

Sample

# **Vehicle safety program**

for small businesses in the construction industry

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## **Company vehicle safety policy**

### **Summary**

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

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

All employees must comply with federal, state and local laws and policies and be “job-ready” when they are on company 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 company business must have a valid drivers license and a satisfactory driving record.

Violations of this policy may result in revocation or restriction of employee authorization to drive a company-owned or private vehicle on company business, reassignment, demotion, 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**

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

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

**Employees** who drive on company business must follow all parts of this policy. They must do a walk around inspection of any vehicle before driving it and they must not use a company vehicle for personal business unless it is approved, in writing by the **appropriate manager**.

When operating company vehicles, employees should remember that their driving habits reflect on all company employees. Company 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 company 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.

### **Safety committee responsibility**

The company safety committee must investigate any incident that involves a company vehicle. The purpose of the investigation is to identify the cause of an incident and to determine how it could have been prevented – not to assess fault.

### **Requirements for new employees**

New employees who drive on company business must read and sign an [MVR consent form](#) that permits **this company** to complete a motor vehicle background check.

The **appropriate manager** will review this vehicle safety policy with each new employee who drives on company business. The employee must watch a vehicle safety video and complete a written test and score at least 80 percent.

### **Requirements for drivers under 21**

Drivers under the age of 21 are prohibited from operating vehicles or trucks that transport hazardous materials.

### **Licensing**

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

### **Use of personal vehicles for company business**

The **appropriate manager** must review and approve use of a personal vehicle for company business.

Employees who drive personal vehicles on company business must provide evidence of automobile liability insurance as required by the state of Oregon. A current certificate or proof of insurance must be kept in the employee's file.

This company does not provide liability insurance for employees who use their own vehicles on company business. Employees who use their personal vehicles on company business are responsible for all liability resulting from use of their vehicles.

Any employee who drives a personal vehicle on company business and who does not maintain insurance coverage on that vehicle will be reassigned to a non-driving position or, if a non-driving position is not available, will be terminated.

### **Motor vehicle record (MVR) review**

The **appropriate manager** will review the driver's MVR annually and score it using the company-developed point classification system 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 or their supervisors 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 or their supervisors must immediately report to the **appropriate manager** all collisions, accidents, or vandalism involving vehicles they use on company business.

If the incident results in injuries or fatalities, employees or their supervisors must report them to the **appropriate manager** immediately after ensuring the injured have or will receive necessary medical treatment.

Employees or their supervisors, must forward copies of all vehicle accident forms to the **appropriate manager**.

Employees involved in vehicle crashes should discuss details of the incident *only* with police officers, appropriate state officials, or representative of the company insurance carrier. Drivers are prohibited from signing or making any statements regarding responsibility for vehicle crashes.

### **Department of Transportation (DOT) regulated vehicles**

Any vehicle traveling across state lines with a gross vehicle weight rating over 10,000 lbs. (including any towed items or actual weight of vehicle and any tows) is subject to DOT regulations. Each driver must have a DOT compliant Driver File maintained in the **Safety Department** before being allowed to drive vehicles within this classification.

In addition to a DOT compliant driver file, any driver of a vehicle with a gross vehicle weight rating (including tows) over 26,000 lbs. (or actual weight of vehicle and any tows) must possess a valid commercial driver's license and be in compliance with DOT regulations.

Any vehicle carrying hazard materials at a level to which placarding is required under DOT regulations (regardless of the vehicle's gross vehicle weight rating or actual weight) must possess a valid CDL license with hazardous materials endorsement.

The **Safety Department** will be responsible for evaluating the applicability of DOT regulations to this company's operations and ensure compliance with those regulations. All drivers of DOT regulated vehicles will have responsibilities beyond those outlined in this policy and will receive additional training and information.

### **Drug testing and MVR checks after incidents involving vehicles**

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

### **Point system for screening employees who have poor driving records**

This company uses a point system to screen employees who have poor driving records.

- **3-5 points:** Employee will receive a letter of reprimand.
- **6-8 points:** Employee will receive a letter of reprimand and be suspended without pay for one day and must successfully complete a driver improvement course.

- **9-11 points:** Employee will receive a letter of reprimand and be suspended without pay for two days and must successfully complete a driver improvement course.
- **12 or more points:** Employee will either be reassigned to a non-driving position if available, or, if a non-driving position is not available, the driver will be terminated. Before reinstatement to a driving position, the employee will be required to successfully complete a driver improvement course and follow the procedures as outlined in the *Re-qualification section* of this policy.

Employees who have 6 or more points in 36 months must successfully complete a driver improvement course within 60 days of notification by the **appropriate manager** and provide a written certificate of completion to the **safety committee**.

Points for vehicle incidents and violations are determined from the **point classification table** below.

**Point classification table**

<b>Incident</b>	<b>Points</b>
Incident was beyond the driver's control	0
Driving aggressively or discourteously	1
Failing to make allowance for adverse light, road, weather, vehicle load or traffic conditions.	1
Operating a vehicle with defective equipment.	1
Failing to properly adjust vehicle mirrors, seat, headrest or sun visor.	1
Failing to secure loose objects inside the vehicle.	1
Failing to heed warning labels of medications.	1
Fatigue, falling asleep at the wheel.	2
Exceeding posted speed limit.	2
Lack of proper type or valid license, or failing to comply with license restriction.	2
Failing to maintain sufficient clearance when operating vehicle.	2
Following too closely (tailgating).	2
Failing to signal intentions.	2
Overloading vehicle or not following operating manual.	2
Operating vehicle in an unsafe manner.	2
Improperly backing the vehicle.	2
Disregarding stop signs or signals.	3
Making an improper turn, lane change or other movement errors.	3
Driving on the wrong side of the road.	3
Failing to yield the right-of-way or other failure to yield error.	3
Committing involuntary manslaughter or criminally negligent homicide.	12
Attempting to elude a law officer, or hit/run.	12
Operating a vehicle while operator's license is suspended or revoked.	12
Operating vehicles under the influence of alcohol or drugs.	12
<b>Total points</b>	

## **Re-qualification for employees who have poor driving records**

Employees who have been reassigned to non-driving positions for poor driving records may re-qualify after 6 months under the following conditions:

- Employees must send a written request to the **appropriate manager** stating why they should be re-qualified. Re-qualification requires the **appropriate manager**'s approval.
- Employees must also complete a driver improvement class which may include remedial and behind-the-wheel training before resuming their driving duties.

## **Pre-trip walk-around inspections**

Employees are responsible for conducting walk-around inspections of their vehicles before driving each day or shift 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 **appropriate manager** immediately. The **appropriate manager** 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.

## **Vehicle service and maintenance intervals**

Vehicle service and maintenance intervals are determined by the vehicle manufacturer. Maintenance will be performed by a qualified auto or truck mechanic. A signed and dated record of all maintenance work must be kept in the vehicle file. Vehicles that are unsafe to drive must be placed out of service until repairs are completed.

## **Records kept on company vehicles**

This company keeps the following records on each company-owned vehicle:

- *Monthly vehicle inspection report.* Identifies damage or defective equipment.
- *Vehicle history report.* Provides a complete history of the costs of maintenance, parts, and labor associated with the vehicles.

All company reports and records are confidential and must not be released to third parties without the consent of the **company president** and the company's attorney.

## **Definitions of terms used in this policy**

**Accident.** An unplanned or unintended incident involving a motor vehicle that results in injury, death, or damage.

**Collision.** An unplanned or unintended incident in which a motor vehicle contacts another vehicle, person, or object.

**Crash.** An incident involving one or more vehicles in motion.

**Incident.** An event that resulted – or could have resulted – in personal harm or property damage.

**Injury.** Physical harm or damage to a person.



**Motor vehicle.** Any licensed mechanically or electrically powered device designed to be operated on public roads and streets.

**Passenger.** Any person in a vehicle other than the driver.

**Preventable incident.** One in which the driver failed to do everything that could have been done to avoid it.

**Remedial training.** Training required following an incident to upgrade and renew skills and demonstrate proficiency.

## **MVR consent form**

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I have reviewed information in the **this company**'s vehicle safety policy, watched the vehicle safety video, and scored at least 80 percent on the written test.

I understand that it is my responsibility to operate company vehicles safely and follow the requirements of the company vehicle safety policy. I also understand that the company will periodically review my motor vehicle record (MVR) and assess my eligibility to drive a motor vehicle on company business.

I authorize **this company** to obtain my MVR. This authorization remains valid as long as I am an employee or employee candidate and may only be rescinded in writing.

**Employee's name (printed):** \_\_\_\_\_

**Driver's license number:** \_\_\_\_\_ **state issued:** \_\_\_\_\_

**Employee's signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Reviewer's signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

## **Mobile phone use agreement**

Employees who use a mobile phone in a company vehicle should remember that their number one priority is obeying the rules of the road. **This company** requires that you do the following when you use a mobile phone when you are driving a company 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 who use hands-free devices may accept calls while driving but must find a safe place to pull off of the road to place calls.

I have read and will comply with this mobile phone use agreement.

*Employee's signature:* \_\_\_\_\_ *date:* \_\_\_\_\_

## Vehicle use agreement

Employee Name: \_\_\_\_\_ License number: \_\_\_\_\_ State issued: \_\_\_\_\_

### Using company-owned vehicles

- Employees and passengers must wear seat belts while the vehicle is in motion.
- The vehicle must be maintained in accord with **this company's** maintenance requirements. 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.
- 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 will notify the company immediately.
- Employees' spouses and children are not allowed to operate company vehicles.
- Hitchhikers are not permitted in company vehicles.
- Employees are responsible for all traffic and parking violations they receive when using company vehicles.
- Modifying or adding accessories to a company 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.

### Using personal vehicles for company business

Authorization to use a personally owned vehicle for company business is permitted under the following conditions:

- Employees and passengers must wear seat belts while the vehicle is in motion.
- Employees must have the appropriate license to operate their vehicles.
- Employees must provide proof of insurance upon hire and each time their policy is renewed or updated.
- Employees must provide a copy of their insurance certificates to their supervisors.
- Employees must notify this company of all vehicle accidents or violations involving vehicles driven on company business.
- This company is authorized to review the driver's MVR annually as long as the driver is a company employee.
- The vehicle owner is responsible for mechanical repairs.
- Employees are not allowed to operate vehicles while under the influence of alcohol, drugs, or other medications that could impair their ability to drive safely.
- Employees must comply with all state and federal laws and regulations at all times.

I have read, understand, and agree to comply with this Vehicle Use agreement.

*Employee's signature:* \_\_\_\_\_ *date:* \_\_\_\_\_

## Vehicle accident report

This report must be completed by a supervisor or manager.

Company name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Driver Information:

Driver's name: \_\_\_\_\_ Job title: \_\_\_\_\_

License number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Reason vehicle was used: \_\_\_\_\_

Used with permission from: \_\_\_\_\_

### Vehicle 1 Information (Insured Driver)

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Does the vehicle require towing? Yes  No

Description of damage: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

### Vehicle 2 Information

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Does the vehicle require towing? Yes  No

Description of damage: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

### Vehicle 3 Information

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Does the vehicle require towing? Yes  No

Description of damage: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

### Vehicle 4 Information

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Does the vehicle require towing? Yes  No

Description of damage: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

**Accident Information**

Accident date: \_\_\_\_\_ and time: \_\_\_\_\_  a.m.  p.m.

Accident location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Purpose of trip**

Pick-up:       Driving to job site:       Returning from job site:   
Delivery:       Personal Time:       Other, please explain: \_\_\_\_\_

**Weather**

Clear:       Cloudy:       Rain:       Snow:       Fog:       Sleet:       Other: \_\_\_\_\_

**Condition of road surface**

Wet:       Dry:       Ice:       Concrete:       Asphalt:   
Gravel:       Uneven:       Other: \_\_\_\_\_

Lanes divided? Yes  No

Traffic control device? Yes  No

Number of hours on duty at time of accident: \_\_\_\_\_

Number of driving hours: \_\_\_\_\_

**Describe how the accident happened:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use a separate page if you need to draw a diagram of accident.*

**Were there any injuries?** Yes  No

## Injury Information

**1. Name of first injured party:** \_\_\_\_\_ Phone: \_\_\_\_\_

Were injuries fatal? Yes  No

Do injuries require treatment away from accident scene? Yes  No

Injured party's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

What vehicle was injured person in?

Vehicle 1  Vehicle 2  Vehicle 3  Vehicle 4  Other  explain: \_\_\_\_\_

Taken to the hospital? Yes  No  Name of hospital: \_\_\_\_\_

Give brief description of injuries: \_\_\_\_\_

**2. Name of second injured party:** \_\_\_\_\_ Phone: \_\_\_\_\_

Were injuries fatal? Yes  No

Do injuries require treatment away from accident scene? Yes  No

Injured party's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

What vehicle was injured person in?

Vehicle 1  Vehicle 2  Vehicle 3  Vehicle 4  Other  explain: \_\_\_\_\_

Taken to the hospital? Yes  No  Name of hospital: \_\_\_\_\_

Give brief description of injuries: \_\_\_\_\_

**3. Name of third injured party:** \_\_\_\_\_ Phone: \_\_\_\_\_

Were injuries fatal? Yes  No

Do injuries require treatment away from accident scene? Yes  No

Injured party's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

What vehicle was injured person in?

Vehicle 1  Vehicle 2  Vehicle 3  Vehicle 4  Other  explain: \_\_\_\_\_

Taken to the hospital? Yes  No  Name of hospital: \_\_\_\_\_

Give brief description of injuries: \_\_\_\_\_

## Other Information

Was there any property damage? Yes  No  If yes, give brief description: \_\_\_\_\_

Property damage address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Were the police called? Yes  No  Did the police respond? Yes  No

Police report #: \_\_\_\_\_ Officer: \_\_\_\_\_

Was a citation issued? Yes  No  If yes, to whom? \_\_\_\_\_

Citation Description: \_\_\_\_\_

Was drug testing administered? Yes  No  Was alcohol testing administered? Yes  No

Chain of Custody No.: \_\_\_\_\_

## Witnesses

**1. First witness name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**2. Second witness name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**3. Third witness name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Person completing form

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

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