Driver and Fleet Safety Sample Program

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Company name here

DRIVER AND FLEET SAFETY PROGRAM

Motor vehicle accidents are the number one cause of accidental deaths and work-related fatalities in the United States. **(ENTER COMPANY NAME HERE)** recognizes that our employees are exposed to a variety of threats while driving vehicles for company business. In response to these risks, we have implemented a Driver and Fleet Safety Program.

Only pre-qualified and authorized drivers may operate a company or personal vehicle for company business. The fleet administrator will maintain an authorized driver list and limit the operation of company vehicles to these drivers. Employees driving their vehicle on company business must also be pre-qualified and receive authorization before driving. Pre-qualification will include a review of the employee’s duties within the organization for the necessity of driving, a copy of the employee’s driver’s license, a copy of the driver’s Motor Vehicle Record (MVR) and management approval.

As an authorized driver, your number one priority is to ensure the safety of you and your passengers. This safety program outlines the responsibilities of management and employees to prevent accidents. All drivers should maintain the safe driving procedures in this program. Failure to abide by safe driving practices and the law could lead to suspension of your driving privileges.

The administrator of the Driver and Fleet Safety Program is **(ENTER ADMINISTRATOR NAME HERE)**. **(He/she)** will implement, monitor and supervise the following program elements:

* Employee Motor Vehicle Record review (MVR)
* Authorization to operate a company vehicle
* Personal vehicle use while on company business
* General safety rules/cell phone usage and distracted driving law
* Vehicle maintenance and inspection program
* Vehicle accident investigations
* Employee training
* Signed policy acknowledgments for authorized drivers

EMPLOYEE TRAINING

All authorized drivers are provided with the company Driver and Fleet Safety Program as part of their initial training. Employees that drive for company business will be trained at new hire orientation or at the time they become an authorized company driver. Employees will be retrained and evaluated if necessary. By reading and acknowledging this document, you have met new hire training requirements guidelines.

EMPLOYEE MOTOR VEHICLE RECORD REVIEW (MVR)

Driving history is reviewed as part of our authorized driver process through a Motor Vehicle Record (MVR) search, which is completed during the new hire and qualification process. MVR’s are monitored annually per insurance requirements. Additionally, our company participates in a DMV pull program notification. A driver’s MVR may be provided when employees are involved in a motor vehicle accident or issued a moving violation citation.

AUTHORIZATION TO OPERATE COMPANY AND PERSONAL VEHICLES

Based on accident/violation history, an individual driver may not be approved if one or more of the following exists:

1. Three or more preventable accidents in the last three years.
2. One or more Type A violations in the last three years.
3. Any combination of preventable accidents and Type B violations which equals four or more in the last three years.

Designations of Type A and Type B violations are based on a survey of state point systems. Type A violations receive a higher number of points.

**Type A Violations**

* Driving while intoxicated or under the influence of drugs
* Negligent homicide arising out of the use of a motor vehicle
* Operating a vehicle during a period of suspension or revocation
* Using a motor vehicle for the commission of a felony
* Aggravated assault with a motor vehicle
* Vehicle theft
* Permitting an unlicensed person to drive
* Reckless driving
* Speed contest
* Hit and run

**Type B Violations**

* All moving violations not listed as Type A violations (speeding, running a red light, distracted driving, etc.)

PERSONAL VEHICLE USE WHILE ON COMPANY BUSINESS

* Employees must be authorized to operate their personal vehicle for company business and will be subject to the same criteria under the MVR checks.
* All drivers must provide a copy of their current driver’s license as part of the new hire process.
* Personal vehicles will be inspected and evaluated routinely for safe driving by the training administrator.

COVERAGE FOR PERSONAL VEHICLE USE WHILE ON COMPANY BUSINESS

* Employees must provide proof of insurance as part of the authorization process.
* A certificate of insurance is required **(quarterly, bi-annually, annually)**, whenever a policy is renewed or canceled for any reason.
* Each employee should consult their personal auto insurance agent to determine if higher limits or additional coverages are warranted.
* Employees must verify that there is not a business exclusion on their personal policy.
* Injuries arising from vehicle accidents while performing work may be compensable under workers’ compensation.
* Below are the minimum amounts determined by company policy:
	+ Body injury liability
	+ Property damage liability
	+ Uninsured motorist – required in California
	+ Full coverage insurance recommended
* If there is a lapse in coverage for any reason, the employee is required to notify the fleet manager.

GENERAL RULES OF CONDUCT FOR AUTHORIZED DRIVERS: **Please note that this is not an all-inclusive list of rules.**

* Only authorized drivers are permitted to operate a vehicle on company business.
* Only authorized passengers are allowed in the vehicle on company business.
* Drivers are expected to operate the vehicle in a safe and responsible manner.
* Obey all traffic laws.
* Always wear your seat belt.
* Be courteous to other drivers and pedestrians.
* Maintain a safe distance from other cars.
* Drivers should use defensive driving techniques at all times.
* Do not drive distracted – refrain from using cell phone, tablets, computers or any handheld devices.
* Plan your route before departure.
* Pay attention to weather and road conditions.
* Take adequate breaks when driving for long periods.
* Do not drive if you are under the influence of alcohol or drugs, including prescription and over-the-counter medications.
* Do not drive if you are not both physically and mentally able to operate a vehicle.
* Maintain and inspect your vehicle.
* Report all accidents to your supervisor.

VEHICLE MAINTENANCE AND INSPECTION

* Initially, you and your supervisor will inspect the vehicle together.
* A vehicle inspection record form will be provided.
* Employees are expected to maintain and ensure the safe operation of their vehicle.
* Your assigned vehicle should be assessed routinely for damage and required maintenance.
* All unsafe operating conditions should be reported and corrected immediately.
* Company fleet vehicles are under service agreements and will be serviced by: **(ENTER SERVICE PROVIDER INFORMATION HERE).**

SAMPLE EMPLOYEE ACKNOWLEDGEMENT DRIVER SAFETY FORM

I have received and reviewed the **(ENTER COMPANY NAME HERE)** Vehicle Operations Policy. I agree to be a safe driver at all times and obey driving laws.

Employee Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of this page will be retained in the employee’s personnel file

SAMPLE AUTHORIZATION TO CONDUCT AN MVR CHECK - FORM

**(ENTER COMPANY NAME HERE)** will review motor vehicle records for employees that drive company and personal vehicles for authorized company business. Motor vehicle records will be checked during the new hire process and periodically to ensure eligibility driving in the course of employment.

In order for us to obtain your motor vehicle report, please provide a copy of your driver’s license and any former names (i.e., maiden and alias):

By signing below, I authorize **(ENTER COMPANY NAME HERE)**, its agents, officers and employees to conduct an MVR history check. I understand the information obtained in MVR record checks may impact my employment and assigned duties.

Employee Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sample Cell Phone Policy

At **(ENTER COMPANY NAME HERE)**, we value the safety and well-being of all employees. Due to the increasing number of vehicle accidents resulting from the use of cell phones on the road, we have instituted a policy regarding cell phone usage while driving.

Company employees may not use company-issued or personal cellular telephones or mobile electronic devices while operating a motor vehicle under any of the following situations, regardless of whether a hands-free device is used:

* When employee is operating a vehicle owned, leased or rented by the company.
* When the employee is operating a personal motor vehicle during the course of company business.
* When the personal or company motor vehicle is on company property.
* When the employee is using the cellular telephone or mobile electronic device to conduct company business.

Our company defines motor vehicles not only as automobiles, but also as other types of moving company equipment that requires full attention to operation safely, such as forklifts, scissor lifts, tractors, riding lawn equipment, etc.

Employees found in violation are subject to disciplinary action as defined in our employee handbook.

Employee Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vehicle Safety Inspection Checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Corrective Action** |
| Headlights: Both high and low beams operational? |  |  |  |
| Break lights and tail lights: Operational with lenses intact? |  |  |  |
| Turn signals and parking lights: Front & rear operational? |  |  |  |
| Four-way emergency flashers: Front & rear operational? |  |  |  |
| Backup lights: Operational? |  |  |  |
| License plate light: Operational? |  |  |  |
| Tires: At least 1 mm of tread over entire traction surface? Free of breaks and cuts? Properly inflated? Spare tire, jack and lug wrench available? |  |  |  |
| Windshield and Windows: Not cracked, broken or scratched to degree that impairs vision? |  |  |  |
| Windshield wipers: Both wipers present with blades in good repair? Adequate cleaning fluid level? |  |  |  |
| Mirrors: Outside and inside not cracked? |  |  |  |
| Seat belts: Adequate number of seat belts for passengers? |  |  |  |
| Brakes: Foot pedal can’t travel more than half way to floor? |  |  |  |
| Brake fluid: Filled to appropriate level? |  |  |  |
| Defroster: Operational? |  |  |  |
| Horn: Functional? |  |  |  |
| Emergency equipment in place? (First aid kit, triangles, fire extinguishers, accident camera) |  |  |  |
| Good housekeeping standards? Windshields clean? No excessive clutter in cab? |  |  |  |

**Inspection Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Vehicle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Motor Vehicle Accident Investigation

Personal Information

|  |  |
| --- | --- |
| **Date & Time of Accident:** |  |
| **Employee’s Name:** |  |
| **Department & Job Title:** |  |
| **Supervisor:** |  |

Other Driver/Vehicle Information

|  |  |
| --- | --- |
| **Driver’s Name:** |  |
| **Driver’s Address:** |  |
| **Driver’s Phone Number:** |  |
| **Vehicle Make, Model, Color & Year:** |  |
| **License Plate Number:** |  |
| **Insurance Carrier & Policy Number:**  |  |

Incident Details

|  |
| --- |
| **Include as many possible details of the events leading up to the accident.** |
|  |

Vehicle Damage Descriptions

|  |  |
| --- | --- |
| **Your Vehicle:** | **Other Vehicle Involved:** |
|  |  |

Passenger/Injury Details

|  |  |
| --- | --- |
| **Employee Vehicle** |  |
| **Employee Injuries:** |  |
| **Total # of Passengers:** |  |
| **Passenger #1 Injuries:** |  |
| **Passenger #2 Injuries:** |  |
| **Passenger #3 Injuries:** |  |
| **Additional Passenger Injuries:** |  |
|  |  |
| **Other Vehicle Involved** |  |
| **Driver Injuries:** |  |
| **Total # of Passengers:** |  |
| **Passenger #1 Injuries:** |  |
| **Passenger #2 Injuries:** |  |
| **Passenger #3 Injuries:** |  |
| **Additional Passenger Injuries:** |  |

Witness Information

|  |  |
| --- | --- |
| **Witness #1:** |  |
| **Name:**  |  |
| **Address:**  |  |
| **Phone Number:**  |  |
|  |  |
| **Witness #2:** |  |
| **Name:**  |  |
| **Address:**  |  |
| **Phone Number:** |  |

**Attach photos taken of the scene and affected vehicle(s) at all angles:**

|  |  |
| --- | --- |
|  |  |
| **Employee Signature** | **Date** |

Additional resources and training materials on this topic and more are available at [www.CompWestInsurance.com](http://www.CompWestInsurance.com).