

Diocese of Helena Vehicle Safety Policy

Throughout the Diocese of Helena, we have taken pride in our record of safety. Although our history is exemplary, it is always necessary to strive for improvement of safety practices. The new Vehicle Safety Policy is a step in this direction.

The intention of this program is to standardize the safety methods and procedures used within our schools and parishes throughout the diocese.

It is up to us, employers and employees, to become familiar with this policy.

Please study this policy carefully and thank you in advance for your cooperation.

Diocese of Helena Vehicle Safety Policy

I. DRIVERS

A. EMPLOYEE OPERATORS

1. Drivers must be 21 years of age or older.
2. A driver must have a valid, non-probationary driver's license and no physical disability that would impair his/her ability to drive the vehicle safely.
3. Vehicles owned by the diocese cannot be used for personal use.
4. The **Driver Application** (Appendix A) must be completed by all potential employees who are required by their job descriptions or responsibilities to operate a vehicle.
5. An applicant must include a copy of the Motor Vehicle Record (MVR) from each state where he/she has ever had a valid driver's license.
6. Any employed driver who causes an accident in a diocesan owned vehicle or who is cited for two moving violations within a 12 month period will be required to attend a defensive driving course.

B. VOLUNTEER OPERATORS

1. Operators must be 21 years of age or older.
2. Drivers must have a valid, non-probationary driver's license and no physical disability that would impair his/her ability to drive the vehicle safely.
3. Any volunteer who drives on a regular basis for diocesan/parish business will have a MVR check completed.
4. Drivers must complete the **Volunteer Driver Application** (Appendix B).
5. Potential drivers may not be utilized if they answered "YES" to part B of the Volunteer Driver Application.

C. ALL OPERATORS

1. Operators must possess a current valid driver's license for the type of vehicle he/she will be operating.
2. No operator will be hired or be allowed to provide volunteer transportation on behalf of any Diocesan entity who has had any of the following citations or convictions in the past three years:
 - a. operating a vehicle during a period of license suspension, revocation or forfeiture
 - b. driving under the influence of alcohol or drugs
 - c. hit and run accident
 - d. failure to report an accident
 - e. negligent homicide arising out of the use of a motor vehicle
 - f. using a motor vehicle for the commission of a felony
 - g. operating a motor vehicle without the owner's authority
 - h. permitting an unlicensed person to drive
 - i. reckless driving
 - j. a combined total of three or more accidents and/or moving violations
3. It is the responsibility of the **operator** to ensure that passengers adhere to the current State of Montana safety belt laws and regulations.

II. USE OF PRIVATE VEHICLES

- A. All privately owned vehicles used on behalf of the diocese must be insured. They must have a valid and current registration and license plates.
- B. The vehicle must be in safe operating condition.
- C. The private automobile insurance company of the owner of the vehicle will be the primary insurance carrier.
- D. The minimum liability limit for privately owned vehicles is: \$100,000/\$300,000.
- E. A **Private Vehicle Use Application** (Appendix C) must be completed for each vehicle.

III. DIOCESAN VEHICLE MAINTENANCE

- A. Each institution will implement a quarterly vehicle maintenance and inspection program in addition to the manufacturers' operation and maintenance recommendations.

IV. DIOCESAN VEHICLE SAFETY

- A. All diocesan owned passenger transportation vehicles must be equipped with:
 - 1. first-aid kit
 - 2. fire extinguisher
 - 3. road safety kit
 - 4. body waste kit (Universal Precaution Kit)
- B. Cell phones and other electronic devices are not permitted to be used while operating a motor vehicle.

V. ACCIDENT REPORTING

If an accident occurs:

- A. obtain medical assistance, if needed, **at the scene** as soon as possible.
- B. contact local police, sheriff or highway patrol authorities as required.
- C. exchange driver, vehicle and insurance information.
- D. report the accident/moving violation to the insurance agent.
- E. report the accident/moving violation to the Chancery.
- F. complete the **Vehicle Accident Report** (Appendix G).

VI. RECORD KEEPING

- A. Records pertaining to driver selection and training should be kept on file for a period of three years following termination of their driving privileges.
- B. Vehicle maintenance logs and vehicle inspections, (*Appendices D, E, & F*) must be maintained for the duration of ownership of such vehicle.
- C. All diocesan owned vehicles must carry, at all times, a current **automobile insurance identification card**.
- D. Retention of Forms:

Appendix A

Driver Application

- retain for a minimum of 3 years

Appendix B

Volunteer Driver Application

- retain for a minimum of 3 years

Appendix C

Private Vehicle Use Application

- retain for a minimum of 3 years

Appendix D

Vehicle Maintenance & Service Log

- retain for the duration of ownership

Appendix E

Daily Bus Inspection

- retain for the duration of ownership

Appendix F

Annual Vehicle Exterior Inspection

- retain for the duration of ownership

Appendix G

Vehicle Accident Report

- retain for 7 years from date of accident

VII. USE OF 11-15 PASSENGER VEHICLES

The attached policy (Appendix H) must be followed with respect to the use of vehicles that can transport 11-15 passengers.

EMPLOYEE DRIVER APPLICATION

Church or School Name: _____ City: _____

Applicant Name: _____
(First) (Middle) (Last)

Phone: _____
(Home Phone) (Cell Phone)

Current Address: _____

_____ How long at this address?: _____
(City) (State) (Zip Code)

Previous Address: _____

Driver Licenses

License #	State	Type	Expiration date

Driving Experience

Class of equipment	Employer name	From	To	Approx. miles

Accident Record for past 3 years - Background Check will supply this information

Date	Nature of accident	Injuries/Fatalities

Moving Violations for past 3 years – Background check will supply this informaton

Location (City & State)	Date	Charge	Penalty

Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years?

Yes _____ No _____

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

Yes _____ No _____

Has any license, permit, or privilege ever been suspended, revoked or forfeited?

Yes _____ No _____ Date _____

EMPLOYMENT HISTORY

Employment information not needed if already on file.

Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____

Second Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____

Third Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____

Special training related to transportation: _____

Safe driving awards and from whom: _____

PHYSICAL HISTORY

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing) _____

Use corrective lenses? YES NO Use hearing aid? YES NO

Date of last physical examination: _____

Doctor's name and address: _____

To Be Read and Signed by Applicant

It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

RETAIN THIS FORM IN EMPLOYMENT FILES UNTIL TERMINATION

VOLUNTEER DRIVER APPLICATION

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation. Background check is required.

A.

Name: _____	Date of birth: _____	
Address: _____	City/State/Zip: _____	
Phone: _____	Cell Phone: _____	
License number: _____	Expiration date: _____	State where issued: _____

B.

Have you had any of the following citations or convictions in the past THREE years:	Yes	No
Driving under the influence of alcohol or drugs	_____	_____
Hit and run	_____	_____
Failure to report an accident	_____	_____
Negligent homicide arising out of the use of a motor vehicle	_____	_____
Using a motor vehicle for the commission of a felony	_____	_____
Permitting an unlicensed person to drive	_____	_____
Reckless driving	_____	_____
Are you currently taking any medication that may make you drowsy?	_____	_____

It is expected that all passengers will adhere to the State of Montana safety belt laws and regulations.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer's Signature

Date

Thank you for helping us with our transportation needs!

VEHICLE MAINTENANCE & SERVICE LOG

<i>Items Serviced</i>	<i>1Q Date</i>	<i>2Q Date</i>	<i>3Q Date</i>	<i>4Q Date</i>
Oil Filters	_____	_____	_____	_____
Fuel Filters	_____	_____	_____	_____
Air filter Last Changed	_____	_____	_____	_____
Fan shroud	_____	_____	_____	_____
Fan belts	_____	_____	_____	_____
Alternator Belts	_____	_____	_____	_____
Motor mounts	_____	_____	_____	_____
Grease entire vehicle	_____	_____	_____	_____
Check for broken springs	_____	_____	_____	_____
Check all lights	_____	_____	_____	_____
Grease PTO shaft	_____	_____	_____	_____
Batteries checked	_____	_____	_____	_____
Cables checked	_____	_____	_____	_____
Radiator and heat hoses	_____	_____	_____	_____
Starter	_____	_____	_____	_____
U-Joints	_____	_____	_____	_____
Grease in rear ends. Last changed	_____	_____	_____	_____
Grease in trans. Last changed	_____	_____	_____	_____
Steering gear box	_____	_____	_____	_____
Shift lever box	_____	_____	_____	_____
Tire inflation	_____	_____	_____	_____
Throw out bearing	_____	_____	_____	_____
Check wheels for loose lug nuts	_____	_____	_____	_____
Check king pins and bearing looseness	_____	_____	_____	_____
Check tires for cuts	_____	_____	_____	_____
Check clutch free play	_____	_____	_____	_____
Check brake adjustment	_____	_____	_____	_____
Water filter changed	_____	_____	_____	_____
Antifreeze in radiator	_____	_____	_____	_____
Check safety triangles and flares	_____	_____	_____	_____
Fire extinguisher	_____	_____	_____	_____
First aid Kit	_____	_____	_____	_____
Body waste kit (Universal Precaution Kit)	_____	_____	_____	_____
Other	_____	_____	_____	_____

RETAIN THIS FORM ON FILE FOR THE DURATION OF OWNERSHIP OF THIS VEHICLE

DAILY BUS INSPECTION

Bus ID #	Driver	Month/Date	Mon.	Tues.	Wed.	Thurs.	Fri.	Other
			/	/	/	/	/	/
			am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Under Hood	1. Water Level	add?	/	/	/	/	/	/
	2. Oil Level	add?	/	/	/	/	/	/
	3. Belts & Hoses		/	/	/	/	/	/
	4. Fluid Leaks		/	/	/	/	/	/
Inside Bus	5. Floor Clean		/	/	/	/	/	/
	6. Seats & Windows		/	/	/	/	/	/
	7. Emergency Equipment		/	/	/	/	/	/
Start Engine	8. Oil Pressure		/	/	/	/	/	/
	9. Air/Vacuum Pressure		/	/	/	/	/	/
	10. Fuel Level	F $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$	/	/	/	/	/	/
	11. Heaters & Defrosters		/	/	/	/	/	/
	12. Wipers & Washers		/	/	/	/	/	/
	13. Service Door		/	/	/	/	/	/
	14. Low/High Beam Indicator		/	/	/	/	/	/
	15. Left Signal Indicator		/	/	/	/	/	/
	16. Amber Warning Lights		/	/	/	/	/	/
17. Emergency Exit & Buzzer		/	/	/	/	/	/	
Outside Bus	18. Rear Clearance Lights		/	/	/	/	/	/
	19. Amber Warning Lights		/	/	/	/	/	/
	20. Left Turn Signal, Rear		/	/	/	/	/	/
	21. Brakes & Tail Lights		/	/	/	/	/	/
	22. I.D. Lights		/	/	/	/	/	/
	23. Exhaust System		/	/	/	/	/	/
24. Tires & Wheels, Rear		/	/	/	/	/	/	
Move to Front	25. Headlights, High Beam		/	/	/	/	/	/
	26. Clearance Lights		/	/	/	/	/	/
	27. Amber Warning Lights		/	/	/	/	/	/
	28. Left Turn Signal, Front		/	/	/	/	/	/
	29. Front Tires & Wheels		/	/	/	/	/	/
	30. Crossover Mirror		/	/	/	/	/	/
31. Both Rear View Mirrors		/	/	/	/	/	/	
Re-enter Bus	32. Low Beam Indicator		/	/	/	/	/	/
	33. Right Signal Indicator		/	/	/	/	/	/
	34. Red Warning Lights		/	/	/	/	/	/
Outside Bus	35. Right Turn Signal, Rear		/	/	/	/	/	/
	36. Red Warning Lights		/	/	/	/	/	/
Move to Front	37. Right Turn Signal Front		/	/	/	/	/	/
	38. Red Warning Lights		/	/	/	/	/	/
Re-enter Bus	39. Service Brakes		/	/	/	/	/	/
	40. Parking Brake		/	/	/	/	/	/

Day	Gals.	Odomtr.	*** Activity Code ***					
Mon.			END	ODOMETER	PM			
Tues.			END	ODOMETER	OTHER			
Wed.			BEGIN	ODOMETER	OTHER			
Thur.			BEGIN	ODOMETER	AM			
Fri.			TOTALS		MILES			
Other								

Activity Codes: Leave Blank = Routine FT = Field Trip M = Maintenance O = Other

RETAIN THIS FORM ON FILE FOR THE DURATION OF OWNERSHIP OF THIS VEHICLE

VEHICLE ACCIDENT REPORT

Driver: _____ Date of birth: _____ License #: _____

Vehicle: _____
Year Make Model

Vehicle Identification Number: _____

Accident Information	Date: _____ Time: _____ City: _____ State: _____
	Street location: _____
	Description: _____ _____
Use reverse side if necessary.	

Other Vehicle	Year/Make/Model: _____ License plate #: _____ State: _____
	Owner's name and address: _____
	Driver's name and address: _____
	Driver's license #: _____ State: _____ Expiration date: _____
	Relationship to owner: _____
	Description of damage: _____ _____
	Insurance company: _____ Phone #: _____ Policy #: _____ Expiration date: _____

Injuries	Name Address

	Extent of injuries _____
Use the reverse side if necessary.	

Witness / Passengers	Name Address

	Extent of injuries _____
Use the reverse side if necessary.	

Other Property Damage	Owner's name Address

	Extent of damage _____
Use the reverse side if necessary.	

USE REVERSE SIDE TO PROVIDE A DIAGRAM OF THE SCENE ⇨ ⇨

Driver Signature: _____ Date: _____

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 7 YEARS FROM THE ACCIDENT

CATHOLIC UMBRELLA POOL II

11 to 15 Passenger Van, Bus and Shuttle Use Policy

Effective July 1, 2003, Catholic Umbrella Pool II adopted the following policies governing the use of 11 to 15 passenger vans (whether owned, leased, or borrowed).

1. The use of non-owned (borrowed) or short-term leased 11 to 15 passenger vans to transport children or adults is prohibited beginning July 1, 2003.
2. **The use of 11 to 15 passenger vans to transport children or adults is totally prohibited beginning July 1, 2004.** Beginning July 1, 2004, 11 to 15 passenger vans may be used for cargo hauling **only if** all but the two front seats are removed.
3. Although **not recommended**, to allow for a transition to other types of vehicles, organizations may continue to use owned or long-term leased 11 to 15 passenger vans to transport children or adults until July 1, 2004 (unless prohibited by state law). However, 11 to 15 passenger vans cannot be purchased or leased after July 1, 2003 for the intent of transporting children or adults.
4. 11-15 passenger vans can be replaced with either a school bus or a Multifunction School Activity Bus (MFSAB). A MFSAB is a vehicle which complies with the Federal Motor Vehicle Safety Standards (FMVSS) applicable to school buses for crash survivability and mirrors.
5. If a MFSAB is used for the transportation of children, these vehicles **must** meet FMVSS 111; FMVSS 220; FMVSS 221; and FMVSS 222 (see below). If purchasing a MFSAB to transport children, it is important to confirm with the seller that the vehicle meets all four FMVSS. There are vehicles that visually appear to be conforming, but are not.
6. When acquiring a bus or shuttle to transport adults, the four FMVSS should also be followed. However, CUP II may approve adult transportation for a nonconforming bus or shuttle that meets at least two of the FMVSS's in limited circumstances. Requests for exceptions should be submitted to Catholic Mutual.
7. Although MFSAB's are preferred, mini-vans may continue to be used to transport children or adults. A mini-van is defined as a passenger vehicle **designed** to transport no more than **8** total occupants.

Below are the four FMVSS referred to in the above policy. Additional information on how to determine if a bus or shuttle meets FMVSS standards can be obtained from Catholic Mutual's Risk Management Department at (800) 228-6108.

FMVSS 111 – Fulfills the safety requirement for the rear-view and cross-view visibility.

FMVSS 220 – Establishes requirements for the school bus body structure in rollover accidents.

FMVSS 221 – Regulates the strength of body panel joints in school buses.

FMVSS 222 – Establishes occupant protection requirements for school bus passenger seating and barriers.

Important Note:

Vans, Buses and Shuttle Buses capable of transporting 16 plus passengers must also comply with the above FMVSS. As outlined in number six of the above policy, exceptions can be made if the vehicle is used solely for the transport of adults.