



Date: December 6, 2011

Hours of Service Policy

1. All drivers shall maintain driver's logs and ensure that all logs are completed accurately. Hours of service must be within the 11-Hour Driving Limit, 14-hour on duty limit and the 60 hour 7-day work week.
2. Drivers must take a 10-hour rest period within each 24-hour day cycle.
3. The safety manager will review all logs immediately upon receipt to ensure that they are accurately completed and compare them against all supporting documentation including bills of lading, Fast lane toll reports, Wright fuel ticket reports, IFTA trip logs, etc.
4. The safety manager will check in with driver's regularly to ensure that they are not fatigued or at risk for going over their driving limit or their on duty limit.
5. Dispatcher will schedule trips based on length of driving times, on duty times and the required time for rest.
6. Countermeasures for fatigue will be implemented by drivers, including:
 - a. Obtaining adequate sleep time.
 - b. Good sleeping environment.
 - c. Anchor sleep.
 - d. Good sleeping environment
 - e. Napping,
 - f. Caffeine,
 - g. Legal Trip planning coordinated with company dispatch.**
7. Training and fatigue management suggestions will be distributed to drivers regularly.
8. Failure of a driver to comply with this policy and/or falsifying logs will result in immediate disciplinary action, including a written warning and/or immediate termination.



ACKNOWLEDGEMENT OF RECEIPT OF DRIVERS' HOURS OF SERVICE POLICY

I, the undersigned, acknowledge receipt of the Drivers' Hours of Service Policy (printed December 2011) for the drivers of Delivery Management Services. I further understand that I am required to read and become familiar with all the provisions of these policies, and my supervisor will answer any questions concerning these policies. I understand that neither this policy nor any provision of this policy is or implies an employment contract or any other type of contract. I also understand that my employment is for an indefinite term. I have received a copy of the current set of these materials.

Signature

Date

Printed Name:

**44 A Street
Johnston, RI 02919**

**Tel: 401-649-4900
Fax: 401-568-9307**