrier Investigation Estimates table for State projections for the estimated number of interventions and investigation activities?
	If No:	<i>Specifically describe what was omitted</i>

**ADDITIONAL COMMENTS:**

*Insert any additional comments*

## Section 4.5 - Public Education & Awareness

**NOTE:** A separate problem statement is not required if the public education and awareness activities are generally supportive of goals established earlier in the CVSP document.

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Did the State describe its planned/expected public education and awareness initiatives related to CMV safety, including passenger transportation, hazardous materials transportation, and share the road safely initiatives, include outreach goals, program quality improvement, and overall performance measurements?
	If No:	<i>Specifically describe what was omitted</i>
<input type="checkbox"/>	<input type="checkbox"/>	If the State does not include the Public Education & Awareness Program Element, was an adequate explanation provided?
	If No:	<i>Specifically describe what was omitted</i>

### **ADDITIONAL COMMENTS:**

*Insert any additional comments*