



# Healthcare alliance



## How to Survive a DOT Audit: Current Federal & State DOT Requirements\*

Sponsored By Fort Madison Community Hospital & Keokuk Area Hospital

DATE: **Tuesday, March 2, 2010**  
 REGISTRATION: **7:00 a.m.**  
 CLASS: **7:30 a.m. to 4:30 p.m.**  
 LOCATION: **Fort Madison Community Hospital Business Center**  
 COST: **\$25 (Includes Breakfast, Lunch, Snacks, & FMCSR Book.)**  
 INSTRUCTORS: **Juan Moya & Tim Knoll, U.S. Department of Transportation Safety Specialists  
 Dave Drummond, Iowa DOT Hazardous Materials Specialist**

- AGENDA:
- How to Qualify a Driver
  - Drug & Alcohol Testing Requirements
  - CDL Requirements
  - Accident Reporting Requirements
  - Requirements for Maintaining Your Vehicles
  - Vehicle Inspection Demo, Including Tie Down Requirements
  - Hours of Service - Log Books
  - Hazardous Materials Requirements\*\*
  - Security Requirements
  - Insurance Requirements
  - Tracking your DOT record/CSA 2010 initiative

\* FMCSR book will be provided to each participant.  
 \*\* You will need to bring your own Hazardous Material Book for the HAZMAT session.

R.S.V.P.: **Pre Registration is Required by February 23rd.**  
**Limited Space is Available. Fill out and return the slip below along with your payment. Make checks payable to Fort Madison Community Hospital.**

Return To: Fort Madison Community Hospital  
 Annex - Attn: Christina Hernandez  
 5445 Avenue O  
 Fort Madison, IA 52627

QUESTIONS CALL: **Fort Madison Community Hospital**  
**Christina Hernandez, Occupational Health Medicine Coordinator**  
**Ph. 319.376.2100 • Email. chernandez@fmchosp.com**

OR

**Keokuk Area Hospital**  
**Michelle McGhghy, Industrial & Workman's Comp. Coordinator**  
**Ph. 319.526.8793 • Email. michellem@kah.kahnet.com**

Make Checks Payable to Fort Madison Community Hospital. Mail Both This Slip and the Check to: Fort Madison Community Hospital, Annex - Attn: Christina Hernandez, 5445 Avenue O, Ft. Madison, IA 52627. **R.S.V.P. Slips and Checks Must Be Received by February 23, 2010.**

(List Names of Each Person Attending.):

Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

\$	_____
\$	_____
\$	_____
\$	_____

Total Amount Due:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_