

SAFE DRIVER AND VEHICLE OPERATIONS PROCEDURES



Housing Opportunities Commission
Montgomery County, Maryland

Updated: April 2015

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Safe Driver and Vehicle Operations Procedures

I. Purpose

To establish procedures for individuals who operate motor vehicles for the Housing Opportunities Commission.

II. Scope

These Procedures establish standards and guidelines for employees and volunteers who operate motor vehicles in the course of their HOC activities. The Procedures inform drivers of their duty to act responsibly, comply with all traffic laws, and safely operate vehicles in the course of business. The Procedures detail requirements for operation of agency-owned and personal vehicles in a safe and roadworthy condition to ensure the maximum safety of the driver, passengers, and other road users at all times. Violation of these Procedures, in full or in part, is grounds for disciplinary action up to and including termination and may include action to recover costs for damage to agency property.

III. Definitions

- A. Agency or HOC: Housing Opportunities Commission of Montgomery County;
- B. Agency Vehicle: a vehicle that is owned, leased, or rented by the Housing Opportunities Commission;
- C. Employee: a Career, Term, Executive Leadership Service, or temporary employee of the Housing Opportunities Commission;
- D. Fleet Administrator: the Scattered Site Operations Manager;
- E. Personal Vehicle: a car or truck not registered to HOC that is provided by an Employee or Registered Volunteer in order to carry out their HOC assigned duties or activities;
- F. Personal Vehicle Operator: an Employee or Registered Volunteer who operates a Personal Vehicle to carry out their HOC assigned duties or activities;
- G. Registered Volunteer: an individual other than an Employee who provides services to HOC without compensation and who registers their volunteer status with HOC.

IV. Authorization to Drive

A. Agency Vehicles:

1. Agency Vehicles may only be driven by an Employee or a Registered Volunteer.
2. Contractors, vendors, and clients are not permitted to drive Agency Vehicles.
3. Prior to driving an Agency Vehicle, an Employee or Registered Volunteer must give HOC authorization to pull driving records.

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4. Employees and Registered Volunteers will not operate Agency Vehicles outside of Montgomery County unless prior approval is granted by their supervisor.
5. Agency Vehicles may not be taken home by an Employee or Registered Volunteer unless they are on call or have the approval of the Executive Director.

B. Personal Vehicles:

Personal Vehicle Operators whose HOC duties require operation of a Personal Vehicle will be authorized to operate their Personal Vehicle to carry out their HOC assigned duties after they have submitted driver's license and received authorization from HOC.

V. Code of Conduct

- A. All individuals who operate Agency Vehicles and all Personal Vehicle Operators while carrying out their HOC assigned duties are required to:
 1. Maintain a valid driver's license issued by the state or jurisdiction in which they maintain their primary residence;
 2. Obey all traffic laws;
 3. Be responsible and accountable for their actions when operating a vehicle;
 4. Display professional courtesy when operating a vehicle;
 5. Wear a seat belt at all times and ensure that all passengers wear seat belts.
 6. Hold a current insurance policy on their personal vehicle.
- B. All individuals who operate Agency Vehicles and all Personal Vehicle Operators while carrying out their HOC assigned duties are prohibited from:
 1. Operating a vehicle while under the influence of alcohol, controlled substances, or any drug that impairs driving ability;
 2. Transporting an open container of alcohol, illegal drugs, or controlled substances;
 3. Using a cell phone, other than a hands free cell phone, while driving.
- C. Smoking is prohibited at all times while utilizing, operating, or riding in an Agency Vehicle. This provision applies regardless of whether other individuals are in the vehicle at the time.
- D. Vehicle Idling Policy and Guidelines for Seasonal Idling:
 1. HOC's agency vehicles will not be parked with the engine running unless it is essential for performance of work. Exceptions in accordance with the

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HOC idle duration chart. During an initial engine warm-up period and during periods of extreme cold or hot weather. If engines must be left operating for any reason, the operator shall remain with the vehicle.

2. Guidelines for Seasonal Idling Durations: Due to the diverse inventory of vehicles and equipment, please follow the attached idle duration chart that applies to specific fleet items within your operation.

VI. Licensing Standards

- A.** All Employees and Registered Volunteers who operate an Agency Vehicle are required to maintain a valid driver's license and Medical Examiners Certificate appropriate for the class of vehicle they operate.
- B.** All HOC position descriptions shall define if the duties of the position require operation of a motor vehicle, what class of vehicle is operated, and whether the vehicle is an Agency Vehicle or a Personal Vehicle.
- C.** Upon acceptance of employment with HOC, all Employees whose job duties require operation of motor vehicles must:
 1. Provide Human Resources authorization to pull operators driving record.
 2. Obtain a Medical Examiners Certificate (if required) for the class of vehicle that the Employee will operate and provide a copy of the Medical Examiners Certificate to Human Resources for inclusion in the Employee's personnel file.
- D.** Registered Volunteers whose HOC activities require operation of motor vehicles must provide Human Resources authorization to pull your driving record. This provision applies whether the Registered Volunteer will operate an Agency Vehicle or Personal Vehicle.
- E.** It is the responsibility of each Employee and Registered Volunteer whose HOC activities require operation of motor vehicles to notify their supervisor, within one business day, of any of the following changes or restrictions that have been imposed on their state or District of Columbia authorized driving privileges. If it is found that an Employee has failed to report changes in license status, the Employee will be subject to administrative action up to and including termination. The following changes must be reported:
 1. Any medical condition which must be disclosed to the individual's licensing authority;
 2. Restrictions, suspensions, and/or revocations of driver's license.
- F.** On an annual basis, HOC will pull and review your driving record and will also:
 1. Provide a copy of a valid Medical Examiners Certificate if required for the class of vehicle they operate.

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- G. Occasional or incidental use of Personal Vehicles by Employees, Registered Volunteers, and other individuals: HOC will not verify driver's license, registration, or insurance status for individuals who use their Personal Vehicle to carry out their HOC activities if their usage is only occasional or incidental and if their position description does not require operation of a motor vehicle. HOC does expect and require that they adhere to all relevant laws and regulations while operating their Personal Vehicle in conjunction with an HOC activity.

VII. Insurance

- A. Agency Vehicles are insured through the Montgomery County Self-Insurance Fund. Insurance claims must be coordinated through the HOC Procurement Office, in accordance with Incident/Accident reporting guidelines.
- B. Personal Vehicle Operators must maintain insurance coverage for their Personal Vehicle. Insurance verification may be requested periodically in conjunction with the Annual Performance Review or when deemed necessary by the Agency. Personal Vehicle Operators must notify their supervisor immediately of all restrictions, suspensions, or cancellations of their insurance coverage.
- C. Employees who are Personal Vehicle Operators are eligible for an automobile insurance coverage allowance. All Employees who regularly operate a Personal Vehicle in the performance of their duties are encouraged to claim work mileage as part of their insurance and maintain adequate insurance coverage. Daily commuting to and from work is not an activity eligible for the insurance coverage allowance.
- D. In the event of an accident involving a Personal Vehicle, the insurance policy maintained by the Personal Vehicle Operator is primary. Passengers must file claims with the Personal Vehicle Operator's insurer if they are injured. Personal Vehicle Operators will be provided excess liability coverage from the County's self insurance fund only after their personal primary insurance limits have been exhausted.

VIII. Moving Violations and Motor Vehicle Accidents

- A. Employees and Registered Volunteers who operate an Agency Vehicle or Personal Vehicle are responsible for ensuring that the following documents are in the glove compartment of the vehicle:
 - 1. Vehicle Registration,
 - 2. Proof of Insurance,
 - 3. Motor Vehicle Accident Notice, and
 - 4. Incident/Accident Report.

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- B. If an auto accident occurs involving an Agency Vehicle or a Personal Vehicle while conducting HOC business, the operator must:
 - 1. Contact the police immediately,
 - 2. Contact his or her supervisor immediately,
 - 3. Contact Human Resources immediately (240) 773-9006,
 - 4. Complete the *Motor Vehicle Accident Notice* and the *Incident/ Accident Report* and submit to the appropriate staff (as indicated on the Report) within one business day, and
 - 5. Obtain the names, addresses, phone numbers, insurance information, and license numbers of the other driver(s) involved in the accident.
- C. If an auto accident occurs involving an Agency Vehicle or a Personal Vehicle while conducting HOC business, the operator is prohibited from signing or making any statements regarding liability or fault. The operator should only describe the accident to the police, their supervisor, HOC's insurance adjuster, and HOC's attorney.
- D. In accordance with HOC's Alcohol and Drug Testing Guidelines, an Employee may be required to submit to a drug/alcohol test following an accident.
- E. An Employee is required to submit to a drug/alcohol/sobriety test when requested by a police officer.
- F. An Employee or Registered Volunteer is financially responsible for all citations they receive while operating a motor vehicle in conjunction with their HOC activities. The Employee or Registered Volunteer is required to pay the citation within 14 days of receiving notice of the citation.
- G. An Employee or Registered Volunteer may be held liable and financially responsible for accidents or property damage that occurs while they are operating a motor vehicle in conjunction with their HOC activities.

IX. Personal Use of Agency Vehicles

Use of an Agency Vehicle for activities not related to an assigned HOC activity is prohibited. All Employees and Registered Volunteers are prohibited from using the Agency Vehicle for transportation to or from an activity that is not part of their HOC duties. Violation of this policy by an Employee may result in disciplinary action up to and including termination. HOC reserves the right to charge back to the Employee costs associated with unauthorized personal use of an Agency Vehicle at the mileage reimbursement rate currently in effect.

Exception: An Employee who is assigned On Call duty and who leaves their own vehicle at an HOC facility and takes an Agency Vehicle to carry out their On Call assignment may use the Agency Vehicle for non-HOC activities. Such personal use is discouraged but is permissible with the following limitations:

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- The Employee may use the Agency Vehicle for necessary personal travel in the vicinity of their primary residence if they do not have access to another vehicle. The Employee may carry family members as passengers when alternative means of transportation are not practical. Out of town travel or other extensive personal use of the Agency Vehicle is prohibited.
- The Employee is required to maintain a record of the starting and ending mileage and the purpose of each trip using the Agency Vehicle.
- HOC reserves the right to charge the non-HOC activity mileage back to the Employee at the mileage reimbursement rate currently in effect.

X. Transportation of Passengers

A. Agency Vehicles

1. Individuals not employed by HOC are not permitted to ride in an HOC trades maintenance vehicle or any other Agency Vehicle that is normally used for cargo or maintenance purposes.
2. The Agency maintains passenger vehicles for the transportation of those persons associated with, but not employed by the Agency. Use of Agency Vehicles to transport passengers to non-Agency sponsored activities is expressly prohibited.
3. In the event of an activity which requires the transportation of children or youth under the age of 18 to an Agency-sponsored event in an Agency Vehicle, the driver is responsible for ensuring that the following precautions are followed:
 - a. Written consent for both the event and the transportation arrangements must be given by the appropriate Division Director or his or her designee prior to the activity.
 - b. No more than fifteen (15) people (including the driver) are permitted in a fifteen passenger van at any time. The number of people in any Agency Vehicle must not exceed the number of seat belts in that vehicle.
 - c. Children are not permitted to sit in the front passenger seat. A youth intern may ride in the front seat at the driver's discretion, only if the driver deems it necessary.
 - d. Seatbelts must be worn at all times. No person may occupy a seat with a defective seatbelt. Report all seatbelt problems immediately to the Fleet Administrator.
 - e. Children must remain upright, face forward, and keep arms and legs inside the vehicle at all times.

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- f. No child, including a youth intern, may sit in the vehicle without an adult supervisor.
- g. Emergency Contact Information sheets must be completed for each child and carried in the vehicle.
- h. County law prohibits passengers from remaining in an Agency Vehicle when fueling at a County Facility. Therefore, vehicles must be fueled before picking up or after dropping off passengers.
- i. Children and adults are prohibited from smoking, eating or drinking in an Agency Vehicle.
- j. A fully stocked emergency First Aid Kit must be in the Agency Vehicle.
- k. A cellular phone must be in the Agency Vehicle and used in accordance with HOC policies.

B. Personal Vehicles

Personal Vehicle Operators may transport HOC clients and other individuals in their Personal Vehicles when that transport is associated with an HOC activity.

XI. Vehicle Maintenance / Repairs

A. Personal Vehicle Operators

Personal Vehicle Operators are required to maintain their Personal Vehicle in a safe and road worthy condition at all times.

B. Agency Vehicles

1. It is the responsibility of the assigned operator of each Agency Vehicle to maintain the vehicle, which includes:
 - keeping it clean inside and out,
 - making it available for regularly scheduled maintenance appointments,
 - Immediately reporting all safety or maintenance issues to their supervisor and to the Fleet Administrator.
2. All operators of Agency Vehicles and Personal Vehicle Operators must use the vehicle log or mileage reporting procedure that is established by the appropriate Division Director.
3. The Fleet Administrator will notify operators and their supervisors of the maintenance schedule for all Agency Vehicles. The semi-annual schedule for vehicles serviced at Seven Locks, Crabbs Branch, and for emissions inspections will be posted at the East Deer Park office and sent to all other staff who maintain Agency Vehicles. The Fleet Administrator will send notices to all supervisors at the end of each month for Preventative Maintenance appointments scheduled for the following month. It is the

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responsibility of the assigned operator and their supervisor to insure that the vehicle arrives at the service location for all scheduled appointments.

4. All maintenance and repairs must be scheduled through the Fleet Administrator. In the event that emergency repair work is necessary prior to the next scheduled Preventative Maintenance appointment, the Fleet Administrator must be contacted and apprised of the nature of the problems with the vehicle. The Fleet Administrator will make arrangements for emergency maintenance service to be performed.
5. A Vehicle Repair Request form must be completed for all maintenance and repair work. The forms are available at the service site or may be obtained from the Fleet Administrator.
6. The parking location of each Agency Vehicle when not in use must be approved by the appropriate Division Director. This approved location list shall be forwarded to the Fleet Administrator.

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APPENDICES

1. Repair Request Instructions
2. Vehicle Repair Request
3. Montgomery County Fuel Sites
4. Emergency Vehicle Telephone Contacts
5. Emergency Contact Sheet
6. Parent Permission Form
7. Request to Operate an Agency Vehicle Outside of
Montgomery County
8. Motor Vehicle Accident Notice
9. HOC Idle Duration Chart

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REPAIR REQUEST INSTRUCTIONS

The “Vehicle Repair Request” form (see sample on next page) needs to be filled out each time you take your vehicle in for service. Forms are available at the service site as well as from the Fleet Administrator.

- a. Complete all appropriate areas on the form.
- b. Stock Number is located on your vehicle, i.e., 99-6159, which is the year of your vehicle and the number assigned to it at time of purchase.
- c. Check off the type of service required, i.e., Scheduled PM, etc.

All services are provided at the service locations, i.e., wiper blades, headlights, tires, emission test, brakes, tire alignments, lube, etc.

NOTE: Accident or vehicle damage will NOT be performed without proper documentation, i.e., Accident/Incident Report (available on HOC’s Intranet or from the Fleet Administrator). A copy of the Accident/Incident Report must be given to the Fleet Administrator and the Procurement Officer. This allows for insurance and service requirements to be satisfied.

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.....
VEHICLE REPAIR REQUEST

_____ IN
STOCK # _____ TAG # _____ DIVISION # _____ DATE OF REQUEST _____
VEHICLE OPERATOR _____ TELEPHONE NO. _____
DIVISION HOC YEAR _____ MAKE _____ MODEL _____ COLOR _____
_____ SCHEDULED PM MILEAGE _____
_____ ACCIDENT/VEHICLE DAMAGE Circle mileage if over 100,000
_____ NON-SCHEDULED CORRECTIVE MAINTENANCE OTHER _____
_____ RE-WORK – Check each item if applicable _____
• Repairs completed in this shop within the past 90 days. SIGNATURE _____

DESCRIPTION:
1. _____
2. _____
3. _____
4. _____
5. _____

(USE REVERSE SIDE IF NECESSARY)

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MONTGOMERY COUNTY FUEL SITES

<u>SITE NO.</u>	<u>FUEL TYPE</u>	<u>LOCATION NAME</u>	<u>ADDRESS/ TELEPHONE</u>
01	Unleaded, Diesel	Gaithersburg Highway Maintenance	16640 Crabbs Branch Way Rockville, MD 20855
02	Diesel	Silver Spring (8) Buses ONLY	8710 Brookeville Road Silver Spring, MD 20910
03	Diesel	Silver Spring (A) Highway Maintenance	8710 Brookeville Road Silver Spring, MD 20910
04	Diesel Unleaded	Seven Locks (DEH Repair Shop)	1283 Seven Locks Road Rockville, MD 20854
06	Diesel Unleaded	Colesville Highway Maintenance	14335 Cape May Road Silver Spring, MD 20904
07	Unleaded	Rockville (COB Pool)	100 Maryland Avenue Rockville, MD
08	Diesel Unleaded	Damascus Highway Maintenance	Ridge Road Damascus, MD 20872
09	Unleaded	Poolesville Highway Maintenance	Jerusalem Rd. Poolesville, MD 20837
10	Diesel	EMOC (BUSES ONLY)	16630 Crabbs Branch Way Rockville, MD 20855
13	Diesel Unleaded	Germantown Police Station	20000 Aircraft Drive Germantown, MD 20874

NOTE: Please contact the Fleet Administrator regarding any problems fueling HOC Vehicles.

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EMERGENCY VEHICLE TELEPHONE CONTACTS

(FOR VEHICLE MAINTENANCE)

Crabbs Branch **5:30 A.M. to 9:30 P.M.**

Services: Towing, Tire Repairs*, 240-777-5751
Emergency Services
Address

** Contractor will repair tires at vehicle location*

Seven Locks **5:00 A.M. to Midnight**

Services: Towing, Tire Repairs*, 301-279-1486 - Service Desk
Emergency Services
Address

**Vehicle must be towed into shop for replacement of tires.*

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EMERGENCY CONTACT SHEET

(FOR HOC YOUTH PARTICIPANTS)

Participant's Name: _____

Address: _____

Home Telephone: _____

Name of Parent or Legal Guardian: _____

Daytime Telephone: _____

Evening Telephone: _____

First person to contact in case of an emergency: _____

Telephone Number: _____

Second person to contact in case of an emergency: _____

Telephone Number: _____

Physician's Name: _____

Physician's Telephone: _____

Hospital Preference: _____

Allergies or other medical conditions that may require special attention:

I hereby give permission for my child to receive medical treatment in case of emergency.

Signature of parent or legal guardian: _____

Date: _____

Print name and relationship to child: _____

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PARENT PERMISSION FORM

(FOR HOC YOUTH PARTICIPANTS)

I give permission for my child _____
to participate in youth programs with the Housing Opportunities Commission.
I understand that my child will be participating in programs at the Family Resource
Centers and/or attending programs and field trips that take place off HOC properties,
and transportation for these activities will be provided.

The Housing Opportunities Commission assumes no liability for injury or
damages arising as the result of my child's participation. I hereby approve my child's
participation in HOC programs and consent to emergency treatment for my child on my
behalf. To the best of my knowledge there are no physical or other conditions which will
interfere with my child's participation.

Further, I hereby authorize the use of my child's picture and name by the
Housing Opportunities Commission in connection with its community relations efforts.
I expressly release the Housing Opportunities Commission from any and all liability,
claims or obligations which may arise out of the use of such information.

Parent/Guardian's Signature: _____

Date: _____

Print name and relationship to child: _____

Driver's Initial _____

**Request for Approval to Operate an HOC Agency Vehicle Outside of
Montgomery County**

HOC's Safe Driver and Vehicle Operations Procedures prohibit an Employee or Registered Volunteer from operating an Agency Vehicle outside of Montgomery County without prior written approval by their supervisor.

Name of the driver requesting the trip(s):

Date(s) of the trip(s):

Please describe where you plan to take the Agency Vehicle:

The purpose of the trip is:

In addition to myself, the following people will be passengers in the vehicle:

Driver's Signature:

Date:

This request must be forwarded to your supervisor for their approval.

Supervisor's name

Signature

Date

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INSURED BY MONTGOMERY COUNTY
MARYLAND INTERAGENCY SELF INSURANCE FUND

- MONTGOMERY COUNTY GOVERNMENT
101 MONROE STREET, ROCKVILLE, MD 20850 - Phone 251-7240
- MONTGOMERY COUNTY PUBLIC SCHOOLS
850 HUNGERFORD DRIVE, ROCKVILLE, MD 20850 - Phone 279-3611
- MONTGOMERY COLLEGE
900 HUNGERFORD DRIVE, ROCKVILLE, MD 20850 - Phone 279-6267
- MARYLAND NATIONAL CAPITAL PARK & PLANNING COMMISSION
6609 RIGGS ROAD, HYATTSVILLE, MD 20782 - Phone 853-3300
- OTHER _____

- MOTOR VEHICLE ACCIDENT NOTICE
- LIABILITY ACCIDENT NOTICE
(NOT MOTOR VEHICLE)

LOCATION CODE _____

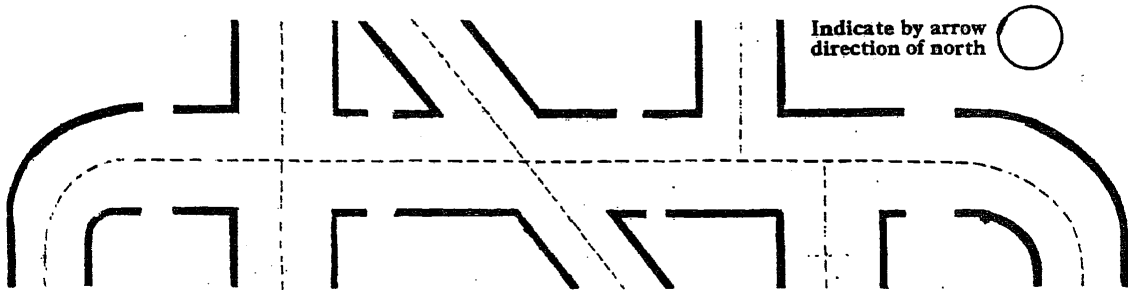
(Do Not Write In This Space)

INSURED	Department & Address											
	Supervisor of Driver					Phone		Officer's Name				
ACCIDENT DESCRIPTION	Date & Time of Accident or Loss			Location of Accident (including city & state)			Police Station Responding					
	Description of Accident or Loss (Use reverse, if necessary) Be Specific!											
INSURED VEHICLE	Year, Make, Model			Stock No.			License No. and State		Is Vehicle Leased?			
	If Leased - Owner			If Leased - Address			Phone					
	Name of Driver			Age	Address			Phone				
	Relation to Insured (Employee, Volunteer, etc.)			Take Home?	Not Take Home?	Purpose of Use		Used With Permission <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Describe Damage			Repair Estimate		Where can Car be Seen?						
CLAIMANT PROPERTY DAMAGE	Owner			Address				Phone				
	Other Driver (Check if same as owner) Same			Address				Phone				
	Describe Property (If auto, Make, Year, Plate No.)			Other Car or Property Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	Company or Agency Name & Policy No.							
	Describe Damage			Repair Estimate		Where can Car be Seen?						
INJURED	Name (include all injured passengers)		Address		Phone		Extent of injury		Age	Insured Vehicle	Other Vehicle	Ped.
	Doctor or Hospital			Address								
	Name (include all injured passengers)		Address		Phone		Extent of Injury		Age	Insured Vehicle	Other Vehicle	Ped.
	Doctor or Hospital			Address								
CLAIMANT	Occupation			Employed By			Relation to Insured (Employer, Family, etc.)					
	Probable Disability Weeks	Returned to Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Why on Premises?			Insured Vehicle	Other Vehicle	Other				
WITNESS	Name (include all uninjured passengers)		Address		Phone							
	Remarks											
Date		Reported By			Reported To		Signature (Producer, Insured, or Driver)					

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Description Of Accident (Cont'd)			
Road & Weather Conditions	Weather	Road	Road Character
	<input type="checkbox"/> Clear <input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> Fog	<input type="checkbox"/> Dry <input type="checkbox"/> Snowy <input type="checkbox"/> Wet <input type="checkbox"/> Icy	<input type="checkbox"/> Straight and Level <input type="checkbox"/> Straight with Grade <input type="checkbox"/> Straight at Crest of Hill <input type="checkbox"/> Curve and Level <input type="checkbox"/> Curve with Grade <input type="checkbox"/> Curve of Crest of Hill

Complete the Following Diagram Showing Direction and Positions of Automobiles Involved, Designating Clearly Point of Contact.



Instructions:

Use solid line to show path of vehicle before accident, dotted line after accident

- A My Car G Third Car Stop Sign Give names of streets
- B Other Car Pedestrian Stop Light ++++++ railroad

Damage To Property Of Others (Cont'd)	Owner and Address	Phone
	Other Driver and Address	Phone
	List Damage	Estimated Cost of Repairs
	If Automobile, Make and Year	License No. and State
	Was Other Car Insured? Name of Company and Policy No.	

Persons Injured (Cont'd)	Name of Injured	Address	Passenger		Ped.	Age and Extent of Injuries
			Inj'd's Car	Other Car		
3	Doctor or Hospital	Address				
	Name of Injured	Address				
4	Doctor or Hospital	Address				
	Name of Injured	Address				

EMPLOYEE(S) USED: YES NO IF OTHER SAFETY DEVICES USED

SEAT BELTS DESCRIBE _____

SHOULDER HARNESS _____

WHAT DEFECTS TO EMPLOYEE'S VEHICLE CONTRIBUTED TO ACCIDENT? _____

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HOC Idle Duration Chart

1.0 Cold Morning Starts (vehicles parked outside)

TEMPERATURES	GASOLINE ENGINE IDLE TIME*
95 to 32 deg. F	No Idling - check vehicle - drive
31 to -5 deg.F*	1 to 2 min. - check vehicle – slowly drive
-4 to -30deg.F*	3 to 10 min. - check vehicle – slowly drive

- i. No idle warm up time shall occur on automotive units at temperatures above 32 degree Fahrenheit or units parked in an indoor garage/shop.
- ii. For diesel engines equipped with a block heater and it was not plugged in the previous night, please add 5 minutes to times shown above.

2.0 Mid Day Use (after initial warm up)

- i. Depending on outside temperatures and the length of time a vehicle has been shut off, please restart and allow proper engine warm up. The idle warm up time shall never exceed the times listed for cold starts noted in the chart above.
- ii. When the temperature is below 45 degrees and a vehicle is to be used for work breaks or lunch, restart the vehicle no more than 15 minutes prior to the work break, then shut if off after each use.
- iii. In very hot weather, when heat stress due to temperature is likely and air-conditioned vehicles are needed to be used as relief stations, engine idling is permitted only while the operator stays in the vehicle.
- iv. At any temperature, once a vehicle has been cold started, and the vehicle will be left unattended for a period of 2 minutes or longer, shut the engine off. Restart the engine upon your return to the vehicle.

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Safe Driver and Vehicle Operations Procedures

SIGNATURE PAGE ACKNOWLEDGEMENT

I, _____ , _____
(Name) (Title)

Do hereby acknowledge that I have read the foregoing **Safe Driver and Vehicle Operations Procedures** of the Housing Opportunities Commission, and do agree to comply with the statements contained therein.

(Signature of Employee) Date

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