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**FLEET SAFETY PROGRAM**

**Prepared for:**

**(INSERT YOUR MUNICIPALITY HERE)**

**Date:**

**Link:**

[https://www.osha.gov/pls/oshaweb/owasrch.search\_form?p\_doc\_type=STANDARDS&p\_toc\_level=0](file:///C:\Users\jsklarow.ALLCOVERED\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\HT66YOMX\Fleet-Safety_JS%20REV-.docx)

**Using this Template**

The following template can be used to help the **(INSERT YOUR MUNICIPALITY HERE)** develop a written Fleet Safety Program. This template cannot be used as is – you must customize the template to meet your needs. We have made this template easier for you to customize by adding visual prompts that identify some areas where your input is needed. These are identified by yellow highlighted, red text in the template. You may also change any of the text in the template to meet your needs – for example, department names, job titles and listed responsibilities and procedures.

*Example:*

<MUNICIPAL/UTILITY NAME>

Fleet Safety Program

becomes:

XYZ Township/Borough

Fleet Safety Program

To remove the colored highlighting from your text, left click and drag your mouse over the yellow text and click on the highlighter button from the font menu. To change the font color to black, select the text and click on the font color button.



To aid you in understanding the need to customize your program, several “Check Your Understanding” text boxes are also included throughout the template. After reading the information in the text box and adding the required information into the template, you may simply right click on the cross arrow box and select “cut.”

**(INSERT YOUR MUNICIPALITY/UTILITY HERE)**

**Fleet Safety Program (Non-DOT)**

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| ***Check Your Understanding.*** Many organizations use vehicles to conduct their daily business. Whether you operate in a Municipality where driving is a major part of your daily activities, or you are a Utility where vehicles are used only to transport tools and employees to work sites, it is critical that a fleet safety program is included in your overall safety program. A comprehensive fleet safety program not only reduces the risk of injuries and fatalities to your employees and the rest of the driving public, but also provides the following additional potential benefits:   |  | | --- | | * Improved driver safety and morale | | * Reduced property damage | | * Reduced accident frequency and associated vehicle repair costs | | * Increased resale value of vehicles | | * Improved community safety | | * Reduced driver downtown, sick pay and turnover | | * Enhanced overall organizational image |   For additional information regarding the development of a fleet safety program, [click here: Fleet Safety LPIM](http://www.emcins.com/guest/default.asp?Category=aweb&Service=LPIM-PDFSpeedbump&Topic=0020). |

**Purpose**

The operation of motor vehicles is a necessary part of the **(INSERT YOUR MUNICIPALITY/UTILITY HERE)** business. The operation of motor vehicles exposes our Municipal/Utility to the risk of loss – through injury to employees or the general public, damage to property and to our Municipal/Utility’s overall reputation. Therefore, as a part of management’s commitment to operate all aspects of the business in a safe and responsible manner, we have created the following Fleet Safety Program.

The purpose of this Fleet Safety Program is to detail the policies and procedures  **(INSERT YOUR MUNICIPALITY/UTILITY HERE)** takes to minimize the frequency and severity of vehicle accidents. All employees are required to follow the procedures outlined in this program. Any deviations from this program must be immediately brought to the attention of the Fleet Safety Program Administrator.

**Scope**

This policy applies to:

* All drivers of **(INSERT YOUR MUNICIPALITY/UTILITY HERE)** owned, leased, rented or borrowed vehicles
* All drivers of non-owned **(INSERT YOUR MUNICIPALITYUTILITY HERE)** vehicles while being operated on **(INSERT YOUR MUNICIPALITY/UTILITY HERE)** business

The Fleet Safety Program Administrator is responsible for the program’s implementation, management and recordkeeping requirements.

**Program Responsibilities**

**Management:**

The management of the **(INSERT YOUR MUNICIPALITY/UTILITY HERE)** is committed to the Fleet Safety Program. Management supports the efforts of the Fleet Safety Program Administrator by pledging financial and leadership support towards the identification and control of hazards related to motor vehicle operation.

**Fleet Safety Program Administrator.**

The Program Administrator reports directly to **(INSERT YOUR INFORMATION HERE)** and is responsible for this program. All driver selection, vehicle maintenance, training and other program components will be coordinated under the direction of the Program Administrator in collaboration with management. The Program Administrator monitors the results of the program to determine needed modifications or additional areas of focus. The Program Administrator also performs the following duties:

* Evaluates applicants to determine if they are eligible to drive our vehicles or other vehicles on Municipal/Utility business
* Authorizes those persons who are allowed to operate vehicles
* Oversees annual review of MVRs
* Ensures vehicles are maintained in safe condition
* Develops and enforces fleet safety rules and policies
* Define policy regarding use of personal vehicle on municipal business
* Investigates all vehicle accidents and recommends any necessary corrective actions
* Ensures that a supervisor’s incident report is completed and submitted
* Coordinates driver training programs
* Annually reviews this written program and makes any changes needed. Documents the annual review on the proper forms (found in **Appendix A)** and submits the report to upper management

**Employees.**

Every employee of (INSERT YOUR MUNICIPALITY/UTILITY HERE)is responsible for conducting himself/herself in accordance with this program. Employee involvement is an essential element to the success of our fleet safety efforts. Employees may be solicited for their input regarding vehicle selection, safety features, training programs and other topics related to this program.

**Driver Selection**

(INSERT YOUR MUNICIPALITY HERE)will check the driving history of all applicants through the use of a Motor Vehicle Record (MVR) before they are granted driving privileges and obtain an updated MVR for all approved drivers annually thereafter. A driver list is maintained and updated annually, including the last date of an MVR for each driver. The approved drivers' list will be recorded on the proper form found in **Appendix B** and maintained by the Program Administrator.

Employees will be prohibited from operating vehicles on Municipal/Utility business under any of the following conditions:

* Employee does not have a valid driver’s license, or the license has been suspended or revoked
* Employee does not have at least one year of verifiable driving experience.
* Employee’s MVR indicates more than two at-fault accidents, or three moving violations, or two moving violations plus one at-fault accident in the past three years<Suggested >*modify to reflect your current policy*
* Employee’s MVR indicates any one of the following major violations within the past five years:
* Driving under the influence
* Reckless driving/speed contests
* Hit and run
* Vehicular manslaughter/homicide
* Leaving the scene of an accident
* Fleeing/eluding a police officer
* Passing a stopped school bus
* Speeding 15 or more miles over the speed limit
* Refusing a drug/alcohol test
* Operating with a suspended or revoked license
* Employee has tested positive in an alcohol or drug test while in our employment
* <enter any additional driver selection criteria used by your organization>

**Authorized Vehicle Use**

The Program Administrator determines who is authorized to operate vehicles on Municipal/Utility business. No employee or nonemployee (for example, an employee’s spouse or child) is allowed to operate a Municipal/Utility vehicle, or their own vehicle on Municipal/Utility business, unless the Program Administrator has authorized that person to drive. Before any non-employee is permitted to use a Municipal/Utility vehicle, he or she must meet the same qualifications as those for employees. Use of Municipal/Utility vehicles by employees and nonemployees under the age of 18 is prohibited.

**Vehicle Maintenance**

To extend the useful life of vehicles, regular inspections and maintenance will be completed on all Municipal/Utility owned and operated vehicles per the manufacturer’s recommendations. If during an inspection any of the items are found deficient, the vehicle will be removed from service until it can be repaired or replaced. All problems must be promptly reported to the Program Administrator. Each driver will inspect the vehicle before each use. The inspection will consist of all items listed in the Vehicle Self-Inspection Report (form located in **Appendix C**). All vehicle Self-Inspection Reports will be submitted to the Program Administrator within one business day.

In states that require emissions testing, all vehicles will comply with the state’s requirements.

**Driver Safety Rules**

All motor vehicle operators must obey all state laws and posted signs when operating vehicles. In addition, the following rules must be followed at all times.

**Cell Phones and Other Distractions.**

The use of handheld or hands-free cell phones, or other devices that take attention away from the driving task, are prohibited when driving Municipal/Utility vehicles. Passengers may use devices only if the use will not be distracting to the driver. Cell phone calls should be made prior to or at the completion of a trip. If a call must be made during a trip, drivers must pull into a safe location and stop before making the call. If the driver receives an incoming call while driving, they must allow the call to go to voicemail and return the call when stopped in a safe location.

**Police** – Officers on duty will restrict Phone use to department related calls or calls directly pertaining to law enforcement issues.

Eating while driving is prohibited. Non-alcoholic drinks may be consumed with great discretion and only in situations where driving hazards are minimal (i.e., not in traffic, through road construction, etc.)

**Seat Belts.**

Seat belts must be properly worn by all drivers and passengers while the vehicle is in operation. Children being transported must remain properly secured in a child safety seat or booster seat according to state law.

**Fatigued Driving & Driving Under the Influence.**

Drivers will not operate a motor vehicle at any time when his/her ability is impaired, affected or influenced by alcohol, illegal drugs, medication, illness, fatigue or injury.

**Severe Weather.**

Extreme caution must be exercised when driving in severe weather conditions. If a driver has any doubt about the safety of travel, they must contact their supervisor or the Program Administrator for guidance.

**Radar Detectors.**

The use of radar detectors or any other device with the purpose of detecting or interfering with police radar is prohibited.

**Glass.**

Damaged glass should be reported immediately to the Program Administrator. To reduce windshield damage, drivers will:

* Keep a safe distance between vehicles, especially on gravel roads
* Use clean, greaseless, dry cloths to wipe the windshield
* Replace worn wiper blades as soon as they begin to streak
* Use plastic or rubber ice scrapers, never metal

**Towing.** Only vehicles specifically approved for towing by the Program Administrator may be used to tow trailers of any size or type.

<Enter any additional driver safety rules used by your organization>

**Traffic Violations and Citations**

Drivers are responsible for all citations received. Traffic citations must be reported to the Program Administrator as soon as possible. The Program Administrator 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 Municipal/Utility owned vehicle, loss of driving privileges may result in termination.

**Vehicle Accident Investigation.**

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 Program Administrator as soon as reasonably possible. The Program Administrator will determine accident preventability and the proper course of disciplinary action that might be necessary. The Program Administrator will also determine if additional training is needed to prevent similar accidents from occurring in the future. Trends in types of accidents 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.

If you are involved in an accident, perform the following steps:

* Stop your vehicle and protect the scene. You do not want a secondary accident to occur.
* Call for medical assistance and assist any injured people, if necessary.
* Call the police and the Program Administrator or supervisor as soon as possible.
* Locate any witnesses and get important information from them. If possible, get names, addresses and phone numbers.
* Exchange pertinent information with other drivers.
* Take photos of the accident.
* Fill out a vehicle accident report form and send it to the Program Administrator (forms are in **Appendix D**).

When in an accident, drivers must:

* Never admit fault or apologize. Apologies could be interpreted as an admission of fault.
* Never argue with other drivers or witnesses.
* Never argue with the police.
* Never make a statement to the media. Refer them to the Program Administrator.
* Never discuss details of the incident with anyone except a representative of (INSERT YOUR MUNICIPALITY/UTILITY HERE) or the police.
* Report every accident no matter how small to the Program Administrator.

Vehicle Accident Report forms must be kept in each vehicle for use after an accident. If the vehicle you are driving does not have a Vehicle Accident Report form in it, contact the Program Administrator.

**Driver Training.**

Upon initial assignment of driving privileges, each driver will be required to attend a training session that outlines the rules and procedures in our Fleet Safety Program. Ongoing training will be offered to all drivers, at least annually, to ensure they are kept up-to-date with defensive driving techniques and changes to the policies and program. Driver ride-a-longs may also be conducted upon initial hire and periodically thereafter as deemed appropriate by the Program Administrator. Training and retraining will be documented by the Program Administrator (Training Record/Certification forms are in (**Appendix E**).

**Periodic Program Review**

At least annually, the Program Administrator will conduct a program review to assess the progress and success of the Fleet Safety Program. The review will consider the following:

* Evaluation of all training programs and records
* The frequency and severity of vehicle accidents during the previous year
* The need for changes to the Fleet Safety Program, based on evaluation of the program and results
* The need for changes to the driver selection/disqualification criteria

**Record Retention**

All records will be retained for XX years.<*Refer to Public record retention requirements*>

**Revision History**

<Revision XX – March 2012>

**Appendix A – Annual Evaluation Report**

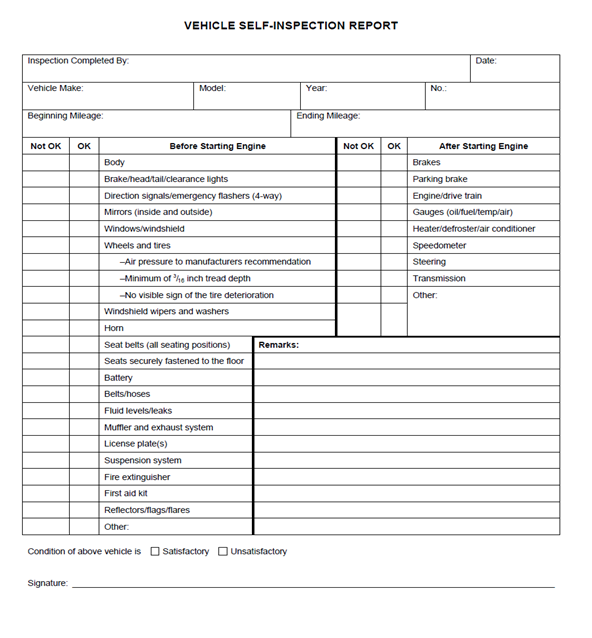
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| --- | --- |
| Date of Evaluation: | Evaluated by (list all present): |
| Written Program Reviewed: Yes No | |
| Comments on Written Program: | |
| Do vehicle accident records indicate a need for additional employee training on the program? Yes No | |
| The following content was added/modified/removed from the written program: | |
| Comments: | |

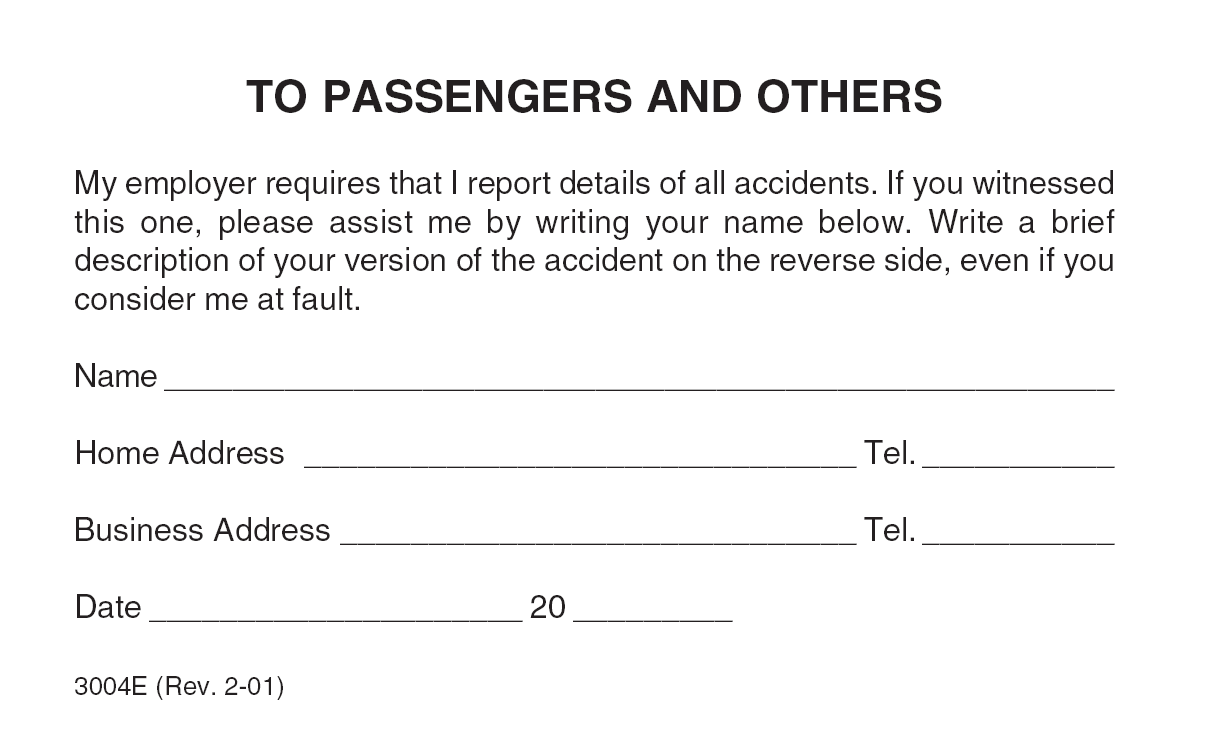
**Appendix B – Driver List**

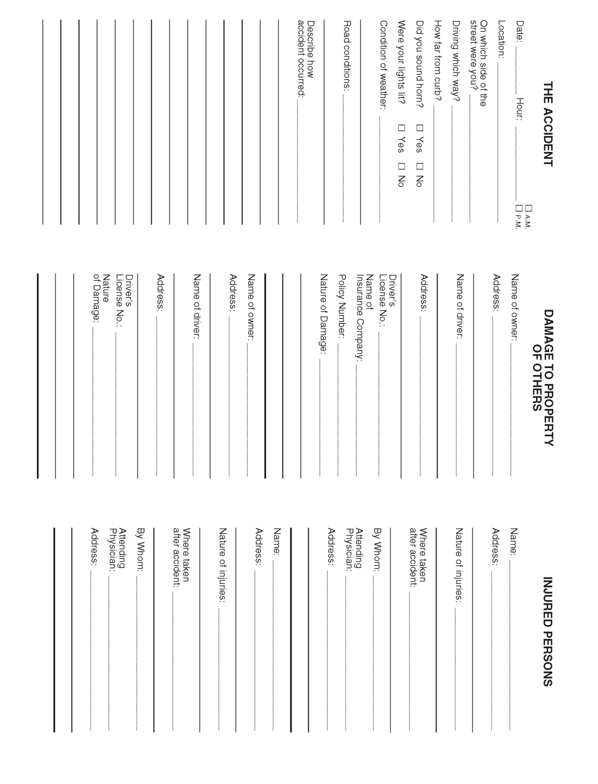
Those listed below have been authorized to operate motor vehicles on Municipal/Utility business and have received instruction regarding the (INSERT YOUR MUNICIPALITY/UTILITY HERE) Fleet Safety Program.

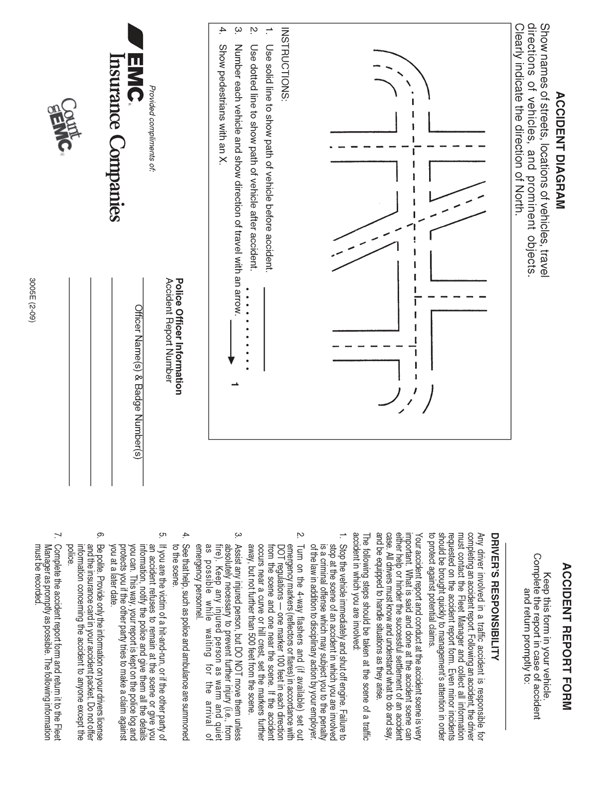
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| Employee Name | Date of Last MVR Check |
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**Appendix C – Vehicle Self-Inspection Report**



**Appendix D – Vehicle Accident Report**



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**Appendix E – Training Record/Certification for Fleet Safety Program**

This is to certify that the undersigned received training in accordance with the (INSERT YOUR MUNICIPALITY/UTILITY HERE) Fleet Safety Program.

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| --- | --- |
| Print Instructor’s Name |  |
| Instructor's Signature |  |
| Instructor’s Title |  |
| Date of Training |  |