

## SAMPLE COMPANY DRIVER SAFETY PROGRAM

### Responsibility

Sample Co. employees may be required to operate vehicles or equipment as part of their assigned job duties. When operating on public roads, our exposure to loss can be substantial. Therefore, we expect drivers to know and use safe driving skills at all times. Employees who are determined to be **at fault** in accidents involving Sample Co. equipment or vehicles are subject to disciplinary action regardless of the extent of damage or injury involved.

### Driver Applicant Screening

1. Driver applicant shall complete required employment application form to include:
  - a) Driver's license number
  - b) State where license was issued
  - c) Date of license expiration
  - d) Driving experience - types of vehicles with which experience
2. Sample Co. Driver applicant standards:
  - a) Unacceptable for driving duties:
    - i) DUI'S
    - ii) Reckless driving
    - iii) Leaving the scene of an accident in which involved
    - iv) Possession of narcotics, amphetamines, or other illegal drugs
  - b) Incidents of the following type require explanation in writing:
    - i) Speeding tickets
    - ii) Moving violations/convictions
  - c) As a condition of employment and when required by statute, the Driver applicant will be required to agree to a physical examination by a physician.
3. Driver applicant may be requested to take a road test monitored by the supervisor

### Driver Safety Records

#### **Driver records that will be included in the driver's personnel file include:**

- a) Individual driver information, qualifications, licenses and expiration date, and limitations
- b) Driver traffic violations
- c) Driver accident information

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## Safety Violation Action Procedure

All Sample Co. employees will be held accountable for their safety performance. The following guidelines will be used to establish disciplinary action when appropriate:

1. First Offense: Verbal warning and counseling by the supervisor
2. Second Offense: Written memo to the employee file
3. Third Offense: Three day unpaid suspension
4. Fourth Offense: Restriction from Driving Company Vehicles or Termination

Drivers are required to report to their supervisor, or manager, any arrests, traffic tickets, or fines resulting from the operation of Sample Co. equipment or vehicles.

**Failure to report** an accident, injury or incident may result in **IMMEDIATE TERMINATION**. All accidents, injuries and incidents must be reported regardless of severity.

The above is a standard disciplinary course of action for safety violations only. Severe violations may result in immediate termination of employment from Sample Co.

Sample Co. will **not pay tickets or expenses** incurred where an employee violates a traffic regulation or law, regulated speed, parking, etc. Employees must pay their own fines, whether on company business or not.

## Accident Kits

An Accident Kit is required to be in all company vehicles. This kit contains information and materials that can be used in the event of an accident. The kit contains:

- Disposable Camera
- Emergency Numbers
- Writing instrument
- Accident Investigation form
- Accident procedures
- Witness information Cards

## Safety Meetings

Each Sample Co. employee is required to attend any scheduled Driver Safety Meetings. Driver Safety Meetings are used to train, re-train, disseminate information, and inform you of changes in company policies or procedures.

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## Reporting Vehicle Damage and Injury Incidents

**Every accident no matter how slight will be reported.** It is the responsibility of each employee and supervisor to understand the importance of accident and injury investigation. The purpose of this policy is to determine cause, not fault. With this information we can effectively implement programs designed to eliminate accidents and injuries.

### *Employee Responsibility*

In the event you are in an accident, sustain an industrial injury or experience vehicle damage, report it to your supervisor immediately. No exceptions! ***Failure to report any accident or incident may result in immediate termination.*** It is not up to you to determine if an event is an accident or incident.

You are required to attend all meetings, depositions or medical appointments associated with this accident or injury. No appointment will be missed. If you miss an appointment you may be subject to disciplinary action up to and including termination.

## Accident and Injury Reporting Procedures

### Step 1 — Attend to Injuries

Immediately take care of any injuries and obtain medical assistance if needed. Life and health are more important than any vehicle damage.

Remember to keep well away from any traffic to avoid further injury or loss.

### Step 2 — Call In The Incident

Report the accident to your Manager as soon as it is safe, even if it was minor or not your fault.

### Step 3 — Call the Police

If anyone is injured, contact the police (law enforcement) to file an accident report. The police will ask you to provide written evidence of insurance coverage and policy number. Don't discuss who is at fault. Leave that to the claims representative.

### Step 4 — Get the Facts

Write down the essential details at the scene:

Each vehicle's license plate number.

Specific damage to all vehicles involved.

Name(s), telephone number(s) and insurance information of all drivers involved in the accident.

Name(s) of all passengers/pedestrians involved.

If you have a camera, photograph the location and the damage to all vehicles involved (when it's safe to do so). Pictures make it easier for you to describe and remember the situation. Use the entire roll of film.

### Step 5 — Identify Witnesses

If there are witnesses, write down their names and phone numbers. Witnesses may help resolve disagreements about how the accident actually occurred.

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## Code of Safe Practices Company Drivers

1. Maintain a current and valid driver's license.
2. Know and follow State and Local driving laws and regulations.
3. **Employees Must Obey All Posted Speed Limits and Traffic Laws.**
4. Comply with all operating instructions and policies regarding the use of company vehicles.
5. **The Driver and All Passengers Must Wear and Properly Adjust Their Seat Belt.** The number of passengers cannot exceed the available seat belts.
6. Carrying unauthorized passengers is forbidden. **Hitchhikers Are Specifically Forbidden In or On Company Vehicles.**
7. Drivers will **not** permit the company vehicle assigned to them to be driven by any unauthorized persons. Only company employees, licensees performing company related services and permit drivers (trainees) are authorized to accompany drivers.
8. All drivers are responsible for company tools and equipment left in their vehicles during working and non-working hours. Tools should be removed from sight in or on vehicle while unattended.
9. Secure the Company vehicle properly when left unattended or for overnight parking. Vehicles must be locked and ignition key removed. Whenever possible, company equipment should be removed and safely stored before leaving vehicle unattended overnight.
10. Properly maintain your assigned vehicle
  - a. Keep the interior and exterior clean and clutter free
  - b. Maintain proper fluid levels in assigned vehicles.
11. Drive in an economical manner; avoid "jack rabbit starts", rapid acceleration and braking.
12. Drive in a defensive manner, do not tailgate.
13. Cell phone use should be not used if it causes a distraction. If you need to use a phone for more than a quick response, pull off where it's safe and legal.
14. Consumption of food or beverages is not permitted while driving company vehicle.
15. Report company vehicle driving incidents involving property damage or bodily injury whether driving or parked.

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Employee

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Date

## VEHICLE INSPECTION CHECKLIST

Date Inspected:	Vehicle License #:
Inspector:	Mileage Reading:

### FRONT OF VEHICLE

Headlights	
Bright lights	
Turn signals	
Parking/Emergency lights	
Windshield cracks	
Windshield wipers	
Front tires	
Side mirrors	

### REAR OF VEHICLE

Brake Lights	
Tail lights	
Turn Signals	
Rear Tires	
Rear Window Cracks	

### INTERIOR OF VEHICLE

Brake pedal resistance	
Emergency brake	
Steering ease	
Dash-lights/Gauge-lights	
Interior lights	
Clutch/Transmission	
Speedometer/ Odometer	
Air conditioning	
Heater	
Horn	
Door locks	

### ENGINE / OTHER

Oil	
Transmission	
Coolant levels	
Battery	
Hoses	

\*\* Last brake inspection \_\_\_\_\_ (odometer reading)

### COMMENTS

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# DRIVER'S ACCIDENT REPORT

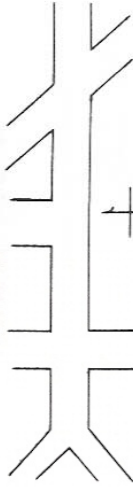
## Important

The following INSTRUCTIONS are to serve as reminders in securing necessary information in the event of an accident. These folders are furnished for your convenience in recording all vital facts on the accident so that proper Formal Notice of Accident can be made.

1. Take immediate action to prevent further damage at scene of accident. (a) Pull onto shoulder or side of road. (b) Place warning signals promptly and properly.
2. If anyone is injured, call a Doctor or a Hospital, or Police Department.
3. Secure and record all facts and pertinent information; including license numbers of all cars at scene of accident.
4. Secure names and addresses of all witnesses to the accident.
5. DO NOT discuss the accident with anyone except your employer, a police officer, or YOUR insurance company's investigator after he has properly identified himself.  
Sign no papers except for your employer, Police Dept., or properly identified insurance company's investigator.
6. DO NOT argue at the scene of the accident. Be courteous. Show your license willingly.
7. Call your employer and notify your nearest insurance adjuster IMMEDIATELY on personal injuries or major property damage.
8. Make complete report to your employer at once.

### THE ACCIDENT

Indicate below Points of Collision.



Date \_\_\_\_\_ Time \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Place of accident \_\_\_\_\_

Other Driver's Name \_\_\_\_\_

Address \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_

License Plate No. \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

What direction were you going \_\_\_\_\_

What was your speed \_\_\_\_\_

What direction was other car going \_\_\_\_\_

What was the speed of the other car \_\_\_\_\_

Extent of damage \_\_\_\_\_

Policeman \_\_\_\_\_ Shield No. \_\_\_\_\_ Pct. \_\_\_\_\_

Summons issued \_\_\_\_\_ To whom \_\_\_\_\_

Did Policeman take report \_\_\_\_\_

### INJURED PERSONS

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_

Extent of Injury \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_

Extent of Injury \_\_\_\_\_

Name of Doctor or Hospital \_\_\_\_\_

### DAMAGE TO PROPERTY

Owner \_\_\_\_\_

Address \_\_\_\_\_

Damage \_\_\_\_\_

### WITNESSES

This is very important — Get as many as possible.

1. (Name) \_\_\_\_\_ (Address) \_\_\_\_\_

2. (Name) \_\_\_\_\_ (Address) \_\_\_\_\_

3. (Name) \_\_\_\_\_ (Address) \_\_\_\_\_

4. (Name) \_\_\_\_\_ (Address) \_\_\_\_\_

5. (Name) \_\_\_\_\_ (Address) \_\_\_\_\_

Describe Accident on Next Page

## REPORTE DE ACCIDENTE DE LOS CHOFERES IMPORTANTE

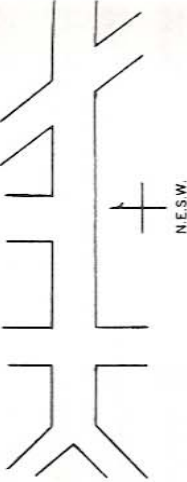
Las instrucciones siguientes son un recordatorio que fue hecho para conseguir la información necesaria en caso de un accidente.

Estos folletos han sido proporcionados para su conveniencia para registrar todos los hechos vitales acerca del accidente con el fin de que pueda hacerse el Aviso Formal De Accidente.

1. Tome acción inmediata para prevenir mas daños en el lugar del accidente. (a) maneja hacia la orilla; (b) coloque señales de peligro rápida y apropiadamente.
2. Si alguien esta lesionado, llame a un doctor, hospital, o al Departamento de Policía.
3. Obtenga y registre todos los hechos e información pertinente; incluyendo el número de placas de todos los vehiculos en el lugar del accidente.
4. Obtenga nombres y domicilios de todos los testigos del accidente.
5. NO discuta el accidente con nadie excepto su jefe, el oficial de la policía o el investigador de su compañía de seguros despues de que estos se identifiquen propiamente. No firme ningún papel excepto los presentados por su jefe, el oficial de la policía o el investigador de la compañía de seguros una vez identificado.
6. No discuta en el lugar del accidente. Sea cortés. Muestre su licencia de buena gana.
7. Llame inmediatamente a su jefe a patrón y notifique a su ajustador de seguro mas cercano acerca de lesiones personales o daños mayores a la propiedad.
8. Elabore inmediatamente un reporte completo a su jefe o patrón.

### EL ACCIDENTE

INDIQUE ABAJO LOS PUNTOS DEL ACCIDENTE



N.E.S.W.

Fecha	Hora	No. de vehiculo
Lugar del accidente		
Nombre del otro chofer (es)		
Domicilio	Edad	
Numero de licencia de manejo	Sexo	
Propietario		
Domicilio	Tipo	
Marca del vehiculo	Año	
Numero de placas	Estado	
	Año	
En que direccion iba usted		
Cual era su velocidad		
En que direccion iba el otro carro		
Cual era la velocidad del otro carro		
Magnitud de los danos		
Policia	# de placa	Dept.
Llamadas hechas		a quien
¿El policia hizo un reporte?		

### PERSONAS LESIONADAS

Nombre	Edad
Domicilio	Sexo
Magnitud de la lesión	
Nombre	Edad
Domicilio	Sexo
Magnitud de la lesión	
Nombre del doctor u hospital	

### DAÑOS A LA PROPIEDAD

Propietario
Domicilio
Daño

### TESTIGOS

Esto es muy importante — obtenga los mas que pueda

1.	(Nombre)	(Domicilio)
2.	(Nombre)	(Domicilio)
3.	(Nombre)	(Domicilio)
4.	(Nombre)	(Domicilio)
5.	(Nombre)	(Domicilio)

Describa el accidente en la página siguiente

Descripción del accidente (indique la condición del camino y el clima)