As a part of (Company Name) commitment to operate all aspects of the business in a safe and responsible manner, we have created this Fleet Safety Program.

Revised 05/2020

**FLEET SAFETY PROGRAM**

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## A. MOTOR VEHICLE SAFETY POLICY

### 1. Policy

Many employees operate company-owned, leased, rental, or personal vehicles as part of their jobs. Employees are expected to operate vehicles safely to prevent accidents that may result in injuries and property loss. It is the policy of (Company Name) to provide and maintain a safe working environment to protect our employees and the citizens of the communities where we conduct business from injury and property loss. The company considers the use of automobiles part of the working environment. The company is committed to promoting a heightened level of safety awareness and responsible driving behaviour in its employees. Our efforts and the commitment of employees will prevent vehicle accidents and reduce personal injury and property loss claims. This program requires the full cooperation of each driver to operate their vehicle safely and to adhere to the responsibilities outlined in the Fleet Safety Program.

Elements of this program include:

* Assigning responsibilities at all levels of employment.
* Vehicle use and insurance requirements.
* Employee driver's license checks and identification of high-risk drivers.
* Accident reporting and investigation.
* Company Accident Review Board.
* Vehicle selection and maintenance.
* Training standards.
* Safety regulations.

The following summarizes policy guidelines:

* Vehicles are not to be operated unless in a safe operating condition.
* Drivers must be physically and mentally able to drive safely.
* Drivers must conform to all traffic laws and allowances made for adverse weather and traffic conditions.
* Respect the rights of other drivers and pedestrians. Courtesy is contagious.
* Drivers may not use drugs or alcohol, or be under the influence of drugs or alcohol, while operating a vehicle.

### 2. Responsibility

The Company believes it is always the responsibility of every employee to maintain the safest conditions and equipment. Each employee will be expected to demonstrate an attitude that reflects this policy and promotes safe work habits. Fleet safety shall always take precedence over expediency or short cuts. (Company Name) will comply with all applicable safety laws and regulations.

### 3. Scope

This policy applies to all employees who operate company-owned or non-company-owned vehicles for company business. Our Fleet Safety Program establishes the minimum procedures and requirements that must be followed by management and employees when using motor vehicles for business purposes.

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Signature Date

## B. RESPONSIBILITIES

1. Company President: (**Name)**

The company president is responsible for directing an aggressive vehicle safety program.

### 2. Risk Manager: (**Name)**

Responsibilities

* Implement the Fleet Safety Program.
* Manage on-going execution of the program
* Establish measurement objectives to ensure compliance with the program.
* Aid and the resources necessary to implement and maintain the program.
* Issue periodic reports of losses for the president's review.
* Review motor vehicle accident reports.
* Revise and distribute changes to the Fleet Safety Program to managers, supervisors, and drivers, as necessary.
* Maintain appropriate records.

1. Managers and Supervisors will:

* + Ensure full and successful implementation and compliance with the Fleet Safety Policy and Program. Meet and maintain the standards set forth in this program.
  + Investigate and report all accidents involving a motor vehicle used in performing company business. Forward all accident reports to the Risk Manager – (Name).
  + Be responsible for taking appropriate action to manage high risk drivers as defined by this program.
  + Provide driver training either internally or through external means for high risk drivers.
  + Maintain appropriate records.

1. Drivers will:

* + Conduct himself/herself in accordance with this program.
  + Always operate a motor vehicle in a safe manner as explained under the section titled, "Driver Safety Regulations".
  + Maintain a valid driver's license and minimum insurance requirements on personal vehicles used in company business.
  + Maintain assigned vehicles according to established maintenance standards.

## C. VEHICLE USE

### 1. Company Owned Vehicles (including rental and leased vehicles)

Vehicles are not to be operated unless in a safe operating condition. Only employees authorized by management are permitted to operate a company owned / rented / leased vehicle. No permission will be given for non-employees, including family members, to operate company vehicles. Company vehicles are to be used for business purposes only and are not for personal use. Specific permission must be obtained from the Company President for any personal use of a company vehicle. If unauthorized use results in an accident, the responsible employee will be required to make restitution for the damages and will be subject to disciplinary action, up to and including termination.

Company vehicles may not be used for any illegal activity or in a manner that is reasonably foreseeable to be detrimental to the best interests of the Company. By doing so, the employee will lose his/her Company vehicle driving privileges immediately and corrective action may be taken.

Contractors and temporary employees will be treated as company employees and will comply with the requirements of this program. Failure to meet all requirements will result in the immediate loss of driving privileges and may result in disciplinary action.

### 2. Personal Vehicles on Company Business

There are situations where employees use their personal vehicles for business purposes. This may occur on a regular or irregular basis; however, there are policies and expectations that must be followed in these circumstances. Employees who drive their personal vehicles on company business are subject to the requirements of this program including:

* Employees are responsible for their own auto liability insurance and a “business “exclusion must not be listed on the personal auto insurance policy.
* When employees use their privately owned vehicle, the employees auto liability insurance is primary, no coverage is provided by (Company Name). (Company Name) auto liability insurance only covers vehicles owned/leased by the company.
* Motor Vehicle Report (MVR) that meets the requirements under this program.
* Maintain their own vehicle in a safe operating condition when driven on company business.
* Maintain current state vehicle inspections when required.
* Report all accidents to management and follow company accident protocols.

Employees are prohibited from using motorcycles when traveling on company business.

## D. DOT SUBSTANCE ABUSE TESTING

### 1. Purpose and Authority for Testing

As required by DOT and in recognition of safety and productivity concerns, the Company adopts this testing program to identify and deter prohibited substance abuse. All testing under this policy shall comply with the regulations at 49 CFR Part 40.

### 2. Applicability

This DOT Substance Abuse Policy shall apply to all employees who fall under DOT regulation and are required to be tested.

### 3. Definitions

1. ***“*Drug(s)”** means those drugs for which DOT testing is required in 49 CFR Part 40 including marijuana, cocaine, amphetamines, phencyclidine (PCP), opioids and their metabolites. 49 CFR 40.3. It also includes Schedule I drugs listed in 21 CFR 1308.11.

1. **“Alcohol”** means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

4. Prohibited Conduct:

1. **General:** The manufacture, distribution, consumption, possession, use or being under the influence of a Drug or Alcohol while on duty, on Company Premises, in Company-owned vehicles, using Company equipment or while performing Company business is prohibited.

1. **Schedule I Controlled Substances:** No one in a safety sensitive job, including drivers and equipment operators, may report for duty or remain on duty when an employee has used one of the controlled Schedule I drugs listed in 21 CFR 1308.11. (See, 49 CFR 382.213.).

1. **Prescriptions:** No driver may report for duty or remain on duty when an employee has used any substance listed in any of the other Schedules of 21 CFR part 1308 except when the use is pursuant to

the instructions of a licensed medical practitioner who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to operate a commercial motor vehicle safely.

1. **Pre-duty Alcohol:** No driver may perform any safety sensitive function such as driving or operating equipment within four hours of consuming intoxicating beverages (regardless of alcohol content). If a driver is called to duty who has used alcohol within four hours of the report time, he or she must report the alcohol consumption.

1. **Post-Accident Alcohol:** Following an accident for which testing is required, no driver may use alcohol until he or she undergoes post-accident testing or for 8 hours following the accident or, whichever comes first.

1. **Failure to Report:** Employees have a mandatory duty to report in the following situations:

* 1. Employees with safety sensitive job duties must report if there is anything which impedes the employee’s ability to work safely.

* 1. All employees must report any reasonable suspicion of Drug or Alcohol impairment which they witness in the workplace.

iii. All employees with safety sensitive job functions must report all Drug or Alcohol related convictions or Nolo Contendere pleas within 5 days of the conviction or plea.

All such reports should be made to the employee’s direct supervisor and (Name).

### 5. Circumstances for Testing

Applicants and Employees must be tested in the following situations:

1. **Job applicants and transfers to DOT positions/functions:** Once the Company gives an applicant a conditional job offer, the applicant will receive a copy of this policy. The applicant will then submit to Drug testing in accordance with this policy. A refusal to test or a positive test result will cause the conditional job to offer to be revoked. No one may work in a safety sensitive position or operate company vehicles or equipment until the initial drug screen is passed. Job applicants will not be tested for Alcohol at this time.

1. **Reasonable Suspicion of Current Impairment:** An individual may be sent for testing if a supervisor who has been trained in recognizing the signs and symptoms of drug and alcohol use has a reasonable suspicion that the employee currently has Drugs or Alcohol in his or her system in violation of this policy.

* 1. **Observation:** The supervisor must prepare written documentation of the specific facts leading to the suspicion such as direct observations of slurred speech, the smell of alcohol, inability to walk a straight line, an accident, physical or verbal altercation, unusual behaviour that warrants summoning a supervisor, or possession of alcohol or drugs. Observations may include indications of chronic use or withdrawal effects of controlled substances. Reasonable suspicion may also include evidence that the individual has used, possessed, sold, solicited, or transferred Drugs or Alcohol while on Company premises or engaged in Company business within the past 8 hours for Alcohol or 32 hours for Drugs.

* 1. **Prompt Testing:** If reasonable suspicion exists, the employee should be promptly taken to the testing facility by the supervisor.

iii. **Reasonable Suspicion Alcohol testing should be done immediately.** If the alcohol test is not administered within two hours of the behaviour, the supervisor should document the reason for the delay. No alcohol test may be conducted more than 8 hours after the suspicious behaviour.

iv. **Reasonable Suspicion Drug testing should also be done immediately following the observed behaviour.** If the drug test is not administered within eight hours of the behaviour, the supervisor should document the reason for the delay. No drug test may be conducted more than 32 hours after the suspicious behaviour.

1. **Random Testing:** Random Alcohol and Drug Testing will take place at least quarterly but may occur more often, in non-predictable patterns and at any time of the day. We will test 50% to 100% of our drivers annually. Random selection means that all employees who are in the DOT testing pool have an equal chance each time of being selected for testing. Employees who are not DOT drivers may not be included in the DOT random testing pool.

* 1. Before making the random selection, the Risk Manager will review and update the list of DOT employees to make sure that the list is current and complete.

* 1. When selected, the employee will report to the testing site immediately. Any unexcused delay may be considered a refusal to test and therefore a violation of this policy.

1. **Post-Accident Testing:**

* 1. Post-accident Drug and Alcohol Testing should be done immediately following accidents in which:

i) a fatality occurs; or ii) where the driver is cited for a moving violation within 8 hours of the accident and a least one vehicle is towed from the scene, or a person must receive immediate medical treatment away from the scene.

* 1. Timing: If the alcohol test is not administered within two hours of the accident, the supervisor should document the reason. No alcohol test may be conducted more than 8 hours after the time of the occurrence. If the drug test is not administered within two hours of the accident, the supervisor should document the reason. No post-accident drug test may be conducted more than 32 hours after the time of the occurrence.

* 1. Availability: A driver who is subject to post-accident testing shall remain readily available for testing and should not consume any alcohol until the test has been completed or until 8 hours has elapsed. If the employee is unavailable for testing following an accident, it is considered a refusal to test; however, it does not require delay of necessary medical attention.

* 1. A positive drug test conducted and evaluated pursuant to standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40 shall be a conclusive presumption of impairment resulting from the use of illegal drugs. No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal may forfeit the employee’s right to recover benefits under worker’s compensation.

1. **Follow-up Testing:** If allowed to return to work after a violation of this policy, the employee must have a negative return to duty drug/alcohol test and consent to periodic unannounced testing for a period of at least one year or as recommended by the Substance Abuse Professional who has evaluated the employee. For DOT regulated positions, follow up testing must occur a minimum of six times in a 12-month period, but the company may conduct additional follow up testing if recommended by the Substance Abuse Professional. All follow-up tests are at the employee’s expense. Return to duty and follow-up testing must be done under direct observation. The employee will also remain in the random testing pool during the follow-up period. Any random testing will be in addition to the follow-up testing required by DOT and the Substance Abuse Professional.

### 6. Test Procedures

1. **Testing Agents:** All testing will be done by a DOT certified lab according to DOT procedures. Breath

alcohol testing will be done by a certified Breath Alcohol Technician. Urine collection will be split into two samples. If the first results in a positive test or if the sample is contaminated, the employee may request testing of the second sample.

1. **Review and Verification:** All employees with a non-negative test may discuss the results with the Medical Review Officer (“MRO”). If the employee does not respond to attempts by the MRO to contact the employee, then the MRO may proceed with the verification process.

1. **Challenges:** Any challenges regarding the validity of the test must first go through the MRO. The Company will typically abide by the decision of the MRO as to the validity of the test unless presented with credible evidence of error affecting the outcome of the test.

### 7. Testing Positive

a) The following will be considered a positive test:

* Any detectable quantity of illegal Drugs.
* Any detectable quantity of scheduled Drugs without a lawful prescription or more than prescribed levels.
* A blood alcohol level of 0.04 or greater.
* A blood alcohol level of 0.02 to 0.039 but see Mitigating Circumstances below.
* Failing a sobriety test administered by law enforcement during work hours or while on duty.
* A refusal to test or an unexcused delay in reporting for testing.
* Failing to provide a specimen or enough urine.
* Tampering with or otherwise submitting an adulterated or substitute test specimen.
* Possessing or wearing a prosthetic device to carry a specimen substitute.
* Failing to cooperate with the testing process such as failing to empty pockets when directed, failing to wash hands, being confrontational, or disrupting the testing process.

### 8. Consequences

1. **Suspension:** Once the MRO has verified that the test is positive, the employee must be removed from any safety sensitive job function at the first report of a positive test, even if it is just a telephone report. The employee will be suspended without pay until a meeting can be arranged between the employee and management regarding the violation. At the time of the suspension or as soon thereafter as feasible,

the employee will be given a copy of the positive test report and a list of local Substance Abuse Professionals and programs.

1. **Meeting to determine discipline:** At the meeting, the employee will be given a chance to explain or contest the results. See Challenges above for any challenges regarding the test itself.

1. **Discipline:** Violations of this policy will usually result in termination of employment. Depending on the circumstance, law enforcement may also be notified.

### 9. Mitigating Circumstances

1. **Low Blood Alcohol Level:** A CDL driver with an alcohol concentration of 0.02 to 0.039 may not operate a vehicle or serve in other safety-sensitive functions for 24 hours after the test. The driver will be placed on leave without pay during this period but will not be required to go through the DOT evaluation, treatment and follow up testing.

1. **Admission of alcohol or drug use:** Employees will not be disciplined for misuse of drugs or alcohol only under the following conditions:

* 1. **Employee Makes Timely Admission:** The employee admits to the Risk Manager that he or she has a drug or alcohol problem. To avoid discipline, the admission must occur before the employee reports for duty and before being selected for testing. The employee may not self-identify to avoid being tested. Once selected for testing, the employee must submit to testing even though he or she admits that the test will likely be positive.

* 1. **Seeks Treatment:** If the admission is timely, the employee must follow the return to work procedures set out below.

### 10. Return to Work

Before an employee returns to work after an admission or a positive test, the employee must be evaluated by a DOT qualified Substance Abuse Professional. All evaluations, rehabilitation, treatment, programs, and follow up testing will be at the employee’s expense.

The individual must also have a negative return to duty test under direct observation before returning to any safety sensitive duties. During the follow-up testing period, the employer may confer with the Substance Abuse Professional about the employee’s testing. If the employee does not comply with the Substance Abuse Professionals’ recommendations or is unable to remain drug and/or alcohol-free, termination will likely occur.

### 11. Record Keeping and Confidentiality

All records relating to this policy should be kept in a separate medical file, in a secure location, and be available for review only on a need to know basis. The records should be retained for the duration of the driver’s employment and for three years afterward. Records on applicants must also be maintained for three years even if the person is not hired.

### 12. Additional Requirements under the Federal Motor Carrier Safety Act

1. All persons designated to supervise CDL drivers must receive at least 60 minutes of training on alcohol misuse plus 60 minutes of training on controlled substances use. Recurrent training for such supervisors is advisable, but not required.

1. Educational materials on the signs and effects of an abuse problem are available at www.samhsa.gov. See the Risk Manager or Director of Human Resources for a list of DOT approved Substance Abuse Professionals.

## E. DRIVER SELECTION

### 1. Hiring Employees for DOT Positions

Applicants for DOT regulated positions and employees wishing to transfer into such positions must disclose any positive drug/alcohol tests or other DOT violations within the previous three years.

If the applicant worked for other employers in DOT regulated positions in the previous three years, the applicant must sign a consent form to allow the Company to obtain the following information from the prior employers:

* Alcohol tests with a result of 0.04 or higher alcohol concentration.
* Verified positive drug tests.
* Refusals to be tested (including verified adulterated or substituted drug test results).
* Other violations of DOT drug and alcohol testing regulations; and
* With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process, the company must seek this information from the employee.

The consent form must be a stand-alone document and cannot be combined with the job application or any other consent form.

An applicant who has violated a DOT drug or alcohol regulation within the previous three years will not be hired unless the applicant has completed all DOT requirements for the return to work process and agreed to submit to follow up testing on a frequency recommended by the Substance Abuse Professional. All such follow up tests will be at the expense of the applicant.

### 2. Driver Evaluation

Employees and applicants for driving positions will be evaluated and selected based on their driving ability. Authorization to operate a company vehicle may be revoked if evaluations of driver performance do not meet company standards. To evaluate current and potential employees as drivers, management will:

* Ensure all applicants complete the application specific to employment requiring driving and current employees reassigned to driving positions complete the "Application Addendum for Employment Requiring Driving" (Addendum 2).
* Review past driving performance and work experience through previous employer’s reference checks.
* Review the driving history of applicants using a Motor Vehicle Record (MVR) before they are granted driving privileges and obtain an updated MVR for all approved drivers annually thereafter. MVRs will also be checked whenever an employee is involved in a motor vehicle accident.
* Ensure the employee/applicant has valid driver's license.
* Ensure the employee/applicant is qualified to operate the type of vehicle he/she will drive.

### 3. Driver Qualification

Effective driver qualification controls are important elements of a successful motor vehicle safety program. Management developed and incorporated standards into this program, which reflect the skills necessary for satisfactory job performance while taking into consideration applicable Federal and state regulations. Only those employees meeting the minimum qualifications of this program, and authorized to drive on company business, may do so.

To qualify for a driving position or to continue in a driving position with (Company Name), drivers must meet the following requirements:

* Qualify according to the MVR criteria stated in this program.
* Have a current valid driver’s license, without suspension, from the state of her/his residence.
* Must be 21 years of age or older and have at least one year of driving experience in the class of vehicle operated.
* Must be able to drive a vehicle safely, be in good health, and physically able to perform all duties of a driver.
* Successfully complete and pass all required drug/alcohol testing – pre‐employment, post‐accident, reasonable suspicion, and random.
* Be able to determine that the cargo has been properly loaded, located, distributed, and secured in or on the vehicle.

The following additional requirements apply for drivers of vehicles greater than 10,000 lbs.:

* Federal Motor Carrier Safety Administration (FMCSA) and Department of Transportation (DOT) regulations must always be followed for all commercial vehicles and drivers.
* Drivers must be 21 years of age or older and have at least one year of verifiable driving experience in the class of vehicle operated.
* Drivers must have in their possession (while driving company equipment) a current valid driver’s license or current valid commercial driver’s license (CDL), which‐ever is required for the vehicle being driven.
* Drivers must have in their possession (while driving company equipment) a current valid medical card as prescribed by the Department of Transportation (DOT).
* Drivers must always qualify under Section 391.11 (Qualification of Drivers) of the Federal Motor Carrier Safety Regulations (FMCSR).
* CDL drivers who drive vehicles that require a CDL must comply with all CDL regulations and must participate in drug and alcohol testing programs under Section 382 of the FMCSR.

### 4. MVR Standards

Motor Vehicle Records (MVRs) will be checked on candidates who have been conditionally offered a driving

position and periodically on all employees where driving is a part of their job. The MVR will be reviewed to ascertain the employee holds a valid license and their driving record is within the parameters set by company management. The following criteria was established to identify high risk drivers. MVR checks which reveal the following will disqualify the applicant / employee from driving company operated vehicles, or those vehicles in the care and custody of (Company Name):

* Employee does not have a valid driver’s license, or the license has been suspended or revoked.

* Employee’s MVR indicates more than two at-fault accidents, three moving violations, or two moving violations and one at-fault accident in the past three years

* One or more of the following types of serious traffic convictions within the past 3 years will disqualify the employee from driving company operated vehicles, or those vehicles in the care and custody of (Company Name):

* + Driving while under the influence or while disabled by use of alcohol and/or drugs.  Refusal to submit to a chemical test
  + Hit and run
  + Failure to report an accident
  + Homicide, manslaughter, assault, or criminal negligence resulting from the operation of a vehicle  Driving while license is suspended or revoked
  + Fleeing/eluding a police officer
  + Reckless or dangerous driving
  + Operating with a suspended or revoked license
  + Racing
  + Passing a stopped school bus

Drivers who are identified as high risk or in violation may be subject to several actions including, but not limited to:

* + Driving privileges and/or duties may be immediately revoked or suspended.
  + Driver may be transferred to a non-driving position.
  + Driver may be required to attend a defensive or safe driving course on their own time and expense.
  + Employees who violate this policy may be subject to disciplinary action, up to and including termination.

### 5. Traffic Violations and Citations

Drivers are responsible for all citations received. Drivers must report all ticket violations received during the operation of a company vehicle, or while driving a personal vehicle on company business, within 24 hours to their supervisor and the Risk Manager. The Risk Manager will review the driving privileges of any employee charged with a serious offense. Disciplinary action may include warnings, probation, or suspension of driving privileges. For those jobs that require operation of a company vehicle, loss of driving privileges may result in termination.

### 6. License Suspension

Any employee who drives a company vehicle and has their driver’s license revoked or suspended shall immediately notify their supervisor and the Risk Manager and immediately discontinue operation of the company vehicle. Failure to do so may result in disciplinary action, including termination of employment.

## F. ACCIDENT REPORTING, ANALYSIS, AND RECORDKEEPING

1. Responsibility

###  Driver

Since the driver is the first person at the accident scene, he/she will initiate the information-gathering process as quickly and thoroughly as is feasible.

###  Management

Management will obtain accident data from the driver through the Accident Report form and/or by verbal communication. It is important for management to determine the extent of the accident, especially if it involves injury or death to the driver, passengers, or other parties. Management will immediately proceed with a formal investigation to determine the underlying causes as well as what can be done to prevent similar occurrences. The accident report will be forwarded to the insurance claims office along with any additional support data (e.g., witness statements, photographs, police reports, etc.).

#### 2. Accident Reporting

All accidents are to be reported to management of (Company Name) as soon as possible but no later than 1 hour after the accident occurs. Accidents in personal vehicles while on company business must follow these same accident procedures. Company business is defined as driving at the direction, or for the benefit, of employer. It does not include normal commuting to and from work.

Driver Accident Reporting Procedures:

* If possible, move the vehicle to a safe location out of the way of traffic.
* Call the police and call for medical attention if anyone is hurt.
* Secure the names, telephone numbers, addresses, operator’s license numbers, insurance company names and policy numbers of the drivers of all vehicles involved, as well as the names and addresses of injured persons and witnesses. If a witness refuses to give their name, record the license number of their vehicle (if possible). Record this information on the Accident Report Form (in the reporting packet).
* Take pictures of the accident.
* Do not discuss fault with, or sign anything for anyone except an authorized representative of (Company Name), a police officer, or a representative of Federated insurance company.
* Immediately notify the Company Risk Manager, (Person Name) @ (Phone #). If any injuries were involved and the Risk Manager is not available, drivers should contact their supervisor immediately. Drivers must report every accident without fail, including those accidents without apparent property damage or bodily injury.
* Stay at the scene of the accident until instructed by a police officer to proceed.
* If you are involved in an accident with an unattended vehicle, you must stop and try to locate the owner. If you cannot locate the owner, you must place a note in or on the vehicle giving your name, company name, and phone number.
* If you are involved in any accident while operating a vehicle for company business, post‐accident drug/alcohol testing may be required by management.
* The Risk Manager will contact drivers and advise how to arrange for repairs to the vehicle. Drivers must not have the vehicle repaired until authorization from the Risk Manager is received.

When there is theft of or damage to your vehicle only:

* If you did not witness the damage to the vehicle, you must notify the local police department immediately.
* Immediately notify the Company Risk Manager, (Person Name) @ (Phone #).
* The Risk Manager will contact drivers and advise how to arrange for repairs to the vehicle. Drivers must not have the vehicle repaired until authorization from the Risk Manager is received.
* Send a copy of the police report along with a memo outlining any additional information to the Risk Manager.

Note: Every company vehicle should have an accident reporting kit in the glove box. This should include an accident report form, pen, or pencil, and an inexpensive or disposable camera.

#### 3. Accident Investigation

The Company considers elimination of motor vehicle accidents as a major goal. To meet this objective, all accidents will be investigated, documented, and reviewed by the Company President and Risk Manager. The investigation identifies need for:

* A more intensive driver training and/or remedial training
* Improved driver selection procedures
* Improve vehicle inspection and/or maintenance activities
* Changes in traffic routes

Vehicle accident investigations are handled internally and may utilize external documents such as police reports. Vehicle accident reports are to be filled out by the driver and returned to the Risk Manager as soon as reasonably possible. The Risk Manager will determine if additional training is needed to prevent similar accidents from occurring in the future. Trends in accident types, or multiple accidents by the same driver, will receive additional scrutiny, as they may signal the need for additional training or changes to driver selection procedures.

During review of an accident the Company President and Risk Manager will determine if the accident was preventable or non-preventable and the proper course of any disciplinary action that might be necessary. A preventable accident is defined as an accident involving the vehicle in which the driver failed to do everything reasonably possible to avoid it.

Note: See attached "Guide for Preventable and Nonpreventable Accidents" in Appendix.

#### 4. Driver Participation in Repair Costs

If a vehicle is involved in an accident which is determined preventable, the driver is responsible for reimbursing (Company Name) for all damages to the vehicle(s) not covered by insurance.

#### 5. Recordkeeping

Motor vehicle accident recordkeeping procedures consist of the following components:

* Documentation of causes and corrective action.
* Management review to expedite corrective action.
* Analysis of accidents to determine trends, recurring problems, and the need for further control measures.

## G. VEHICLE SELECTION, INSPECTION AND MAINTENANCE

### 1. Introduction

Proper selection and maintenance of equipment are important aspects of this program. Reduced operational costs and accidents from vehicle defects are the direct result of a well implemented maintenance policy.

### 2. Vehicle Selection

Selection of vehicles begins with understanding the wrong equipment can result in excessive breakdowns, create hazards to personnel, incur costly delays, and contribute to poor service and customer complaints. The company will purchase vehicles designed for their intended use.

### 3. Vehicle Inspection

The employee responsible for the vehicle will inspect the vehicle semi-annually using the Vehicle Inspection Report form (see appendix) and forward the report to their immediate supervisor.

### 4. Vehicle Maintenance

Vehicle maintenance can take the form of three distinct programs: preventive maintenance, demand maintenance, and crisis maintenance. While all three types have their role in the Fleet Safety Program, the most cost-effective control is preventive maintenance. The groundwork for a good preventive maintenance program starts with management. A review of manufacturer's specifications and recommendations for periodic preventive maintenance should be integrated with the actual experience of the vehicles.

* Preventive maintenance (PM) is performed on a mileage or time basis. Typical PM includes oil/filter changes, lubrication, tightening belts and components, engine tune-ups, brake work, tire rotation, hose inspection/replacement and radiator maintenance.

* Demand maintenance is performed only when the need arises. Some vehicle parts are replaced only when they fail. These include light bulbs window glass, gauges, wiring, air lines, etc. Other "demand maintenance" items involve vehicle components that are worn based on information from the vehicle condition report. These include tires, engines, transmissions, universal joints, bushings, batteries, etc. Since these situations are identified through periodic vehicle inspection, they can be classified within the PM program.

* Crisis maintenance involves a vehicle breakdown while on the road. While situations of this type may happen regardless of the quality of the PM program, it is an expensive alternative to not having an effective preventive maintenance program at all. Crisis maintenance situations should be minimized through proper PM procedures.

### 5. Recordkeeping

This company's vehicle selection, inspection and maintenance program is only as good as its recordkeeping procedures. Employees will forward all vehicle maintenance records for maintenance performed each quarter to the Logistics Manager – (Person Name).

## H. DRIVER TRAINING

### 1. New Driver Training

Drivers hired by this company to operate a motor vehicle will have the basic skills and credentials necessary to perform this function as confirmed through the driver selection process.

New employees, contractor, and temporary hires will receive a copy of this program as part of their initial orientation. A formal orientation program is established to help assure all drivers are presented with the company policy, understand their responsibilities, and are familiarized with their vehicle. New drivers must complete the following during new driver orientation:

* Review, understand, and be given a copy of the Fleet Safety Program.
* Understand and sign the Vehicle Assignment Agreement.
* Review individual Motor Vehicle Report (MVR).
* Review and understand accident reporting & emergency procedures.
* Review and understand operation and controls of vehicle being assigned.

Inspect vehicle using Vehicle Inspection Form.

### 2. Remedial Training

Drivers may be required to attend a safe driving school (National Safety Council Defensive Driving course of equivalent) or an alcohol/drug abuse program on their own time and at their own expense if a review of the driver's MVR indicates:

* One or more violation convictions within any one-year period OR
* A conviction for driving while under the influence of alcohol or drugs

Also, depending on the severity of the conviction, the employee's driving privileges may be revoked and/or may result in employment termination.

## I. DRIVER SAFETY REGULATIONS

An employee’s primary responsibility when driving a motor vehicle for our organization is driving the vehicle safely. (Company Name) has developed the following expectations for you as a driver to help ensure company-owned vehicles and/or those used by company employees will be operated in a safe and economical manner.

### 1. Safety Guidelines

* The driver and all occupants are required to wear safety belts when the vehicle is in operation or while riding in a vehicle.
* Drivers are responsible for ensuring the vehicle is maintained in safe driving condition. Defects and needed repairs of any company vehicle must be reported to management so necessary repairs can be made. Vehicles are not to be operated unless in a safe operating condition.
* All accidents must be reported to the manager consistent with (Company Name) Accident Reporting Policy. You, the employee, are responsible for reimbursing (Company Name) for all damages to the vehicle(s) not covered by insurance, provided that (Company Name) accident review shows a preventable type accident.
* All traffic violations received by you will be paid by you, the employee.
* No permission may be given for any other person, including family members, to drive company vehicles.
* Company vehicles are to be used for business purposes and are not for personal use. Specific permission must be obtained from the Company President for any personal use of a company vehicle.
* The use of radar detectors is forbidden in all vehicles owned or used by the company. Use of a radar detector will result in revoked driving privileges.
* Hitchhikers and passengers, other than company employees or authorized persons, are not permitted in company vehicles.
* Drivers must not operate a vehicle at any time when his/her ability to do so is impaired, affected, influenced by alcohol, illegal drugs, prescribed or over-the-counter medication, illness, fatigue, or injury. Drivers must be physically and mentally able to drive safely.
* Drivers must conform to all traffic laws and allowances made for adverse weather and traffic conditions.
* Drivers are responsible for the security of company vehicles assigned to them. The vehicle engine must be shut off, ignition keys removed, brakes set, windows rolled up, and vehicle doors locked whenever the vehicle is left unattended.
* Any employee that oversees a vehicle is also responsible for all tools and equipment assigned to that vehicle.

Employees shall not remove or tamper with any portion of the seat belt safety system including shoulder harness, warning buzzer, light, airbag, or the associated detection or wiring devices of either system.

* Head lights shall be used 2 hours before sunset and until 2 hours after sunrise, or during inclement weather or at any time when 500 feet ahead of the vehicle cannot be clearly seen.
* All drivers are required to inspect their vehicle at the beginning of each workday. A vehicle check list will be provided to all drivers. Vehicles must be kept clean.
* Courtesy should be extended to other motorists. The vehicle is a rolling billboard for the Company.
* All drivers should use good DEFENSIVE DRIVING TECHNIQUES while operating company vehicles.

### 2. Distracted Driving

We deeply value the safety and well-being of all employees. Due to the increasing number of accidents resulting from distracted driving and the use of mobile devices, it is our company policy that you not engage in activities that cause you to become distracted when driving, including, but not limited to:

* Sending or reading text messages
* Making or receiving calls without the use of a hands-free device
* Using cell phones and other devices for social media and other forms of entertainment
* Adjusting or programming controls of audio or navigation systems
* Searching for and/or reaching for items in the vehicle
* Eating or drinking beverages
* Reading maps or other printed material

The above restrictions apply anytime the vehicle is in motion. It is our company policy that, in all circumstances, you pull the vehicle over to a safe area prior to engaging in these activities. Employees are also expected to follow all state laws regarding mobile device usage.

### 3. Defensive Driving Guidelines

* Drivers are always required to maintain a safe following distance. Drivers should keep a two second interval between their vehicle and the vehicle immediately ahead. During slippery road conditions, the following distance should be increased to at least four seconds.
* Drivers must yield the right of way at all traffic control signals and signs requiring them to do so. Drivers should also be prepared to yield for safety’s sake at any time. Pedestrians and bicycles in the roadway always have the right of way.
* Drivers must honour posted speed limits. In adverse driving conditions, reduce speed to a safe operating speed that is consistent with the conditions of the road, weather, lighting, and volume of traffic. Tires can hydroplane on wet pavement at speeds as low as 40 mph.
* Drivers are to drive at the speed of traffic but never to exceed the posted speed limit.
* Turn signals must be used to show where you are heading, while going into traffic and before every turn or lane change.
* When passing or changing lanes, view the entire vehicle in your rear-view mirror before pulling back into that lane.
* Be alert of other vehicles, pedestrians, and bicyclists when approaching intersections. Never speed through an intersection on a caution light. When the traffic light turns green, look both ways for oncoming traffic before proceeding.
* When waiting to make left turns, keep your wheels facing straight ahead. If rear ended, you will not be pushed into the lane of oncoming traffic.
* When stopping behind another vehicle, leave enough space so you can see the rear wheels of the car in front. This allows room to go around the vehicle if necessary and may prevent you from being pushed into the car in front of you if you are rear-ended.

Avoid backing where possible, but when necessary, keep the distance travelled to a minimum and be particularly careful.

**\*Check behind your vehicle before backing.**

**\*Back to the driver’s side. Do not back around a corner or into an area of no visibility.**

4. Company and Personal Property:

Employees are responsible for company property such as computers, work papers and equipment under their control. The Company will not reimburse the employee for stolen personal property.

**APPENDIX**

1. Vehicle Assignment Agreement

1. Application Addendum for Employment Requiring Driving

1. Driver’s Preliminary Accident Report

1. Vehicle Accident Review Form

1. Guide for Preventable and Nonpreventable Accidents

1. Vehicle Inspection Report

### **Appendix 1**

**VEHICLE ASSIGNMENT AGREEMENT**

# VEHICLE ASSIGNMENT AGREEMENT

**Employee Name: Driver’s License Number:**

**Location: Vehicle No.**

To be authorized to operate a motor vehicle on company business I agree to the following conditions. I will:

1. follow and cooperate fully with the (Company Name) Fleet Safety Program.
2. maintain a valid driver’s license and remain fully insurable.
3. operate the vehicle in a safe, defensive manner and obey all traffic laws.
4. wear my seat belt and require all passengers to wear seat belts.
5. promptly report all motor vehicle accidents to management.
6. assume full responsibility for any traffic violations and fines arising out of the use of the vehicle.
7. not use the vehicle for personal use, unless authorized in writing by the Company President prior to use.
8. not allow the company vehicle to be driven by anyone that has not received authorization to drive by the company; and
9. not alter the vehicle unless authorized by company management. Examples include:
   * installation of stereos, amplifiers, radar detectors.
   * installation of trailer hitches for personal use.
   * aftermarket accessories such as bug deflectors, window tinting, running boards, equipment racks, visors, etc.; and
   * personalized or vanity license plates.

I agree to reimburse the company for damages done to this vehicle because of my negligence. In the event of an accident, which has been determined to have been my fault by citation, traffic court conviction, by my own admission, or determination by management, I recognize that I am responsible for reimbursing (Company Name) for all damages to the vehicle(s) not covered by insurance.

I understand the operation of this vehicle in a safe operating condition is my responsibility. If this vehicle becomes unsafe, it is my responsibility to notify my supervisor immediately.

The company reserves the right to withdraw driving and vehicle use privilege at any time.

I read and agree to the provisions of this Vehicle Assignment Agreement and the requirements of the Fleet Safety Program. I understand that violation of this program will result in disciplinary action, up to and including termination of employment.

|  |  |  |
| --- | --- | --- |
| Employee Signature: |  | Date: |
| Witness (Manager): |  | Date: |

## Appendix 2

**APPLICATION ADDENDUM FOR EMPLOYMENT REQUIRING DRIVING**

# APPLICATION ADDENDUM FOR EMPLOYMENT REQUIRING DRIVING

COMPANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**DRIVER LICENSES:** (list all licenses held in past 3 years and indicate those that are current)

## STATE LICENSE NUMBER CLASS ENDORSEMENT(S) EXPIRATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered YES to the above questions, give details: (**if additional space is needed, attach sheet)

## TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS: (Other than parking)

LOCATION

### (CITY & STATE) DATE CHARGE PENALTY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVING EXPERIENCE:**

|  |  |  |
| --- | --- | --- |
|  | DATES |  |
| CLASS OF EQUIPMENT | FROM TO | APROX. NO. OF TOTAL MILES |

Automobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Van/Pickup \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Truck/Tractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ACCIDENT RECORD FOR PAST 3 YEARS:** (if additional space is needed, attach sheet)

### DATE LOCATION NATURE OF ACCIDENT FATALITIES INJURIES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GENERAL:**

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been refused bond Yes \_\_\_\_\_ No \_\_\_\_\_

## If you answered YES to either question, give details: (if additional space is needed, attach sheet)

**LIST SPECIAL TRAINING RELATED TO TRANSPORTATION:**

(If additional space is needed, attach sheet)

**TO BE READ AND SIGNED BY APPLICANT:**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that, if hired, any misrepresentation of information in this application is cause for immediate dismissal. I authorize ( *INSERT COMPANY NAME HERE* ) to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditioned on results of a physical examination, and controlled substances and alcohol misuse test.

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 3

**DRIVER’S PRELIMINARY ACCIDENT REPORT**

# DRIVER’S PRELIMINARY ACCIDENT REPORT

## REPORT ANY AUTO ACCIDENT IMMEDIATELY, WHETHER OR NOT YOU ARE AT FAULT

Please place this in glove compartment of insured vehicle.

Please read these instructions NOW - so you will know what to do IF INVOLVED IN AN ACCIDENT.

1. Pull over where you may safely stop and observe the circumstances.

1. Help see that any person who is injured receives medical attention promptly; however, do not obligate yourself for medical or other expense beyond necessary first aid.

1. Be courteous - do not argue - keep calm.

1. Get names and addresses of all witnesses (Please complete on the inside).

1. Carefully examine and make notes of each item of damage. If there is opportunity to do so, make note of all statements by others, physical marks, or other things that will verify your report of how the accident happened.

1. Give your name and address to the injured person or a police officer before leaving the scene.

1. Do not talk about the accident, except to a police officer, or our adjuster.

1. Do not sign any statements or reports except official police reports.

1. Complete this report before leaving the scene. Your claims adjuster will ask for this information.

1. **OTHER VEHICLE(S)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Other Driver's Name |  |  |  | | Age | |
| Street Address |  |  | Driver's License No. | | | |
| City/State/ZIP |  |  |  | Phone No. | | |
| Vehicle Make | Year | License Plate No. |  | State | | Year |
| Insurance Company |  |  |  | | | |
| Address |  |  |  | | | |

1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Other Driver's Name |  |  |  | | Age | |
| Street Address |  |  | Driver's License No. | |  | |
| City/State/ZIP |  |  |  | Phone No. |  | |
| Vehicle Make | Year | License Plate No. |  | State |  | Year |
| Insurance Company |  |  |  | |  | |
| Address |  |  |  | |  | |

2)

1. **WITNESSES**

|  |  |  |
| --- | --- | --- |
| Name | Age | Phone No. |
| Address |  |  |
| Name | Age | Phone No. |
| Address |  |  |
| Name | Age | Phone No. |
| Address |  |  |

1)

2)

3)

1. **INJURY TO PERSONS (list all names of all persons in car)**

|  |  |  |
| --- | --- | --- |
| Name |  | Age |
| Address | Phone No. | |
| Nature of Injury |  | |
| Taken To: |  | |

1)

|  |  |  |
| --- | --- | --- |
| Name |  | Age |
| Address | Phone No. | |
| Nature of Injury |  | |
| Taken To: |  | |

2)

1. **DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time |  | AM  PM | Speed (MPH) Other Vehicle |  |  | Insured |
|  |
| Street(s) |  |  | |  |  |  |  |
| City/State |  |  | |  |  |  |  |

C

**complete diagram**

|  |
| --- |
| Damage to Other Vehicle(s): |
|  |
|  |
|  |
|  |

**ROAD CHARACTER**

|  |  |  |  |
| --- | --- | --- | --- |
| Straight    **ROAD SURFACE**  Dry | Level  Wet | Curve  Muddy | Hill  Icy |

**ROAD DEFECTS**

Defective Shoulder

Holes, Deep

Ruts,

Bumps

Loose Material on

Surface

Other:

**TRAFFIC CONTROL**

Stop Sign Stop-and-Go Signal Yield Other:

No Traffic Control Present

**LIGHT**

Daylight Dusk Dawn Dark Street Lighted Dark Street Not Lighted

**WEATHER**

Clear Fog Raining Snowing Other:

**CHECK THESE POINTS**

Your Other

Auto Auto ( One or more for each driver)

Driving under the influence of intoxicants

Exceeded lawful speed

Did not grant right of way to vehicle

Followed too closely

Improper passing

On the wrong side of the road

Failed to give proper signal

Improper turn

Disregarded traffic signal

Improper starting from parked position

Improper parking location

Other improper actions (specify below)

No improper driving or parking

**YOUR VEHICLE**

|  |  |
| --- | --- |
| Name |  |
| Make of Car | License No. |
| Driver's Name |  |
| Street Address |  |
| City/State/ZIP | Phone No. |

**POLICE OFFICER**

|  |  |
| --- | --- |
| Badge No. | Location |
| Citation Given To: |  |
| Type of Citation |  |

**COMPLETED BY**

|  |
| --- |
| Name |
| Date |

**ADDITIONAL COMMENTS**

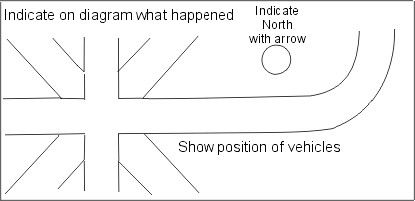
Any person who, with the intent to injure, defraud, or deceive any insurance company, submits a statement of claim or application containing false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

## Appendix 4

**VEHICLE ACCIDENT REVIEW FORM**

# VEHICLE ACCIDENT REVIEW FORM

Section A (To be completed by driver)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date, time and location of accident

Weather conditions

Description of accident

Primary cause of accident

How to prevent future accident

Signed Date

Section B (To be completed by driver's supervisor)

I have reviewed this accident with the driver involved and have the following comments:

Name Date

Section C (Review)

The Risk Manager and Company President have reviewed this accident and have found that it should be judged:

Preventable Non-Preventable

Consideration of the facts indicated the following action should be taken to prevent such an accident in the future:

Driver notified in writing Driver notified verbally

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 5

**GUIDE FOR PREVENTABLE OR NONPREVENTABLE ACCIDENTS**

# GUIDE FOR PREVENTABLE OR NONPREVENTABLE ACCIDENTS

An accident is preventable if the driver could have done something to avoid it. Drivers are expected to drive defensively. Which driver was primarily at fault, who received a traffic citation, or whether a claim was paid has absolutely no bearing on preventability? If there was anything the driver could have done to avoid the collision, then the accident was preventable.

An accident is nonpreventable when the vehicle was legally and properly parked, or when properly stopped because of a law enforcement officer, a signal, stop sign, or traffic condition.

If a stationary object is struck, then it is usually a preventable incident. If the driver rear-ends another vehicle then it is usually a preventable incident. It should be noted there are exceptions to any rule, but they are just that - exceptions!

It should be the objective of any person discussing or judging accidents to obtain as many facts as possible and to consider all conceivable conditions. Adverse weather conditions, actions of other drivers, or other such excuses must not influence the judgment of preventability. If procedures, scheduling, dispatching, or maintenance procedures out of the control of the driver were found to be factors, that should be considered. The company must take responsibility for the work environment and recognize that drivers cannot control some aspects. It is critical that drivers can refuse to operate an unsafe vehicle without reprisal from management.

Professional drivers are expected to drive in a manner which allows them to avoid conflicts when they arise. Whether a driver has a 25-year safe driving record or started driving the day before has no bearing on whether an accident is or is not preventable. Taking a fair attitude does not mean leniency. If an accident is judged nonpreventable and the drivers know the accident could have been avoided, they will lose respect for the safety program.

**QUESTIONS TO CONSIDER - GENERAL**

When judging or discussing preventable accidents, these are some questions to consider:

1. Does the report indicate that the driver considers the rights of others or is there evidence of poor driving habits which need to be changed?

1. Does the report indicate good judgment? Such phrases as "I did not see," "I didn't think," "I didn't expect," or "I thought" are signals indicating there is something wrong. An aware driver should think, expect, and see hazardous situations in time to avoid collisions.

1. Was the driver under any physical handicap which could have been contributory? Did the accident happen near the end of a long and/or hard run? Does the driver tend to overeat? Did the driver get sufficient sleep before the trip? Is the driver's vision faulty?

1. Was the vehicle defective without the driver's knowledge? A gradual brake failure, a car which pulls to the left or right when the driver applies the brakes, faulty windshield wipers, and similar items are excuses, and a driver using them is trying to evade responsibility. Sudden brake failure, loss of steering, or a blowout may be considered defects beyond the driver's knowledge; however, the inspection and maintenance program should work to prevent these hazards.

1. Would taking a route through less congested areas reduce the hazardous situations encountered?

**QUESTIONS TO CONSIDER - SPECIFIC TYPES OF ACCIDENTS**

 **Intersection Collisions**

Failure to yield the right-of-way, regardless of stop signs or lights, is preventable. The only exception to this is when the driver is properly proceeding at an intersection protected by lights or stop signs and the driver's vehicle is struck in the extreme rear, side, or back.

Regardless of stop signs, stop lights, or right-of-way, a professional driver should recognize that the right-of-way belongs to anyone who assumes it and should yield accordingly. In addition, a professional driver is expected to know the turning radius of the vehicle and be able to avoid damaging others. These accidents are normally considered preventable.

1. Did the driver approach the intersection at a speed safe for conditions?

1. Was the driver prepared to stop before entering the intersection?

1. At a blind corner, did the driver pull out slowly, ready to apply the brakes?

1. Did the driver operate the vehicle correctly to keep from skidding?

**IF THE ANSWER TO ANY QUESTION IS NO,**

**THE DRIVER WAS NOT DRIVING DEFENSIVELY AND IS RESPONSIBLE.**

 **Sideswipes**

Sideswipes are often preventable since drivers should not get into a position where they can be forced into trouble. A driver should pass another vehicle cautiously and pull back into the lane only when he or she can see the other vehicle in the rear-view mirror. A driver should also be ready to slow down and let a passing vehicle into the lane. A driver should not make a sudden move that may force another vehicle to swerve. Unless the driver is swerving to avoid another car or a pedestrian, sideswiping a stationary object is preventable.

Drivers are expected to be able to gauge distances properly when leaving a parking place and enter traffic smoothly.

A driver is expected, whenever possible, to anticipate the actions of an oncoming vehicle. Sideswiping an oncoming vehicle is often preventable.

The doors of a vehicle should never be opened when it is in motion. and should not be opened on the traffic side, unless clear of traffic, when it is parked.

A parked vehicle can be seen from a sufficient distance; therefore, the operator of an approaching vehicle should be prepared in case the doors of the parked vehicle are opened. This type of accident is nonpreventable only when the door is opened after the driver has passed it.

1. Did the driver look to front and rear for approaching and overtaking traffic immediately before starting to pull away from the curb?

1. Did the driver signal before pulling away from the curb?

1. Did the driver look back rather than depend only upon rear-view mirrors?

1. Did the driver start into traffic only when this action would not require traffic to change its speed or direction to avoid his or her vehicle?

**IF THE ANSWER TO ANY QUESTION IS NO,**

**THE DRIVER WAS NOT DRIVING DEFENSIVELY AND IS RESPONSIBLE.**

 **Skidding**

Many skidding conditions are caused by rain, freezing rain, fog, and snow, which all increase the hazard of travel. Oily road film, which builds up during a period of good weather, causes an especially treacherous condition during the first minutes of a rainfall.

Loss of traction on a grade can be anticipated, and these accidents usually are preventable. Chains or other suitable traction devices should be used if they are available.

1. Was the driver operating at a safe speed considering weather and road conditions?

1. During inclement weather was the driver keeping at least twice the safe following distance used for dry pavement.

1. Were all actions gradual?

1. Was the driver anticipating ice on bridges, gutters, ruts, and near the curb?

1. Was the driver alert for water, ice or snow in shaded areas, loose gravel, sand, ruts, etc.?

1. Did the driver keep out of other vehicle tracks or cross them at wide angles?

**IF THE ANSWER TO ANY QUESTION IS NO,**

**THE DRIVER WAS NOT DRIVING DEFENSIVELY AND IS RESPONSIBLE.**

 **Pedestrian and Animal Collision**

All types of pedestrian accidents, including collision with pedestrians coming from between parked cars, are usually considered preventable. There are few instances where the action of pedestrians is so unreasonable that the operator could not be expected to anticipate such an occurrence.

Collisions with animals are normally preventable, unless the movement on the part of an animal was unusual and unexpected. This is also taking into consideration the fact that the driver was aware of animals in the vicinity.

1. Did the driver go through congested sections expecting that pedestrians would step in front of the vehicle?

1. Was the driver prepared to stop?

1. Did the driver keep as much clearance between his or her vehicle and parked vehicles, as safety permitted?

1. Did the driver stop when other vehicles have stopped to allow pedestrians to cross?

1. Did the driver wait for the green light or stop for the caution light?

1. Was the driver aware of children and prepared to stop if one ran into the street?

1. Did the driver give all pedestrians the right-of-way?

1. Did the driver stop for a school bus which was stopped and properly signalling that passengers were loading or unloading?

**IF THE ANSWER TO ANY QUESTION IS NO,**

**THE DRIVER WAS NOT DRIVING DEFENSIVELY AND IS RESPONSIBLE.**

 **Parked or Stopped**

Accidents occurring when vehicles are properly and legally parked are considered nonpreventable. Accidents occurring while the vehicle was double parked or in a "No Parking" zone are preventable.

1. Was the vehicle parked on the proper side of the road?

1. Was it necessary to park near the intersection?

1. Did the driver have to park on the travelled part of the highway, on the curve, or on the hill?

1. When required, did the driver warn traffic by emergency warning devices?

1. Did the driver park parallel to the curb?

1. Was it necessary to park so close to an alley or directly across from a driveway?

**IF THE ANSWER TO ANY QUESTION IS NO,**

**THE DRIVER WAS NOT DRIVING DEFENSIVELY AND IS RESPONSIBLE.**

 **No collision Vehicle Damage, Mechanical Failure, and Miscellaneous Problems**

The accident should be considered preventable if the investigation shows a mechanical defect of which the driver was aware, a defect the driver should have found by inspecting the vehicle, or the driver caused by rough and abusive handling.

When a mechanical failure is sudden or unexpected, not resulting from abuse or ordinary wear, it may be considered nonpreventable. Bad brakes should not be considered a mechanical failure unless the failure was sudden, and the driver could have had no previous knowledge of the condition. However, this type of failure cannot excuse a driver who does not know how to properly pre-trip inspects the vehicle or is too lazy to do the inspection correctly.

It is a driver's responsibility to keep the cargo in mind and be aware of any sudden vehicle movements which may cause damage to the cargo. Driving off the highway to avoid a collision may be preventable. Drivers should try not to place themselves in such a position. "U" turns are a monkey wrench in the smooth flow of traffic. Accidents which occur while this maneuverer is attempted are considered preventable.

1. Could the driver have done anything to avoid the accident?

1. Was the driver's speed safe for conditions?

1. Did the driver obey all traffic signals?

1. Was the driver's vehicle under control?

1. Did the driver follow the routing and delivery instructions?

**IF THE ANSWER TO ANY QUESTION IS NO,**

**THE DRIVER WAS NOT DRIVING DEFENSIVELY AND IS RESPONSIBLE.**

## Appendix 6

**VEHICLE INSPECTION REPORT**

# VEHICLE INSPECTION REPORT

This report is due during the month of **April** and **October** each year. A separate report must be completed for each unit. After completion, this report should be forwarded to the Risk Manager – (Person Name).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle unit number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License number: \_\_\_\_\_\_\_\_\_\_ Mileage: \_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_ VIN number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4-cylinder 6 cylinder    **INSPECT AND CHECK ONE:**    **Lights** | \_\_\_\_\_\_\_\_\_\_other | Cruise | Tilt wheel | |
| Head:  OK  Out | Back-up:  OK |  Out |  |  |
| Parking:  OK  Out | Side:  OK |  Out |  |  |
| Tail:  OK  Out  Directional:  OK  Out    **Tires** | Flashers:  OK |  Out |  |  |
| Front left:  Good  Fair |  Poor Front right: |  Good |  Fair |  Poor |
| Rear left:  Good  Fair |  Poor Rear right: |  Good |  Fair |  Poor |
| Conventional spare:  Good  Fair |  Poor Snow tires: |  Yes |  No |  |
| Mini spare:  Yes  No |  Good  Fair  Poor | |  |  |

Note and explain uneven wear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brakes**

Check for master cylinder leaks. If unusual conditions, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check brake pedal:  High  Low

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check brake fluid:  Full  Low

**Exterior**

|  |  |
| --- | --- |
| Paint, overall condition: |  Good  Fair  Poor |
| Chrome, overall condition: |  Good  Fair  Poor |
| Glass, overall condition: |  No damage  Damage |

Explanation of overall exterior condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nonstandard ornamentation or equipment? (decals, trailer hitch, etc.)  Yes  No

If "Yes," describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Exterior damage?  Yes  No

If "Yes," note and explain estimated cost of repairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If "Yes," was claim submitted?  Yes  No

If "No," why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Interior**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall appearance:  Clean |  Worn  Dirty | |  |  |
| Condition of seats:  Good |  Springs broken  Sagging | |  |  |
| Condition of upholstery:  Clean |  Worn |  Dirty |  Torn |  Burn holes |
| Condition of carpets:  Clean |  Worn |  Dirty |  Torn |  |
| Floor mats:  Yes |  No |  |  |  |
| Windshield wipers:  Good |  Fair |  Poor |  |  |
| Knobs, handles, etc.:  Good    Accessories: |  Broken |  Missing |  |  |
| Flashlight: |  Yes |  No |  |  |
| Horn working: |  Yes |  No |  |  |
| Safety belts: |  Working |  Nonworking |  |  |
| Windshield scraper: (if applicable) |  Yes |  No |  |  |
| Rear window defroster: |  Working |  Nonworking |  |  |
| Accident report kit: |  Yes |  No |  |  |
| Driver's manual: |  Yes |  No |  |  |
| Condition of trunk: Accessories: |  Clean |  Dirty |  |  |
| Jack: |  Yes |  No |  |  |
| Handle and base: |  Yes |  No |  |  |
| Lug wrench: |  Yes |  No |  |  |
| Flares or reflectors (2-6): |  Yes |  No |  |  |

**Under Hood**

Engine:  Clean  Dirty

Note apparent leakage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Engine oil:  Full  Low

Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage of last oil change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage of last filter change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage of last lubrication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Windshield washer fluid: |  Full |  Low |  |  |  |
| Battery water level: |  Full |  Low |  |  |  |
| Nonfillable: |  Yes |  No |  |  |  |
| Transmission fluid condition: |  Full |  Low | Color: |  Red |  Black |
| Power steering fluid:    **Overall Rating of Vehicle** |  Full |  Low |  |  |  |
| Excellent  Good  Fair  Poor | | |

Driver's comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inspector's comments and recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inspector's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled completion date of corrective action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_