



Vehicle Safety Policy

For District Employees

Valdez City Schools Vehicle Safety Policy

Summary

It is the policy of the Valdez City Schools that our passenger vehicles (including vans and light-duty trucks) will be used only for school business and will be operated only by authorized persons who meet the driver criteria in our vehicle safety program.

This policy applies to our District-owned vehicles and private or rental vehicles authorized for use on school business.

All employees must comply with federal, state and local laws and policies and be “job-ready” when they are on school business. Job-ready means that employees must be physically and mentally able to do their jobs. Employees must not use intoxicants, drugs or medications that could impair their judgment or ability to drive. Managers and supervisors have the right to determine an employee’s job readiness.

Employees who drive on school business must have a valid driver’s license and a satisfactory driving record.

Violations of this policy may result in revocation or restriction of employee authorization to drive a District-owned or private vehicle on school business, suspension or dismissal.

All employees must sign a statement stating that they have read and understand this policy and the consequences for violating it.

Employee Responsibilities

School Administrators are responsible for ensuring that employees under their direction comply with all elements of this policy.

The District must verify, in writing, that employees have valid drivers’ licenses and are qualified to operate District vehicles before they begin driving on school business.

Employees who drive on school business must follow all parts of this policy. They must do a walk around inspection of any vehicle before driving it and must not use a company vehicle for personal business.

When operating District vehicles, employees should remember that their driving habits reflect on all District employees. District vehicles must be used legally, courteously and safely.

Employees are strongly encouraged to plan mini-breaks every two hours during long periods of driving and to allow for no more than 10 hours driving per day in good driving conditions.

Employees must use and require seat belts to be worn by their passengers.

Smoking is not permitted in District vehicles.

Employees are responsible for the care of vehicles assigned to them and may be held liable for improper care and abuse of the vehicle. Misconduct could lead to withdrawal of driving privileges and/or disciplinary actions, up to and including dismissal.

Requirements Employee Clearance

Employees who drive on school business must read and complete the VCS Authorization Form that permits VCS to complete a motor vehicle background check.

Site administrators and supervisors will review this vehicle safety policy with each new employee who drives on company business.

Licensing

Employees who drive on school business must have a current, valid license for the vehicles they drive. Licenses will be photocopied and kept in employees' files.

Motor Vehicle Record (MVR) Review

The Superintendent will review the driver's MVR for vehicle incidents and violations.

Reporting Incidents Involving Motor Vehicles

An incident report packet is located in the glove box of each company vehicle. The packet contains instructions on what to do in case of an incident. Drivers should become familiar with the instructions before using vehicles.

Employees are responsible for completing and filing all necessary reports within the time periods required by this policy. Failure to file a report may cause the loss of the employee's license, driving privileges, and liability insurance coverage.

Employees must immediately notify their supervisor of any accident, collision or vandalism.

Employees must immediately report to the District Office all collisions, accidents, or vandalism involving vehicles they use on company business.

If the incident results in injuries or fatalities, employees must report them to the District Office immediately after ensuring the injured have or will receive necessary medical treatment.

Employees must forward copies of all vehicle accident forms to the District Office.

Employees involved in vehicle crashes should discuss details of the incident *only* with police officers, appropriate state officials, or representative of the District's insurance carrier.

Drug Testing and MVR Checks After Incidents Involving Vehicles

After each incident, regardless of who is at fault, the Superintendent will require a drug and alcohol test immediately and obtain the driver's motor vehicle record (MVR) within three business days.

Pre-trip Walk-around Inspections

Employees are responsible for conducting walk-around inspections of their vehicles before driving and note any defects or damage. Employees must also note defects or damage to seats, seat belts, interior lights, engine warning lights, rearview mirrors, and emergency equipment.

Employees must report defects or damage to the District Office immediately. The District Office will evaluate the report and ensure that all hazards are repaired promptly. Vehicles that are unsafe to drive must be placed out of service immediately.

Mobile Phone Use Agreement

Employees who use a mobile phone should remember that their number one priority is obeying the rules of the road. Valdez City Schools requires that you do the following when you use a mobile phone when you are driving a District vehicle:

- Find a safe place to pull off of the road and place your call.
- If you receive a call while driving, let the call go to the voice mail and answer when it is safe to do so.
- Employees are prohibited to use their mobile phone in any capacity while driving. This includes but it is not limited to texting, hands-free calling and use of internet, social media and other functions of a mobile device.

Vehicle Use Agreement

- Employees and passengers must wear seat belts while the vehicle is in motion.
- Employees must report all mechanical problems to their supervisors immediately.
- Employees must report any motor vehicle incident that results in damage, injury, or a citation to their supervisors immediately and the District Office.
- Employees must have a valid driver's license for the vehicles they will operate, must follow all license restrictions, and must have their license in their possession when they are driving. A driver whose license is suspended, revoked or terminated must notify the Superintendent immediately.
- No one else other than the approved employee can drive or operate the District vehicle in any capacity.
- Employees are responsible for all traffic and parking violations they receive when using District vehicles.
- Modifying or adding accessories to a District vehicle is prohibited.
- Radar detectors are prohibited.
- Employees are not allowed to operate vehicles at any time while under the influence of alcohol or drugs.



DRIVING A VEHICLE

Motor vehicle accidents are the leading cause of on-the-job fatalities. This includes not only those that drive for a living, but also those that use a personal vehicle to conduct business for their employer. The good news is that most motor vehicle accidents are very preventable. Following the tips below can help to prevent motor vehicle accidents.

SAFETY GUIDELINES

- Never drive under the influence of alcohol or drugs, including drive-altering prescriptions.
- Wear your seatbelt every time you are in a vehicle, no exceptions.
- Never text while driving.
- Pull over if you must make or receive a call.
- Do not drive if you are too fatigued.
- Inspect your vehicle before you drive.
- Check your mirrors & seat to be sure they are set to the right position for you.
- Obey the speed limit, watching for school zones and construction zones.
- Maintain a safe distance between your car and the vehicle in front of you. There should be at least a 2 second gap to allow for stopping. The faster you are going the larger the gap should be. In inclement weather the gap should be larger, too.
- Keep the big picture of the road while driving; don't get too fixated on the road or car directly in front of you. Regularly check all of your mirrors to see what is around you. Surprises while driving are not good.
- Don't overdrive your headlights when driving at night. You want to be able to respond to any hazard identifies by your headlights.
- Regularly check fluid levels, belts and tires.
- Proactively address any concerns, don't wait for a break down.
- Drive defensively and courteously, share the road.



Vehicle Accident Report

Note: This form should be in an envelope marked "Accident Kit" and placed in the glove box of each District vehicle.

Employee's Name _____ **Age** _____

Type of Vehicle: Year _____ Make _____

Drivers License Number _____

- | | |
|--|---|
| <input type="checkbox"/> Company Owned | <input type="checkbox"/> Employee Owned |
| <input type="checkbox"/> Business Use | <input type="checkbox"/> Personal Use |

Other Vehicle

Driver's Name _____

Address _____

Drivers License Number _____

Vehicle License Plate Number _____

Description of Damage _____

Note: Police must be called. Police Report Made Yes No
If report was made, note where it can be obtained _____

Personal Injuries

Name _____

Address _____

Description of Injury _____

Treated at _____

Name _____

Address _____

Description of Injury _____

Treated at _____

Name _____

Address _____

Description of Injury _____

Treated at _____

Property Damage

Owner _____

Address _____

Description of Damage _____

Owner _____

Address _____

Description of Damage _____

Accident Information

Date _____ Time _____ A.M.

_____ P.M.

Location _____

(Street, Highway, etc.)

(City)

(State)

Weather Clear Raining Snowing

Fog Sleet

Other _____

Area Residential Commercial Rural

Other _____

Road Asphalt Concrete Gravel
 Other _____

Condition Dry Wet Slippery
 Other _____

Direction
You North East South West Other _____
Other North East South West Other _____

If Intersection:

- Stoplight
- Caution Signal

Stop Sign:

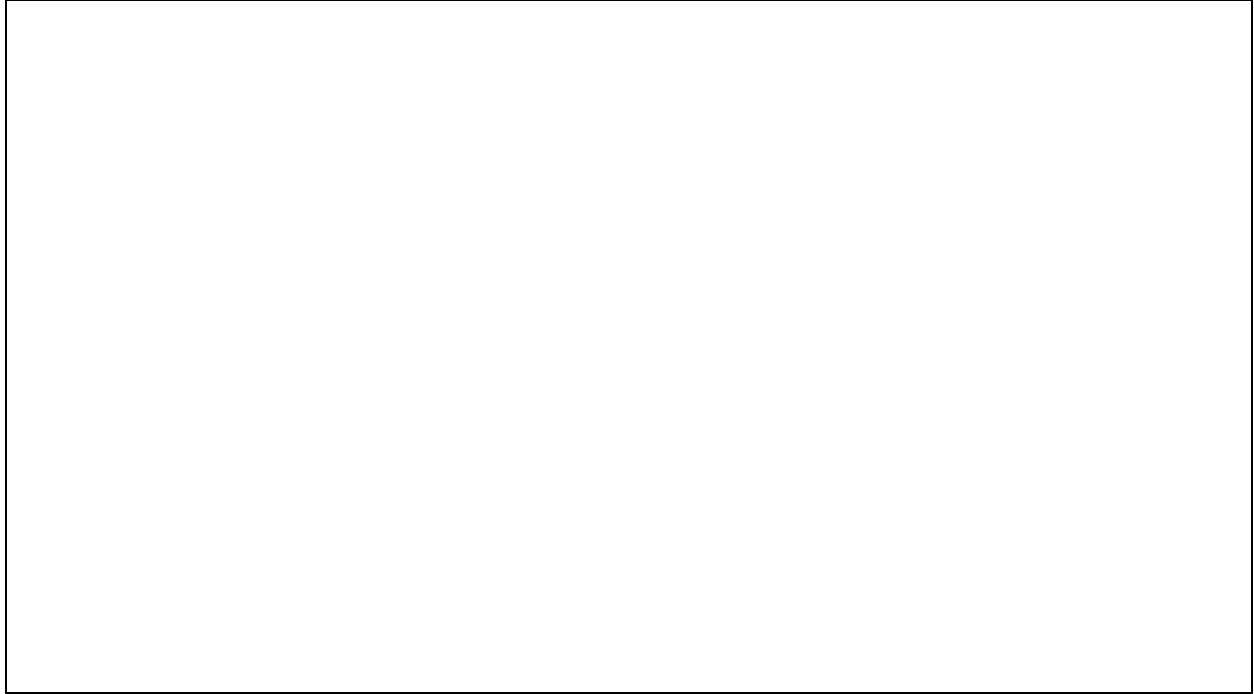
- 4 Way 3 Way 2 Way
- Other _____

Brief Description of the Accident

Accident Diagram

Draw detail sketch of accident on grid below. Show direction and position of vehicles involved. Show number of lanes, traffic control, pedestrians, etc. Use symbols shown below.

Your Vehicle	A	Stop Sign	S	Pedestrian	P
Other Vehicle(s)	1-B, 2- B	Caution Signal	C	Stop Sign	S
Direction	N,S,E, or W	Yield	Y	Railroad	RR



Internal Accident Analysis

(A) Was this accident preventable? _____

(B) What action should have been taken to prevent the accident?

(C) What training needs to happen or what policies need to be implemented so that our company prevents this type of accident in the future?

Supervisors Signature _____

Date _____

Manager Signature _____

Date _____

NOTE: Copy of driver's license must be attached.

Authorization to Obtain Drivers Motor Vehicle Record

I understand that personal information contained in my MVR is protected by state and federal laws.

The information in my driver record must be used only in the normal course of business and only to verify accuracy of personal information.

I hereby authorize that the personal information in my DMV file may be released as requested and at least annually to Valdez City Schools.

Exact name on my drivers license (print clearly)

Address _____

Drivers License Number; _____

State Drivers License Issued. _____

Date of Birth; _____

Social Security Number; _____

My signature _____

Date _____

Annual Vehicle Safety Inspection

Items to be Inspected	Pass	Fail	Correction/Adjustments Needed	Final OK!
<u>Tires (including spare)</u>				
Brakes (Running and Parking)				
<u>Head Lights</u>				
<u>Tail Lights</u>				
Stop Lights				
Back Up Lights/Alarms				
Suspension				
Steering				
Windshield/Windows				
Wipers (front and rear)				
Mirrors (rear and side)				
Horn				
Belts, Hoses, etc.				
Cooling System				
Seat Belts				

Make/Model _____
 Mileage _____

Repair Facility _____
 Address _____

Phone Number _____

Mechanic's Name _____

Mechanic's Signature _____

Date _____

Acknowledgment of Receipt

I have been given a copy of the VCS Vehicle Safety Policy, I have read its contents, and I am aware of the policies, procedures, and rules, as well as my responsibilities, contained therein.

Employee name (print):

Employee signature:

Date: _____

School Copy – Sign and return to your supervisor