

# RECEIPT

DATE

01/21/25

No.

927904

RECEIVED FROM

Manage Direct Systems Environmental

\$

350.00

Three hundred fifty and  $\frac{22}{100}$ 

DOLLARS

☐ FOR RENT☒ FOR

DE-HW-0645

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

2501151

TO

BY

M.M.



RECEIVED

JAN 21 2025

DNREC - WHS

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
FAX: (302) 739-5060

**HAZARDOUS WASTE TRANSPORTER PERMIT APPLICATION**

**Instructions:** You must complete this application in its entirety and attach all applicable documentation.

(Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation.)

The application must be signed by the company owner or a corporate officer. A check payable to the "State of Delaware" must accompany this application.

Delaware Department of Natural Resources and Environmental Control  
Compliance and Permitting Section  
89 Kings Highway  
Dover, DE 19901

**1. Type of Permit**

- ☐ New – Submit a check or money order, payable to the "State of Delaware," in the amount of \$350.00.
- ☒ Renewal: Permit # DE-HW- 0645 Expiration Date 12/31/24

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

- ☒ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

**2. Release to Public:**

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted hazardous waste transporters? ☒ Yes ☐ No

**3. Company Information:**

Company Name: Manage Direct Systems Environmental LLC dba Busch Environmental

Location Address:	Mailing Address:
19 Broadmoor Blvd, Douglassville, PA 19518	POB 471, Douglassville, PA 19518

Contact Person: Theodore I Busch Jr. (Ted) Title: President

Business Phone: 610-741-7199 Fax: NONE

E-mail: ted@mdsenv.com 24 hr. Emergency Phone: 610-741-7199

EPA Identification Number: PAR 000 543 637

Employer's Federal Tax ID Number: 45-5435600

**4. Type of Company: (Check One)**

- ☐ Proprietorship  
☐ Partnership  
☐ Corporation – City, State and Date of Incorporation: \_\_\_\_\_  
☐ Municipality  
☐ Public Institution  
☒ Other – Explanation: LLC - Sole Proprietor

**5. Parent Company Information:**

Parent Company Name: Manage Direct Systems Environmental LLC  
Parent Company Address: 19 Broadmoor Blvd  
Douglassville, PA 19518

**6. Ownership/Stockholder Information:**

For each owner, partner, or corporate officer, list the name, title, home address, and date of birth.

☒ List of owners, partners, or corporate officers: Attachment #1

List the name and address of all stockholders owning greater than 5% outstanding shares.

- ☐ List of stockholders: Attachment \_\_\_\_\_  
☒ Not Applicable

**7. Company Affiliations:**

List all other companies owned by the same owners, corporate officers, or parent company that are engaged in the business of solid or hazardous waste transportation, treatment, storage, disposal, recovery, or reclamation.

- ☐ List of company affiliates: Attachment \_\_\_\_\_  
☒ No company affiliates

**8. Type of Hazardous Waste to be Transported:**

Indicate the waste types to be transported. (Note: Characteristic and listed hazardous wastes identified in Delaware's *Regulations Governing Hazardous Waste* (DRGHW) Part 261 are equivalent to RCRA 40 CFR Part 261 wastes.) Check all that apply.

- ☒ Part 261 characteristic or listed hazardous wastes  
☒ Used or waste oils (as defined by Part 279, Used Oil Management Standards)  
☒ Spent antifreeze exhibiting a characteristic of hazardous waste  
☒ PCB-contaminated hazardous waste  
☒ Spent fluorescent lighting tubes and ballasts when managed as non-universal waste

**9. Treatment, Storage, and Disposal Facilities:**

List all treatment, storage, and disposal facilities that have agreed to accept the hazardous wastes identified above.

- ☒ List of treatment, storage, and disposal facilities: Attachment #1 \_\_\_\_\_

**10. Other Transporter Permits:**

List all hazardous waste transporter permits held in other states.

- ☒ List of transporter permits: Attachment #1 \_\_\_\_\_  
☐ No hazardous waste transporter permits held in other states

**11. Federal DOT and Motor Carrier Numbers:**

Indicate your Federal DOT number and Motor Carrier number:

DOT# 2442980 MC# 842872

**12. Proof of Insurance:**

The transporter identified in this application must meet or exceed minimum insurance requirements as set forth in DOT Title 49 CFR Part 387. The DNREC Compliance and Permitting Section must be identified as the certificate holder. Also include a current MCS-90 endorsement or affirmation that the endorsement is still in effect.

- ☒ Certificate of insurance and MCS-90: Attachment #2 \_\_\_\_\_



**13. Spill Control and Safety Equipment:**

List all spill control and safety equipment that will be carried on each vehicle.

☒ List of spill control and safety equipment: Attachment #1

**14. Spill Control Plan:**

Attach a copy of the Spill Control Plan that describes prevention, containment, and clean up procedures during transportation. The plan must demonstrate compliance with the requirements outlined in DRGHW Sections 263.30, 263.31, and 263.105. **Spill Control Plans must contain the following Delaware Emergency Reporting Telephone Numbers: 1-800-662-8802 and 302-739-9401.**

☒ Spill Control Plan: Attachment #3

**15. Driver Training:**

Attach a copy of your driver training program. All drivers must be trained in current DOT Motor Carrier Safety Regulations and have knowledge of the proper handling procedures for the type of waste transported, the hazardous waste manifest system, and safe vehicle operation as provided in 49 CFR Parts 383, 390 – 399, and DRGHW Section 263.104. All drivers must be familiar with the approved Spill Control Plan.

☒ Driver Training Program: Attachment #1

**16. Controlled Substance Testing:**

Do you maintain a controlled substance testing program for drivers in your employment (including contract drivers) in compliance with Federal DOT 49 CFR Part 391?

☒ Yes

☐ No, Explain:

Foley Services

**17. Vehicle Identification Information:**

List all vehicles to be used for the transportation of hazardous waste into, out of, or through Delaware. You may use the form provided or another printout that contains all required information.

☒ Vehicle Identification Information: Attachment #1

**18. Environmental Record:**

List all criminal citations, arrests or convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant or any partner, officer, or director of the applicant as an individual or for any other former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of application.

- ☒ Environmental Record: Attachment #1  
☐ Not Applicable – No violations within the specified time period

**19. Signature:**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments, and that upon personal knowledge and information, the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

  
\_\_\_\_\_  
Signature of legal owner or corporate officer

\_\_\_\_\_  
Theodore I Busch

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
12/6/24

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Title

Theodore I Busch Jr.  
President  
Manage Direct Systems Environmental LLC  
19 Broadmoor Blvd  
POB 471  
Douglassville, PA 19518  
610-741-7199

## Question #6

SOLE OWNER – Theodore I Busch Jr.  
No partners to list  
No Corporate Officers to list

## Question #9

I do not use any Delaware Based TSDF's

Mainly use the following:

Chesapeake Waste Solutions, LLC (also known as Covanta – Manheim)  
190 Shellyland Road  
Manheim, PA 17545  
717-653-8882

Cycle Chem Inc. (also known as ACV)  
550 Industrial Drive  
Lewisberry, PA 17339  
717-939-4700  
PAD067098822

Environmental Recycling Corporation (ERC)  
1076 Old Manheim Pike  
Lancaster, PA 17801  
717-393-2627  
PAD987266749

JG Environmental  
776 Flory Mill Road  
Lancaster, PA 17601  
717-371-4288  
PA DEP# 101712

Republic Environmental Systems (PA) (also known as Clean Earth or Stericycle)  
2669 Sandstone Drive  
Hatfield, PA19440  
215-822-2676  
PAD085690592

Waste Recovery Solutions (also known as Covanta – Myerstown)  
343 King Street  
Myerstown, PA  
717-866-9955  
PAR000430026

## Question #10

Maryland – HWH721  
New Jersey – 0050293 and 0036099  
New York – PA626  
Pennsylvania – WH16297 and PA-AH0810

## Question #12

Hire a corporate trainer, Gary E. Scott (609-706-7801), who conducts annual RCRA and DOT Training.

Also use online training modules from Safety Compliance Management, Inc.



## Question #15

Since 2012, I have been issued two NOV's from the PaDEP for late payment for two quarterly Greenport Reports

Also, I incurred one NOV from New York for failure to include two disposal facilities on my hauler's application



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/27/24

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER C H Bonnett & Company, Inc. Suite 7 West, 191 Presidential Boulevard Bala Cynwyd, PA 19004	CONTACT NAME: PHONE (A/C No, Ext): 610-771-0900 FAX (A/C No): 610-771-0910 E-MAIL: ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A : Admiral Insurance Company INSURER B : Arch Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Manage Direct Systems Environmental LLC. 19 Broadmoor Blvd Douglassville, PA 19518	NAIC# 24856 11150

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	FEI-ECC-24274	11/05/2024	11/05/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	FBCAT040820	11/05/2024	11/05/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FEI-EXS-24275	11/05/2024	11/05/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Liab.		Y	FEI-ECC-24274	11/05/2024	11/05/2025	\$1,000,000. / occurrence \$2,000,000. / aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as Additional Insured as their interest may

appear in operations performed by the Named Insured.

## CERTIFICATE HOLDER

## CANCELLATION

State of Delaware  
Department of Natural Resources  
& Environmental Control  
Division of Air & Waste Management  
89 Kings Highway  
Dover, Delaware 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980

# FORM MCS-90

Issued to Manage Direct Systems Environmental, LLC  
(Motor Carrier name)

of PA  
(Motor Carrier state or province)

Dated at 12:01 AM on this 05 day of November, 2024

Amending Policy Number: FBCAT0408207

Effective Date: 11/05/2024

Name of Insurance Company: ARCH INSURANCE COMPANY

Countersigned by: \_\_\_\_\_

  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess \_\_\_\_\_ for each accident in excess of the underlying limit of \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 303-534-1171.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

(continued on next page)



Wednesday, January 15, 2025 at 14:36:34 Eastern Standard Time

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**Subject:** Re: IPFS Account  
**Date:** Monday, January 13, 2025 at 6:00:05 AM Eastern Standard Time  
**From:** ted mdsenv.com  
**To:** pdb@chbonnett.com  
**Attachments:** image002.png, image003.png, image004.png, image005.png, image006.png, image007.png

THANK YOU !!!!!!!!!!!!!!!!!!!!!!!

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**From:** [pdb@chbonnett.com](mailto:pdb@chbonnett.com) <[pdb@chbonnett.com](mailto:pdb@chbonnett.com)>  
**Date:** Friday, January 10, 2025 at 4:27 PM  
**To:** ted mdsenv.com <[ted@mdsenv.com](mailto:ted@mdsenv.com)>  
**Subject:** RE: IPFS Account

Hi Ted,

Sorry to keep you waiting on these – I've attached the MCS-90 form and COI for Montana Construction.

We should have the full policies shortly and I will send them over ASAP.

Have a great weekend,  
Paul

PAUL BONNETT  
C.H. BONNETT & COMPANY, INC.  
191 PRESIDENTIAL BLVD, SUITE 7W  
BALA CYNWYD, PA  
610.771.0900

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**From:** ted mdsenv.com <[ted@mdsenv.com](mailto:ted@mdsenv.com)>  
**Sent:** Tuesday, January 7, 2025 9:16 AM  
**To:** [pdb@chbonnett.com](mailto:pdb@chbonnett.com)  
**Subject:** Re: IPFS Account

Hi Paul,

Any Luck with my requests below?

Thank you,

Ted

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**From:** ted mdsenv.com <[ted@mdsenv.com](mailto:ted@mdsenv.com)>  
**Date:** Friday, December 27, 2024 at 4:21 PM  
**To:** [pdb@chbonnett.com](mailto:pdb@chbonnett.com) <[pdb@chbonnett.com](mailto:pdb@chbonnett.com)>



**Subject:** Re: IPFS Account

THANK YOU !!!!!

And thank you for remembering the MCS-90 ... I am not sure why it is so important but they will not renew my hauling permits without.

Could we please place an order for an COI for Montana Construction? Please see below.



**Brian D. Dowling**  
Montana Construction Inc.  
Phone: 973.478.5200  
Mobile: 201.321.3505  
Email: [bdowling@montanaconstructioninc.com](mailto:bdowling@montanaconstructioninc.com)  
80 Contant Avenue | Lodi, NJ 07644  
[www.montanaconstructioninc.com](http://www.montanaconstructioninc.com)



Certified  
**WOMEN**  
**OWNED**  
Business

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**From:** [pdb@chbonnett.com](mailto:pdb@chbonnett.com) <[pdb@chbonnett.com](mailto:pdb@chbonnett.com)>

**Date:** Friday, December 27, 2024 at 3:54 PM

**To:** ted mdsenv.com <[ted@mdsenv.com](mailto:ted@mdsenv.com)>

**Subject:** RE: IPFS Account

Hi Ted,

I'm still waiting on a copy of the MC-90 from the carrier, but I've attached our updated COI for Great Lakes Dredge & Dock and an additional file with all other updated COIs for your records/distribution as needed.

Just let me know if you need anything else.

Best,  
Paul

**C.H.BONNETT**  
**& COMPANY**  
BUSINESS INSURANCE

PAUL D. BONNETT  
Vice President  
610.771.0900  
[pdb@chbonnett.com](mailto:pdb@chbonnett.com)  
[www.chbonnett.com](http://www.chbonnett.com)

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**From:** ted mdsenv.com <[ted@mdsenv.com](mailto:ted@mdsenv.com)>  
**Sent:** Friday, December 6, 2024 2:49 AM  
**To:** Paul Bonnett <[pdb@chbonnett.com](mailto:pdb@chbonnett.com)>  
**Subject:** IPFS Account

Hi Paul,

I believe I properly paid my down payment.

Please see the attachment.

It appears as though IPFS has not established an account for me.

OK?

Ted

## **ATTACHMENT 3**

### **SPILL CONTROL PLAN FOR SOLID WASTE HAULERS**

- (1) **Spill control and safety equipment carried in each vehicle:**
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1). 360 Degree Inspection of outside of vehicle (lights, tires, wires, couplings, reflectors)
  - 2). Engine, Brake, Steering, Horn, Pedals, AC, Heater, Door, Steps, Mirrors, Windshield
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: Theodore I Busch Jr      Phone: 610-741-7199
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware:** 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.*)  
**Maryland:** 911  
**New Jersey:** 911
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.



**BUREAU OF WASTE MANAGEMENT  
WASTE TRANSPORTATION & SAFETY COMPLIANCE**

12/2/2024 9:47:13 AM

**Client ID: 307809**  
**Status: All**

CLIENT NAME	CLIENT ID	ENFORCEMENT ID	ENFORCEMENT TYPE	EXECUTED DATE	PENALTY ASSESSED	VIOLATION DESC
MANAGE DIRECT SYS ENV LLC	307809	401513	Notice of Violation	02/16/2022		Transportation and management fees not paid
MANAGE DIRECT SYS ENV LLC	307809	419056	Notice of Violation	08/16/2023		Hazardous waste transporter failed to submit quarterly report to the Department.



## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

### Division of Materials Management

625 Broadway, Albany, New York 12233-7250

P: (518) 402-8651 | F: (518) 402-9024

[www.dec.ny.gov](http://www.dec.ny.gov)

June 27, 2024

MANAGE DIRECT SYSTEMS ENVIRONMENTAL, LLC

Attn: Theodore I. Busch, Jr., President

PO Box 471

Douglassville, PA 19518

Dear Permittee:

RE: Issuance of a Notice of Violation

This letter serves to provide you with a Notice of Violation (NOV) setting forth the specific actions that constitute the violation(s) involving Article 27, Title 3 of the Environmental Conservation Law (ECL). This NOV is issued because you failed to comply with your active 6 New York Codes, Rules and Regulations (NYCRR) Part 364 Waste Transporter Permit, as required by 6 NYCRR Part 364.2 and Permit General Condition No. 4 and/or 5 listed on your permit.

Enclosed is a proposed Order on Consent (Order) that you may use to resolve the above identified violations. In order to resolve the violation, please complete the following within 30 days of the date of this letter:

- (i) Return the enclosed Order on Consent, signed by an authorized person in front of a notary public, to the New York State Department of Environmental Conservation, Office of General Counsel, 625 Broadway, Albany, NY 12233-1500, Attn: Christopher Horan;
- (i) Complete and submit the signed Order on Consent and Civil Penalty, including an original authorized signature, to the Department;
- (ii) Make payment in the amount of \$1,500.00 electronically or by check made payable to the order of the "New York State Department of Environmental Conservation" and mailed to the Department of Environmental Conservation, Division of Management and Budget, 625 Broadway, Albany, NY 12233-4900, Attn: Revenue Department.

Please note that this Order constitutes the Department's offer to settle the matter without litigation and offers a lower penalty than the Department will seek at a hearing. The Department's offer to settle will expire on within 30 days of the date of this letter. Should this offer be allowed to expire, the Department may commence formal enforcement action against you.



## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1).
  - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware: 911, (302) 739-9401 or 1-800-662-8802** (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)  
Maryland:  
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.

## Davis, DaQuan (DNREC)

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**From:** ted mdsenv.com <ted@mdsenv.com>  
**Sent:** Wednesday, January 29, 2025 4:13 AM  
**To:** WHStranporters  
**Subject:** Re: Incomplete DE HW Transporter Permit Application (HW0645)  
**Attachments:** Contract 1 - Signed.pdf; 2019 HINO IRP Cab Card.pdf

Thank you for reviewing my application. Please see responses below:

- Section 6- Your ownership is missing the date of birth.

SOLE OWNER – Theodore I Busch Jr. (Birth Date 1/16/63)

No partners to list

No Corporate Officers to list

- Section 15- Please provide driver training.

In order to receive my CDL Class A, I needed to be trained by a certified facility. I used Smith and Solomon. Please see the attachment (CONTRACT 1 – Signed).

- Section 17- Please submit a Hazardous waste vehicle list.

There is only one vehicle to report:

2019 HINO 338 VIN: 5PVNV8JV3K4S58489

See attachment: 2019 HINO IRP Cab Card

Should you have any additional questions, please do not hesitate to contact me at 610-741-7199.

Thank you,

Ted Busch  
Sole Proprietor  
Manage Direct Systems

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>

**Date:** Thursday, January 23, 2025 at 9:11 AM

**To:** ted mdsenv.com <ted@mdsenv.com>

**Subject:** Incomplete DE HW Transporter Permit Application (HW0645)

Hi Mr. Busch Jr.,

Thank you for submitting your application for your Delaware hazardous waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- Section 6- Your ownership is missing the date of birth.
- Section 15- Please provide driver training.
- Section 17- Please submit a Hazardous waste vehicle list.

Please provide the information requested above via e-mail within five (5) days.

Thank you,



## DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

✓ 302-739-9403

✉ [WHSttransporters@delaware.gov](mailto:WHSttransporters@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)







For Department Use Only

Bureau of Motor Vehicles • Commercial Registration Section • PO Box 68612 • Harrisburg, PA 17106-8612

MV-106(4-14)

**IRP CAB CARD**

The vehicle described below has been proportionally registered in Pennsylvania and the following jurisdictions at the weights not exceeding those indicated as shown below:

MANAGE DIRECT SYSTEMS ENVIRONMENTAL LLC  
50 SUFFOLK CT  
DOWNTOWN, PA 19335-1111

LICENSE PLATE: **AH53662**VALIDATION DATE: **03/13/2024**EXPIRES: **02/28/2025**

ACCOUNT NO: <b>00064716</b>		FLEET NO: <b>2</b>	SUPP NO: <b>0</b>	USDOT NO: <b>002442980</b>	ISSUE DATE: <b>03/13/2024</b>	EQUIPMENT NO: <b>79113</b>	
YEAR: <b>2019</b>	MAKE: <b>HINO</b>	VIN: <b>5PVNV8JV3K4S58489</b>		UNLADEN WEIGHT: <b>17,300 LBS</b>	GROSS VEH WT <b>33,000 LBS</b>	GROSS COMB WT: <b>0 LBS</b>	
REGISTRANT NAME: <b>MANAGE DIRECT SYSTEMS ENVIRONMENTAL L</b> STREET ADDRESS: <b>19 BROADMOOR BLVD</b> CITY, STATE, ZIP: <b>DOUGLASSVILLE, PA 19518-1328</b>				TYPE: <b>TK</b>	AXLES: <b>2</b>	SEATS: <b>0</b>	FUEL: <b>D</b>
OWNER: <b>MANAGE DIRECT SYSTEMS ENVIRONMENTAL LLC</b>					TITLE NO: <b>79094040</b>		O. CODE: <b>FOR</b>

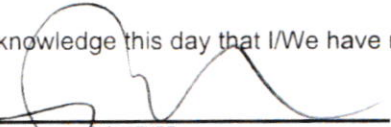
JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
PA	33,000	AL	33,000	AR	33,000	AZ	33,000	CA	33,000	CO	33,000	CT	33,000
DC	33,000	DE	33,000	FL	33,000	GA	33,000	IA	33,000	ID	33,000	IL	33,000
IN	33,000	KS	33,000	KY	33,000	LA	33,000	MA	33,000	MD	33,000	ME	33,000
MI	33,000	MN	33,000	MO	33,000	MS	33,000	MT	33,000	NC	33,000	ND	33,000
NE	33,000	NH	33,000	NJ	33,000	NM	33,000	NV	33,000	NY	33,000	OH	33,000
OK	33,000	OR	33,000	RI	33,000	SC	33,000	SD	33,000	TN	33,000	TX	33,000
UT	33,000	VA	33,000	VT	33,000	WA	33,000	WI	33,000	WV	33,000	WY	33,000
AB	14,968	BC	14,968	MB	14,968	NB	14,968	NL	14,968	NS	14,968	ON	14,968
PE	14,968	QC	2 AXL	SK	14,968	**	****	**	****	**	****	**	****

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct.

The apportioned cab card must be carried in the vehicle to which it is issued and must be presented on demand, for inspection by law enforcement officers.

I/We hereby acknowledge this day that I/We have received notice of provisions of Section 3709 of the Vehicle Code.

Safety USDOT Number: 002442980

  
SIGNATURE  
MOTOR CARRIER RESPONSIBLE FOR SAFETY  
MANAGE DIRECT SYSTEMS ENVIRONMENTAL LLC  
PO BOX 471  
DOUGLASSVILLE, PA 19518



PENNSYLVANIA'S LITTERING LAW - Section 3709 of the Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.  
For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within this vehicle with my permission, if I do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.



## Enrollment Agreement

### Program **CDL-A - NorristownWeekend** Smith & Solomon Training School

103 East Main Street  
Norristown, PA 19401  
Phone: (610) 272-6050 Fax: (610) 272-6059

[www.smithsolomon.com](http://www.smithsolomon.com)

#### THIS ENROLLMENT AGREEMENT AND THE INSTITUTION'S CATALOG CONSTITUTE A BINDING CONTRACT BETWEEN THE STUDENT AND THE SCHOOL

##### STEP 1: Complete Personal Information

I hereby apply for enrollment in Smith & Solomon Training School, hereinafter referred to as "School." A representative has provided me with a catalog and explained the programs and terms of the Enrollment Agreement. I am 18 years of age.

Name: Theodore Busch Jr Date: July 24, 2021  
 Address: 19 Broadmoor Blvd Po Box 471  
 City: Douglassville State: PA Zip: 19518  
 Home Phone (610) 741-7199 Work Phone: ( ) -  
 Date of birth 01/16/1963 Social Security #: 187-58-6660  
 Past or present occupation \_\_\_\_\_  
 Current employer (if any) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name and relationship of closest relative \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

##### STEP 2. Verify Your Program

I hereby apply for admission to the Program indicated below. I agree to follow your training program and upon successful completion of my studies and tuition obligation, I will be awarded a diploma. **I understand there is a \$150 Registration fee for each program.**

Check Here	Program	Clock Hours	Tuition	Reg. Fee	Road Test	DOT Fees	Sub Total	Int. Rate	Grand Total
	CDL-A - NorristownWeekend	160	\$3995.00	\$150.00	\$100.00	\$150.00	\$4395.00	\$0.00	\$4395.00

##### CLASS SCHEDULE

Hours: 160 Time: 9 weeks  
 Start Date: 07/24/2021 Scheduled Graduation Date: \_\_\_\_\_

**STEP 3. Calculate Your Tuition and Payment**

Fees for the program are as shown. Cost of credit is included in the cost for the goods and services. A registration fee of \$150.00 must be paid at the time the Enrollment Agreement is completed in order to ensure a space in class.

**Tuition Payment Options**

Smith & Solomon offers three payment options;

**Finance Pay**

Qualified and approved Smith & Solomon students finance the balance of their tuition over a 24 month period after paying the initial deposit. Smith & Solomon charges a onetime finance fee of 18% on the amount financed. The student will take their road test and graduate from the school prior to completing the payment plan.

**Private Pay**

Any student attending Smith & Solomon qualifies to pay their tuition weekly over the length of their training after paying an initial deposit. All Tuition must be paid in full prior to the student taking their road test. If the student is making final payment less than ten (10) days before the road test, they must pay via cash or money order.

**Private - Extended Pay**

Any student attending Smith & Solomon whose tuition is 80% or more funded prior to taking their road test will be able to finance their remaining balance over 12 months interest free.

**For CDL A Program**

Upon graduation from our school, graduates are required to provide a copy of his/her Commercial Driver's License to a Smith & Solomon Commercial Driver Training admissions representative so that same may be copied and inserted in the student's file. If students do not pay all agreed-to fees in full, student agrees to the attachment of their future wages until said debt is paid in full.

**PAYMENT METHOD**

Program	Clock Hours	Tuition	Reg. Fee	Road Test	DOT Fees	Sub Total	Int. Rate	Grand
CDL-A - NorristownWeekend	160	\$3,995.00	\$150.00	\$100.00	\$150.00	\$4395.00	\$0.00	\$4,395.00

Finance Pay		Private Pay		Private-Extended Pay	
Deposit		Deposit		Deposit	
Amount Financed		Balance Due		Balance Due	
Finance Fee (18%)				Amount Financed	
Total Amount Fin (Inc Interest)				Number of Payments	
Number of Payments				Amount of Monthly Payments	
Amount of Monthly Payments					

If you are paying a deposit before the start of class and then paying the balance before graduation, please note that you must make the final payment within ten (10) days before your road test. If you are making your final payment less than ten (10) days before your road test, you must pay via cash or money order.



### **ADMISSION**

Students at the School are admitted without regard to race, color, creed, age, sex, or national origin. The School reserves the right to accept or reject all applicants. In the even that an applicant does not meet admissions requirements, is ineligible for licensing or is rejected for training, the applicant will be notified in writing and all previous obligations within this contract will void. All monies paid by the Applicant will be returned within thirty (30) days and there will be not future liability.

### **INDEMNIFICATION**

The Applicant releases and indemnifies Smith & Solomon Commercial Driver Training, its agents and representatives from and against all liabilities, damage and other expenses which may be imposed upon, incurred by or asserted against it to them, by reason of bodily injury or property damage, which may be suffered from any cause while enrolled as a student in the Schools training program, and any time thereafter.

### **RESPONSIBILITES**

The cost of books, supplies and equipment is included in the School's tuition. The costs of the Department of Transportation physical examination permit and fingerprints when applicable are not included in the School's tuition and fees. Accommodations, meals, transportation to and from the School and licenses are also the financial responsibility of the Student

### **NOTICES**

The holder of a consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto. Recovery by the debtor shall be limited to amounts paid by the debtor hereunder. Debtor may cancel this transaction at any time prior to midnight of the tenth calendar day after the effective date of this transaction, provided you have not yet begun training.

### **CANCELLATION AND REFUND POLICY**

#### **Registration fee**

The school charges a registration fee of \$150. The registration fee is fully refundable if the student requests cancellation within 10 calendar days after signing the enrollment agreement and no hours have been attended. The registration fee is not refunded after this period.

#### **Refund Calculation**

If a student withdraws from a Smith & Solomon program a refund will be calculated based on the Tuition earned by the school (see withdrawal policy) and the amount of tuition paid by the student at the time of withdrawal. The termination date for the refund calculation is the last date of recorded attendance. Refunds will be made within 30 days of the date the termination determination is made.

#### **Withdrawal Policy**

For programs of less than 6 weeks duration, a formula for tuition refunds shall be based on the total clock hours of the program using the following percentages:

- For a student completing up to and including 10% of the total clock hours, the School shall refund 90% of the total cost of the program.
- For a student withdrawing or discontinuing the program within the first 25% of the program, the tuition charges refunded by the School shall be at least 55% of the total cost of the program.
- For a student withdrawing from or discontinuing after 25% but within 50% of the program, the tuition charges refunded by the School shall be at least 30% of the total cost of the program.
- For a student withdrawing or discontinuing after 50% of the program, the student is entitled to no refund.



### EMPLOYMENT ASSISTANCE/COMPLAINT PROCEDURE

The school offers employment assistance to its students. **We do not guarantee employment or set a wage in any way.** Any questions or concerns about satisfying the terms of the enrollment agreement shall be directed to Jim Bennett, Director of the School. The school is licensed as Smith & Solomon Training School by the Board. Questions or concerns that are not satisfactorily resolved by the person designated above or by other school officials may be brought to the attention of the State Board of Private Licensed Schools, Pennsylvania Department of Education, 333 Market St., 12th Floor, Harrisburg, PA 17126-0333.

### ACKNOWLEDGEMENTS

I have read, understood and agree to abide by all terms and policies stated herein and have received a copy of this contract and the school catalog. I certify that this contains all the terms of our agreement and that there have been no promises or agreements made other than those contained herein. **I understand that the School does not guarantee employment or a set wage in any way.** Student graduates under 21 years old will be restricted to intrastate level travel and cannot cross state lines in a commercial motor vehicle. This agreement shall be effective when signed by a representative of the School.

DocuSigned by:

*Ted Busch*

APPLICANT SIGNATURE

7/16/2021

DATE

DocuSigned by:

*Tara Mandy*

SCHOOL REPRESENTATIVE SIGNATURE

7/16/2021

DATE

# **SMITH & SOLOMON**

## **COMMERCIAL DRIVER TRAINING**

### ***Smith & Solomon Code of Conduct***

Unprofessional conduct which discredits the individual or Smith & Solomon Commercial Driver Training School will be subject to termination. Students must conduct themselves so they do not interfere with other students or the instructor. The administration of Smith & Solomon reserves the right to terminate a student on any of the following grounds:

- o Non-compliance with Smith & Solomon Commercial Driver Training rules and regulations.
- o Conduct that reflects unfavorably upon Smith & Solomon or its students.
- o Disruptive behavior to faculty members, students, or classmates.
- o Unsatisfactory academic progress.
- o Excessive absences or tardiness.
- o Failure to pay fees when due.
- o Cheating.
- o Falsifying records.
- o Breach of institution enrollment agreement.
- o Poor health.
- o Entering the institution while under the influence or effects of alcohol, drugs, or narcotics of any kind.
- o Carrying a concealed or potentially dangerous weapon.
- o Sexual harassment.
- o Harassment of any kind including intimidation and discrimination.

#### **Other School Policies:**

**Audio/Video Equipment** - The use of audio/video equipment such as video cameras, cell phones or tape recorders is strictly forbidden while enrolled at Smith & Solomon. If caught using such a device the student will be terminated from the program immediately.

**Personal Phone calls and use of cell phones** - Unless there is a valid emergency, cell phone use is strictly prohibited at all times while enrolled at Smith & Solomon.

**Smoking** - There will be no smoking or drinking of coffee or other beverages in the classroom at any time. Smoking while operating a school vehicle is forbidden. Special smoking areas are designated by the School Director.

**Lunch** - Students are expected to eat their meals in the designated lunch area. No food or drink is allowed in the vehicles.

**Dress** - All students are expected to wear long pants, t-shirts (must have sleeves). Wear appropriate weather gear. Be neat in appearance.

**Shoes** - Hard soles are required for CDL students scheduled for yard and road training. Sandals or tennis shoes are not acceptable. Ankle support type shoes are recommended.

**Teamwork** - All students assigned to a group will work together. Teamwork is very important in the learning process.

**Arguing** - There will be no arguing among students and/or instructors. Professional drivers face challenging moments and must learn to control their tempers and emotions. Anyone caught arguing or fighting will be terminated immediately.

**Accidents** - All accidents, no matter how minor, will be reported to the nearest instructor immediately upon happening.

**Equipment Abuse** - Deliberate abuse of equipment by students will not be tolerated and is grounds for termination. CDL students are not to move any vehicle until told to by their instructor.

**Seat Belts** - Seat belts must be worn at all times while in a Smith & Solomon vehicle. Anyone caught violating this policy will be dismissed from the school immediately.

**Wheel Chocks** - All vehicles are to be chocked when parked and or left unattended.

### **ACKNOWLEDGEMENTS**

I have read, understood and received a copy of Smith & Solomon Commercial Driver Training School's student code of conduct and agree to abide by all terms and conditions stated herein by:

Applicant's signature

Ted Busch

Date

7/16/2021

9A4428528479471

**SMITH & SOLOMON**  
COMMERCIAL DRIVER TRAINING

**Getting Started**  
**CDL-A - Norristown Weekend Program**

Student's Name: Theodore Busch Jr

Your Class Dates: 07/24/2021

To:

Schedule: Day

Weekdays: 7:00 AM to 5:00 PM Monday thru Thursday

Weeknights: 5:00 pm to 10:00 pm Monday thru Wednesday

Weekends: From 7:00 am to 5:00 pm Saturday and Sunday

DOT and Drug Screen on \_\_\_\_\_ at the \_\_\_\_\_ Campus

**BEFORE YOUR CLASSES BEGIN**

- Fill out the permit application and purchase a commercial driver's permit from your local PENNDOT (fees below).

**UPGRADE FROM NON-COMMERCIAL TO COMMERCIAL**

**AMOUNT**

7 to 12 Months Prior to License Expiration: \$28.50

13 to 24 Months Prior to License Expiration: \$43.50

25 to 36 Months Prior to License Expiration: \$58.50

37 to 48 Months Prior to License Expiration: \$73.50

(One permit, with photo fee included. Additional fees may apply for Hazmat, Motorcycle or additional permits.)

- Ask for a copy of the Commercial Driver's Manual at your local DMV.
- DO NOT TAKE ANY TESTS.

**WHAT YOU SHOULD BRING ON YOUR FIRST DAY OF CLASS  
(BOTH YARD AND ROAD)**

**CLASSROOM:**

- Pencil
- Two Highlighter
- Pen
- Permit – Blank CDL w/ Endorsements (DMV)
- CDL Manual
- Note Pad

**YARD & ROAD:**

- STEEL TOE BOOTS
- WORK GLOVES
- APPROPRIATE WEATHER GEAR
- GLASSES (if prescribed to you)

**\*\*\*\*Please see the next page(s) for a list of DMV locations that offer the commercial driver's written exam, as well as DOT Medical Exam Regulations.**

\*\*\*\*

# **SMITH & SOLOMON**

## **COMMERCIAL DRIVER TRAINING**

### **WELCOME TO THE START OF YOUR NEW CAREER!**

(Refrigerator and microwave are available on site for student use)

### **PENNDOT LOCATIONS & HOURS TO TAKE CDL WRITTEN EXAM**

<p>Lawndale Oxford Levick Shopping Center 919-B Levick Street Philadelphia, PA 19111</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>	<p>Island Avenue 2320 Island Avenue Philadelphia, PA 19153</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>
<p>Arch Street 801 Arch Street Philadelphia, PA 19107</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>	<p>Bensalem 4201 Neshaminy Blvd. Bensalem, PA 19020</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>
<p>West Oak Lane 7121 Ogontz Avenue Philadelphia, PA 19138</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>	<p>2101 Swede Road Norristown, PA 19401</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>
<p>Whitman Plaza 330 W. Oregon Avenue Philadelphia, PA 19148</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>	<p>Lincoln Court Shopping Center 225 West Lancaster Ave Malvern, PA 19355</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>
<p>Market Place @ Huntingdon Val 2022 County Line Road Huntingdon Valley, PA 19006</p> <p><b>Monday- Closed</b> <b>Tues-Saturday- 8:30am to 4:15 pm</b></p>	<p>1085 Hanover Street Hanover Ind. Estates Wilkes-Barre, PA 18706</p> <p><b>Monday &amp; Friday- Closed</b> <b>Tuesday, Wednesday, Thursday &amp; Saturday- 8:30am to 4:15 pm</b></p>
<p>81 Keystone Industrial Park Dunmore, PA 18512</p> <p><b>Monday, Tuesday &amp; Thursday- Closed</b> <b>Wed, Fri &amp; Sat.- 8:30am to 4:15 pm</b></p>	





### ***What You Need To Know About Your Commercial Driver Medical Exam***

Also known as the "DOT" exam, the Federal Motor Carriers Safety Administration (FMCSA) regulates the medical qualifications of commercial drivers in the Code of Federal Regulations **49 CFR 391.41**

**Medical Examiners are required to provide the evaluation according to regulations outlined in 49 CFR 391.43 and 49 CFR 391.41 Part IV-Guidance/Advisory Criteria**

In general, you should **make sure you are taking any prescribed medication as directed**, and bring a list of any medications you are taking, in addition to a list of any medical conditions you are being treated for.

Below is some general information you should know to help you pass your physical exam.

o **Vision:** Must be 20/40 in each eye. If you wear glasses or contacts, you must bring them. If it has been a long time since your last prescription, you may want to update your prescription before your exam.

o **Hearing:** If you wear a hearing aid, make sure they are working, you have fresh batteries, and have been updated if a long time since you've had them.

o **Diabetes:** If you require insulin to control your diabetes, you may not be certified to drive a commercial vehicle under DOT regulations. If you are controlled by diet, exercise and/or medication, you can be certified for up to one year if you are well controlled. **It is helpful if you bring any recent blood sugar tests with you.** A recent copy of your HGBA1C level may be required to show that your diabetes is well controlled and stable.

o **Heart problems:** Bring your medication, and a history or records of recent examinations, blood tests, electrocardiograms, stress tests, or any other tests such as ECHO cardiograms. If you had a heart attack, stent placement or valve/bypass surgery you will need to bring copies of your most recent stress test/echocardiogram reports and have your cardiologist clear you to operate a commercial motor vehicle

o **High Blood pressure or Hypertension:** **Make sure you are taking your medication as directed, as your blood pressure must be controlled to pass.** You could be certified for 1 year if you are taking medication for your blood pressure and it is less than **140/90**.

o **Lung Problems/Sleep Apnea:** If you are using any inhalers or oral breathing medication, make sure you are taking them as directed. If you have had a sleep study for sleep apnea and it was "negative" bring a copy of the report. If you have sleep apnea, make sure you bring a copy of your "compliance report" from the CPAP machine to show you are using it as directed. Pulmonary function testing is required if you have a history of any specific lung disease or use tobacco.

o **Musculoskeletal problems:** If you have had a severely disabling injury or orthopedic problem impairing the use of your hands, arms, legs or feet, bring any recent medical documentation with you.

o **Epilepsy:** You may not be certified if you have epilepsy or are being treated or have been treated for a seizure disorder or convulsions in the past 10 years. In some cases, if a seizure was related to another condition which has resolved, you may be certified after 5 years. If you require anti-seizure medication, you cannot be certified. Bring any relevant medical records.

o **Mental, nervous, neurological or psychiatric diseases:** You may be certified with certain conditions if well controlled. You are disqualified if a condition is likely to interfere with the safe operation of a commercial motor vehicle. A clearance is required from your current treating mental health provider.

o **Alcoholism/substance abuse:** You cannot be certified if you carry a current diagnosis of alcoholism, or currently abuse controlled, narcotic, or illegal substances.

## **SMITH & SOLOMON**

### COMMERCIAL DRIVER TRAINING

#### **PRIOR TO YOUR DOT PHYSICAL:**

- ✓ Remember to bring your eye glasses
- ✓ Drink water! Be ready to provide a urine sample.
- ✓ Cutting back on caffeine and nicotine can help improve your blood pressure.
- ✓ Reducing the amount of salty foods you eat and avoiding adding salt to your food can also help to lower your blood pressure. Keep in mind that reducing sodium intake involves more than not using a salt shaker, but also checking for the sodium content in processed and prepared foods. Read the labels, and try to limit your sodium intake to less than 2000mg per day.
- ✓ Eat a Wide Variety of Natural Foods. Variety means fruits, vegetables, mushrooms, nuts, grains, seeds, meat, fish, eggs, milk, or honey.
- ✓ Take Vitamins - Many vitamins have been shown to reduce hypertension but vitamins C, E, B5, B6 and folic acid, which is also a B vitamin have been the most effective.
- ✓ Increase Calcium – This can be done by consuming low-fat dairy products or taking calcium supplements.
- ✓ Increase Potassium - This can be done easily by consuming foods such as cauliflower, cabbage, oranges, melons, bananas, and other fruits & vegetables.
- ✓ Increase Magnesium - Soy, beans, wheat germ, rice, nuts and bananas are a good source of magnesium.
- ✓ If you have a history of Diabetes, take your medications as directed by your health care provider, and cut back on high calorie snack foods and desserts like chips, cookies, cakes, donuts, soda, ice tea, and full-fat ice cream.
- ✓ The week before your DOT physical exam, cut back on coffee, sodas, energy drinks, potato chips, etc, and don't add salt to your food. Also reduce your use of nicotine as much as possible. Doing this can help lower your blood pressure reading.

We understand that passing your DOT physical exam is important to your career and livelihood, and we are here to do everything we can to help you. If you have any questions please feel free to contact us. 1-800-991-5197 or e-mail us at: [info@infinityMD.org](mailto:info@infinityMD.org)

**Bordentown Driver Training School LLC, dba Smith & Solomon****Student Acknowledgement for Drug/Alcohol Abuse Screening,  
Random Testing and DOT Medical Cards.**

I, Theodore Busch Jr have been informed that the policy of Bordentown Driver Training School LLC, dba Smith and Solomon Commercial Driver Training (herein called the "Company") requires a pre-enrollment controlled substance screening. I understand that if any test (including but not limited to pre-enrollment and random screenings) indicates a positive result for alcohol abuse or illegal drug usage, or if I refuse to test, my training/enrollment process will cease immediately and my tuition will be refunded in accordance to the Company refund policy. I am aware that if I am absent from training for a period greater than 30 days that I will be required to retake the pre-enrollment screening test before returning to school.

I further understand that I may be required to take a random selection drug/alcohol test. I understand that I may refuse to take the screening test but by doing so I am aware that my training will cease immediately.

**\*I acknowledge that any DOT Regulated Drug Test failure may result in a CLP/CDL never being issued to me from my state of domicile now and in the future. I understand that Smith & Solomon Commercial Driver Training assumes no liability in the event I cannot obtain a CLP/CDL due to a DOT Regulated Drug Test failure.**

I am aware that I must acquire and maintain a Federal DOT Medical Card and must have it in my possession at all times.

I understand that the fees associated with my tuition include the following under this policy:

- o First/Initial Physical Examination
- o First/ Initial Pre-Enrollment Controlled Substance Screening
- o Random Drug/Alcohol Testing

**\*Healthcare providers may charge additional for follow-up office visits and issuance of prescription medications when medical conditions exist. Certain medical conditions need to be monitored and controlled by a physician before a Federal DOT Medical Card can be issued. I fully understand that all charges associated with this are my responsibility.**

By signing below, I verify that I have read and understand the policies mentioned above. In accordance with Federal Motor Carrier Safety Regulations, consent is implied for drug/alcohol screenings.

I have received in written form the educational materials and information as outlined in DOT's 49CFR, 382.601(b)

Date: 7/16/2021

Witness: Tara Mandy  
82581E3FDE3E46F

DocuSigned by:  
Signed: Ted Busch  
9A442852B479471  
(Student Driver)  
187-58-6660  
SSN: \_\_\_\_\_

Phone: \_\_\_\_\_





## Student Emergency/Reference Contact Information

Please provide 3 Emergency/Reference Contacts:

**Name:** Robbin Grelecki

**Phone Number:** 4847531487

**Address:** \_\_\_\_\_

\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_





## DRIVER ABSTRACT AND BACKGROUND REQUEST

**Name:** Theodore Busch Jr

**Address:** 19 Broadmoor Blvd Po Box 471  
DOUGLASSVILLE ,PA , 19518

**Phone:** (610) 741-7199

**D. L. #:** 19889398

**SS#:** 187-58-6660

**DOB:** 01/16/1963

**Course:** CDL-A - NorristownWeekend

I hereby authorize Smith & Solomon to request and obtain a copy of my driver abstract from the Department of Motor Vehicle as well as any criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions for the purpose of enrollment in the school:

DocuSigned by:  
  
0A4428628479471  
STUDENT SIGNATURE

7/16/2021  
DATE



## STUDENT VERSION

### DRUG AND ALCOHOL ABUSE POLICY FOR EMPLOYEES/STUDENTS PERFORMING SAFETY SENSITIVE FUNCTIONS

Bordentown Driver Training is dedicated to the health and safety of our employees and students. Drug and/or alcohol use may pose a serious threat to health and safety. Therefore, it is the policy of Bordentown Driver Training to prevent the use of drugs and abuse of alcohol from having an adverse effect on our employees and students. The federal government has recognized the serious impact of drug use and alcohol abuse. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations, which require the company to implement an alcohol and controlled substances testing program. The purpose of the FMCSA regulations is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles.

Bordentown Driver Training has implemented the same program for company employees and students who work in safety sensitive positions not under the direct jurisdiction of the FMCSA. In addition, Bordentown Driver Training may conduct testing beyond the requirements of the FMCSA on employees who are not covered under Section § 382 of the Federal Motor Carriers Safety Regulations. This expanded testing program is a requirement of Bordentown Driver Training and is not represented as being conducted under Section § 382 of the Federal Motor Carriers Safety Regulations.

The covered employee/student is responsible for complying with the requirements set forth in this policy. The covered employee/student will not use, have possession of, abuse, or have the presence of alcohol or any controlled substance in excess of regulation established threshold levels while on duty. The covered employee/student will not use alcohol within 8 hours before performing a safety-sensitive function, while performing a safety-sensitive function, or immediately after performing a safety-sensitive function.

It is the policy of Bordentown Driver Training that the use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance (except medically prescribed drugs) by any covered employee/student while on company premises, engaged in company business, operating company equipment, or while under the authority of Bordentown Driver Training is strictly prohibited. Disciplinary action will be taken as necessary. Neither this policy nor any of its terms are intended to create a contract of employment or contain the terms of any contract of employment. The company retains the sole right to change, amend, or modify any term or provision of this policy without notice. This revised policy is effective September 1st, 2015, and will supersede all prior policies and statements relating to alcohol or drugs.

#### Alcohol Prohibitions

Part 382, Subpart B, prohibits any alcohol misuse that could affect performance of safety-sensitive functions.

This alcohol prohibition includes:

- o Use while performing safety-sensitive functions;
- o Use during the 8 hours before performing safety-sensitive functions;
- o Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.02 or greater;
- o Use of alcohol for up to 8 hours following an accident or until the covered employee undergoes a post-accident test;
- o Refusal to take a required test.

#### Drug Prohibitions

Part 382, Subpart B, prohibits any drug use that could affect the performance of safety-sensitive functions.

This drug prohibition includes:

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- o Use of any drug, except when administered to a covered employee/student by, or under the instructions of, a licensed medical practitioner, who has advised the covered employee/student that the substance will not affect the covered employee's ability to safely operate a commercial motor vehicle. Testing positive for drugs; or refusing to take a required test.
- o All covered employees/students will inform their Campus Business Manager of any therapeutic drug use prior to performing a safety-sensitive function. He/she may be required to present written evidence from a health care professional which describes the effects such medications may have on the covered employee's/student's ability to perform his/her tasks.

Any student who violates any of the above policies will be subject to discipline including termination of training. Bordentown Driver Training reserves the right to alter this and any of its policies without notice.

#### Previous Employer Alcohol and Drug Testing Information

Under FMCSA rules, Bordentown Driver Training is required to obtain alcohol and drug testing information on covered employees from previous employers for a period of three years prior to the application for employment. Although this does not apply to students, it is important that each student be aware that their future employers will be required to do this.

- o The covered employee must provide written consent to Bordentown Driver Training to obtain drug and alcohol testing information from previous employers.
- o If a covered employee does not provide written consent, Bordentown Driver Training cannot permit the covered employees to operate a commercial motor vehicle or conduct other safety sensitive functions. Bordentown Driver Training may at its discretion, obtain drug and alcohol testing information directly from the covered employee, providing the documents can be verified as true and accurate.
- o If Bordentown Driver Training learns from a previous employer that a covered employee has tested positive for drugs, had an alcohol test result of 0.04 or greater, or has refused to be tested, the covered employee cannot be used to perform safety sensitive functions until proof is given that the covered employee has met the return-to-duty requirements described in FMCSA regulations.
- o A complete description of covered employees' rights to review and contest responses to previous employment checks is available in a separate memorandum.

(No information will be requested from a student's previous employer)

#### **DRUG & ALCOHOL TESTING PROGRAM SUMMARY DESCRIPTION**

**Covered Employees:** The testing program applies to all employees/students and prospective employees/students required to hold a CDL/Permit and other employees in safety sensitive positions. These positions include, but are not limited to, students, instructors, business managers, and other positions considered by Bordentown Driver Training to be safety sensitive.

**Safety Sensitive Function:** Safety-sensitive is defined by the company.

**Methods of Testing:** Testing for controlled substances will be by urine specimen. Alcohol testing will be by breath analysis. Testing may be conducted immediately prior to reporting for duty, while on-duty and immediately after completing duty. FMCSA rules concerning collection of specimens, custody, and substance thresholds apply to this program.

**Program Administration:** The testing, medical review and employee assistance parts of the program are administered by a program administrator. The current administrator is IMCC. The program administrator collects urine samples and uses outside vendors for breath analysis.

**Types and Frequency of Testing:** Testing for controlled substances will be conducted before employment,



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on a random basis during employment, after certain accidents, upon reasonable cause, and as a follow-up for a positive screen. Testing for alcohol will be conducted on a random basis during employment, after certain accidents, upon reasonable cause and as a follow-up for a positive screen.

**Pre-Employment Testing:** Prior to reporting for work every potential employee is required to be tested negative for the use of controlled substances. A confirmed positive test result will disqualify that person from employment. Any leave of absence greater than 30 days, where an employee/student is removed from the random drug test pool, will require the employee/student to take a pre employment/pre-training drug screening test before returning to perform safety sensitive functions

**Random Testing:** Every covered employee/student is subject to the random testing program. The Director of Safety provides the list of individuals to be tested each month. Bordentown Driver Training will notify the randomly selected employees for scheduling of tests.

**Post-Accident Testing:** Every covered employee/student who is involved in a recordable accident in which there is a loss of a human life or the employee is cited, or anyone if requires treatment away from the scene must provide a urine sample and a breath sample in accordance with the collection procedures of the testing program administrator. The urine sample must be provided as soon as possible following the accident but in no event later than 32 hours thereafter. A breath-alcohol test will be administered immediately after, or no later than 8 hours following the accident. A recordable accident is one that results in the death of a human being, bodily injury to a person requiring immediate medical treatment away from the scene of the accident, or disabling damage to a vehicle requiring it to be towed from the scene. Bordentown Driver Training may require a post accident testing which goes beyond the requirements of § 382 of the Federal Motor Carrier Safety Regulations. This expanded testing is conducted under Bordentown Driver Training policy and is not represented as being conducted under § 382 of the Federal Motor Carrier Safety Regulations.

**Reasonable Suspicion Testing:** Any covered employee/student will be required to submit to testing whenever supervisory personnel have reasonable suspicion to believe that the employee may have used a controlled substance or alcohol. Under FMCSA rules, only a single supervisor is required to initiate actions to accomplish reasonable suspicion testing. In the event of testing upon reasonable suspicion, the supervisor and witness (if available) will prepare and sign a statement of conduct observed within 24 hours of the observed behavior or before test results are released, whichever occurs sooner. Supervisors are trained in the observance of behavior related to the use of controlled substances and alcohol.

**Prohibited Conduct:** The following conduct is prohibited for covered employees/students:

- 1) Reporting for duty, being on duty or immediately after leaving duty having a blood alcohol content (BAC) of 0.04 or greater. (A BAC of 0.02 to 0.039 will result in the employee being immediately suspended for at least 24 hours.)
- 2) Possessing any form or amount of alcohol or alcoholic beverage while on duty.
- 3) Consuming any alcohol while on duty.
- 4) Consuming any alcohol within 8 hours of reporting for duty.
- 5) Consuming any alcohol within 8 hours following an accident that requires post-accident testing.
- 6) Refusal to submit to any testing required under the program.
- 7) Use of any controlled substance as defined by the FMCSA.
- 8) Testing positive for any controlled substance as defined by the FMCSA.

**Refusal Submission:** According to Sec. 382.211, a covered employee/student may not refuse to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test required by the regulations. A covered employee/student who refuses to submit to such tests may not perform or continue to perform safety-sensitive functions and must be evaluated by a substance abuse professional as if the covered employee tested positive for drugs or failed an alcohol test. Refusal to submit includes failing to provide adequate breath or urine sample for alcohol or drug testing and any conduct that obstructs the testing process. This includes adulteration or substitution of a urine sample. Refusal to test is considered a "positive test result" under FMCSA rules.



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**Consequences of Employees Engaged in Prohibited Conduct:** Any covered employee or student whose urine or breath sample tests positive for the presence of a controlled substance will, at Bordentown Driver Trainings discretion, be terminated. Bordentown Driver Training is not obligated to allow the employee/ student to return to work after completing a substance abuse rehabilitation program, after testing positive during any controlled substance test.

**Confidentiality:** The Director of Safety will reveal to the company only the identity of the person tested, the date of the test, whether the test result was negative or positive, and such other information as permitted by the FMCSA. Any tested person may obtain directly from the program administrator information as to the specific types and quantities of controlled substances or alcohol revealed by his or her test. Other information will be released only in accordance with FMCSA regulations.

**Medical Officer's Review:** The program's medical review officer (MRO) examines all positive test results before they are released. The MRO is a licensed physician with knowledge of substance abuse disorders. No positive test result will be verified by the MRO prior to consideration of alternate medical explanations for the result. The tested person has the opportunity to discuss any positive test before it is finally verified by the MRO. The MRO may order additional testing. Any additional or "split sample" testing accomplished is at the expense of the covered employee. Any person tested will be asked to provide information concerning legal use of controlled substances (including prescription drugs) when such information might explain the presence of a controlled substance.

**Questions Regarding the Program.** Any questions regarding Bordentown Driver Trainings Controlled Substances and Alcohol Testing Program can be answered by the Director of Safety.

**Additional Information:** Information relating to the effects of alcohol and controlled substance use on health, work and personal life, and the signs and symptoms of an alcohol or substance abuse problem is provided by Bordentown Driver Training in the Driver Awareness Training Handbook or appropriate handout..

**The testing program is intended to comply with FMCSA regulations and incorporates by reference to those regulations. This summary description of the program is provided as a convenience. It is not intended to modify, expand or restrict the scope of the FMCSA regulations. Bordentown Driver Training may change this program without notice.**

#### **Employment information**

Bordentown Driver Training requires a signed authorization from a former employee/student or governmental order before releasing information about the former employee to third parties. In response to past employment verifications, Bordentown Driver Training releases only the former employee's/student's dates of employment/training and the position held. In the case of former employees/students who were subject to the company's substance testing program, Bordentown Driver Training also releases the information required by law.



## STUDENT FILE CHECKLIST

LEFT SIDE	INITIALS OR N/A
Confidentiality Questionnaire	_____
Felony Disclosure or Waiver	_____
Promise of Employment (If Applicable)	_____
Driver's License	_____
Motor Vehicle Report	_____
Approval Letter (If Sponsored)	_____
Voucher (If Sponsored)	_____
County Communication (If Sponsored)	_____
Miscellaneous (Resume, change of status etc.)	_____
Enrollment paperwork	_____
Payment Receipts	_____
Medical (DOT Physical, Drug Test, medical notes)	_____
<b>RIGHT SIDE (Most of the below paperwork will not be received until student graduates)</b>	
Classroom paperwork	_____
Yard Sheet	_____
Road Sheet (Staple original permits to road sheet)	_____
Timesheets/Benchmarks (If Sponsored)	_____
Sign In Sheets	_____
Copy of Diploma	_____
Copy of CDL License	_____
Copy of Transcript	_____
Copy of Entry Level Certificate	_____
Survey	_____
Updated Contact information Sheet	_____
Job Placement Information/County Forms	_____
Any Applications (If Applicable)	_____

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**COMMERCIAL DRIVER TRAINING**

Norristown

## **Daily Attendance Report**

Student Name: <b>Theodore Busch Jr</b>	Term Dates: Start Date: <b>07/24/2021</b> End Date:		Course: <b>CDL-A - NorristownWeekend</b>				
Class Dates:							
	<b>Saturday</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Time In:							
Out for Lunch:							
In from Lunch:							
Time Out:							
Student's Initials							
Instructor's Initials							
	<b>Saturday</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Time In:							
Out for Lunch:							
In from Lunch:							
Time Out:							
Student's Initials							
Instructor's Initials							
	<b>Saturday</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Time In:							
Out for Lunch:							
In from Lunch:							
Time Out:							
Student's Initials							
Instructor's Initials							
	<b>Saturday</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Time In:							
Out for Lunch:							
In from Lunch:							
Time Out:							
Student's Initials							
Instructor's Initials							



## JOB PLACEMENT AVAILABILITY ACKNOWLEDGEMENT

According to information supplied by you, the following could limit your ability to become employed in the trucking industry:

- ☐ Your driving record
- ☐ Your criminal record
- ☐ Your age
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_

By signing this you acknowledge this potential restriction. You will still receive the career guidance services offered by the school.

**Name (print)**

\_\_\_\_\_

**Signature** DocuSigned by: Ted Busch **Date** 7/16/2021  
9A442B52B479471





## GENERAL INFORMATION RELEASE

I Theodore Busch Jr, hereby authorize Smith & Solomon Commercial Driver Training School to make such investigations and inquiries of my personal, employment, financial, and medical history and other related matters up to and including inquiries by third parties. Inquiries may include but are not limited to dates of employment, salary history, employment history, education records and transcripts, verification of social security number, medical history, current & previous residences, criminal history, motor vehicle abstract reports, credit history and reports, and any other public records and employment reports. Smith & Solomon Commercial Driver Training School reserves the right to exercise this authorization at any time during employment/enrollment, and anytime thereafter.

This release is executed with full knowledge and understanding, and shall remain in effect until such time as I provide a written notice to the Company withdrawing this release.

DocuSigned by:

*Ted Busch*

9A4428528479471

Student/Employee Signature

7/16/2021

Date

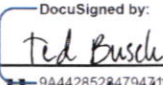


**Attention: All Staff and Students**

**In response to the direction given by the Governor's Office, everyone is required to follow these guidelines. It is the student's responsibility to supply their own mask and gloves**

- \* Wearing Masks and gloves at all times is required to attend.
- \* Maintaining Proper social distancing at all times is required when in attendance.
- \* Cover coughs and sneezes with a tissue, then throw it in the trash can.
- \* Wash hands often with soap and water for at least 20 seconds; especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing.
- \* If soap and water are not available, use an alcohol-based hand sanitizer with at least 60%-95% alcohol.
- \* Routinely clean high contact surface areas.
- \* All Staff and Students may be subject to a temperature check when reporting for the day. Anyone with a temperature over 100.4 F will be sent home.
- \* Stay home when you are sick with respiratory disease symptoms. These symptoms include Fever, Dry Cough, Shortness of Breath, Fatigue.
- \* If confirmed that by your medical professional to have contracted the COVID-19-related virus, please inform School Officials immediately.
- \* I will only attend the class times I am assigned to. Any changes must be approved by a Manager.

**These are the guidelines currently in place. We will update these guidelines as instructed by the Governor's Office.**

I, , have read these guidelines and agree to adhere to them while in attendance.