

MANAGEMENT DIRECTIVE
VEHICLE LOSS CONTROL PROGRAM

Management Directive #MD 09-03 (REV)

Date Issued:	11/07/11
<input type="checkbox"/>	New Policy Release
<input type="checkbox"/>	Revision of existing Management Directive dated
Revision Made:	NOTE: Current Revisions are Highlighted
Cancels:	None

POLICY/BACKGROUND STATEMENT

APPLICABLE TO

This Management Directive applies to *(specify situation that the Management Directive applies to.)*

The Department continues to focus on **the** three priority outcomes. **We have** identified improved safety for children, reduced reliance **on out-of-home care**, and improved timelines to permanency. Timely permanence is achieved, with the first permanency option being reunification, followed by adoption, **and** legal guardianship **with a relative** followed by legal guardianship with an unrelated caregiver.

APPLICABLE TO

This DCFS Policy is applicable to all DCFS employees, who operate County vehicles or their private vehicles (i.e., Mileage Permittees) on County business.

PURPOSE

The purpose of this policy is to ensure that all DCFS or contracted employees who operate County vehicles, and DCFS employees who operate their own vehicles* on County business, follow all automotive safety procedures, utilize proper safety practices and maintain a current California Driver's License in the appropriate class.

A Vehicle Accident Review Committee (VARC) **has been** implemented (see Appendix 1) as part of this Policy. The purpose of VARC is to encourage employee safe driving,

reduce/prevent employee vehicle accidents and minimize DCFS/County liability exposure/risk through effective committee oversight. Vehicle accidents determined by VARC to be preventable **may be** referred to the appropriate Human Resources (HR) Office, **Performance Management Unit**, if deemed necessary for follow-up action, including appropriate disciplinary action.

* Refer to the County Mileage Reimbursement Program for more details (County Code Section 5.40.240)

POLICY

All DCFS employees/drivers, who operate County vehicles or their private vehicles (i.e., Mileage Permittees) on County business must comply with all vehicle safety and operating laws and regulations adopted by the State of California and follow all the rules and safety procedures outlined in this departmental policy. All **employees/drivers** must maintain a valid, appropriate class California Driver's License.

DEFINITIONS:

DCFS/Department	Department of Children and Family Services
Employee(s)/Driver(s)	All DCFS employees, who have been certified to operate County vehicles or those that are enrolled in the Mileage Permittee Program that drive their private vehicles for County business.
Driver's License	Class A, B, or C California Driver's License issued by the Department of Motor Vehicles.
Financial Responsibility	Monetary accountability, which may be guaranteed by auto liability insurance coverage or other evidence of sufficient funds to pay for damages.
Liability	An obligation that legally binds an individual or company to settle a debt or financial responsibility. When one is liable for a debt, they are responsible for paying the debt or settling a wrongful act they may have committed.
Mileage Permittee	Employee approved for mileage/parking reimbursement when using his/her own vehicle on County business.
Subrogation	Reimbursement from an insurance company when it's insured is at fault for an accident.
Reimbursement	Compensation paid (to someone) for damages or losses or money already spent etc.
Vendor	An individual or business that promotes or exchanges goods or services for money.

All employees/drivers who violate the following conditions and requirements of this policy will be subject to immediate corrective and/or disciplinary action, up to and including discharge.

CONDITIONS AND REQUIREMENTS

Driver's License: An employee/driver shall not drive a motor vehicle while on County business if his/her Driver's License has expired, been suspended, or revoked. Employees/drivers shall physically possess their current California Driver's License while operating motor vehicles. The Law requires Commercial License for employees/drivers operating vehicles for ten (10) or more passengers (including the employee/driver). Medical examinations are mandatory as part of licensing requirements for commercial license holders. The proper class of license is as follows:

Class

- C** Is a basic license required to operate automobiles and other light vehicles. This license allows employees/drivers to operate any two-axle vehicle weighing less than 26,001 pounds gross vehicle weight rating (GVWR) and any three-axle motor vehicle.
- B** Is the first of two levels of commercial driver's license and allows employees/drivers to operate any Class C vehicle, a bus (except a trailer bus) designated to carry ten (10) or more passengers including the employee/driver, a vehicle with three axles or a vehicle weighing 26,001 pounds or more (GVWR).
- A** Is the second level of commercial driver's license which allows an employee/driver to operate any Class B or C vehicle.

License Verification and Driving Record Review (DMV Pull-Notice Program):

The DCFS Office of Health and Safety Management (OHSM) will ensure the enrollment of County employees/drivers, based on information provided by each employee's management (e.g. court services transportation). Currently court services transportation workers are enrolled in the DMV Pull-Notice Program. OHSM provides the names of employees to be enrolled in the program to the State Department of Motor Vehicles' (DMV) DMV Pull-Notice Program. The DMV in turn notifies DCFS when there are changes to the employee's driver's license status (e.g., suspension, revocation, etc.) or if the employee/driver has been cited for a moving violation. OHSM has established an on-line direct communications line with the DMV that enables authorized OHSM employees to make inquiries to DMV in regards to employee driver license status and/or records. DMV has agreed to a 24 hr. response time.

Ongoing steps will be taken to identify and enroll all employees/drivers driving on County business, including Mileage Permittees, in the above mentioned DMV Pull-

Notice Program. All employees/**drivers** driving on County business will be required to complete and sign Form INF 1101, Authorization for Release of Driver Record Information before they can be enrolled in the Program.

The **OHSM** will forward any report of negative action (e.g., tickets/accidents) to Regional Administrators (RAs) or Division Chief's Office for review, disposition and resolution. Examples of actions taken may include removal of employee/**driver** from an approved driving status or reassignment and/or employee/**driver** suspension, if essential job duties require a current driver's license, until the driver's license problem is resolved. If the employee's driver's license has been suspended, the employee/**driver** will be immediately removed from the Approved Mileage Permittee Status List by the **OHSM**. The employee may reapply for Mileage Permittee status after he/she submits proof of a valid California Driver's License to his/her management, after which the management will review the case based on Employee Driving Record Standards outlined in this departmental policy. All disciplinary actions must be coordinated with HR and must adhere to existing County and departmental policies and procedures.

Appointments of new employees/**drivers** may be subject to license review and clearance. The appointing authority and/or the immediate supervisor/**Office Vehicle Coordinator**, must determine (for all Mileage Permittees or those who drive on County business) that the employee/**driver** possesses a valid California Driver's License of the class appropriate to his/her assignment plus any commercial driver certifications as required by law.

Failure of an employee/**driver** to inform his/her supervisor/**Office Vehicle Coordinator** of a suspended or revoked Driver's License, while continuing to drive on County business, is a violation of this policy and is subject to an appropriate disciplinary action determined by existing County and departmental policies and procedures.

Evidence of Financial Responsibility: Motor vehicle drivers are required by State law to show proof of financial responsibility as requested by a law enforcement officer when stopped for a traffic violation. It is each employee's/**driver's** responsibility to maintain documentary proof of financial responsibility, e.g., a copy of insurance coverage, at all times while driving his/her private vehicle on County business.

The County vehicle is self-insured. This coverage extends to Mileage Permittees when driving on County business. County Counsel has advised that presenting the copy of the governmental registration and/or the **Notice** of Self-Insurance found in each vehicle upon demand to a law enforcement officer will constitute the necessary proof of financial responsibility for employees/**drivers** driving County vehicles or Mileage Permittees driving on County business.

The County will reimburse permittees for the cost to repair their vehicle and for other incidental expenses when their vehicle is damaged while driving on County business. The County, under this coverage, will also pay all damages for personal injury or property loss incurred by a third party, which arise from an accident caused by a

Mileage Permittee driving on County business, **provided that** such liability does not result from fraud, corruption, or actual malice on the part of the **Mileage Permittee** (County Mileage Reimbursement Program). **Section 5.85.060 of Chapter 5.85 of the County Code states:**

“When an Eligible Employee is entitled to reimbursement under this chapter, the amount of the reimbursement shall be calculated by subtracting \$5.00 and the amount that he/she has received from insurance or any other sources other than the County from the lower of two estimates of the cost to repair from licensed auto repair business, provided said lower estimate does not exceed the current fair market value of such vehicle. If the lower estimate of the cost of repairs exceeds the current fair market value of the vehicle, the amount of the reimbursement shall be calculated by subtracting \$5.00 and the salvage value of the vehicle from the current fair market value.”

(Refer to Management Directive #08-05(REV), Damage To Personal Vehicles And Third Party Liability Coverage, dated 11/07/11 for more detailed information.)

Third party claims must be filed with Carl Warren and Company, Claims Management and Administration, P.O. Box 116, Glendale, CA 91209.

NOTE: In accidents that involve third parties, the employee/**driver** must report the accident **immediately** to our third party administrator, Carl Warren and Company, Claims Management and Administration, Ph: (818) 247-2206, Fax: (818) 247-0084.

Observance of State and Local Vehicle Codes, Rules and Ordinance: Every **employee/driver** must be familiar with and observe all State of California Vehicle Codes, and local traffic rules and ordinances, including traffic control signs, posted speed limits, parking restrictions, and County and departmental rules and regulations governing vehicle operation. Such rules include, but are not limited to the following:

- DCFS employee/**driver** shall not use or operate County vehicles unless authorized to do so.
- DCFS employee/**driver** shall not operate his/her personal vehicle on County business unless he/she is authorized to do so and is a Certified Mileage Permittee.
- Employee/**driver** shall not violate any parking law, local parking ordinance or County, Department, or Unit parking regulation.
- Non-County bumper stickers, window signs, and placards in and/or on County vehicles are prohibited.

- Only license plates issued by the California Department of Motor Vehicles may be used.
- Smoking is prohibited in County vehicles.
- All engines shall be turned off before they are refueled.
- A motorcycle can not be used on County business.
- Employee/driver must wear a seat belt at all times while driving.
- Employee/driver must obey all speed limits and other regulatory signs.
- Pedestrians shall have the right of way.
- Employees/drivers of County vehicles are required to perform daily vehicle inspections before any such vehicle is used (See Vehicle Inspection and Maintenance section of this policy).
- All defects or malfunctions that would otherwise prevent the County vehicle from being fully operational shall be corrected before the vehicle is used. These may include, but are not limited to, items listed under Safety Check List section on the County Vehicle Mileage & Safety Check log.
- All DCFS employees/drivers operating their own vehicles on County business must ensure that such vehicles are properly maintained and in good operating condition.
- Maintenance or repair work, except for minor interventions by the employee/driver or other non-County professional services (e.g. flat tire, jump-start, battery service, locksmith service, tow truck services, etc.) on privately owned/non-County vehicles on any County premises is prohibited.
- Employees/drivers shall always operate vehicles with care.
- No one shall be standing immediately in front or in back of a vehicle while it is being started.
- Each employee/driver is responsible for maintaining constant awareness of traffic hazards while driving (e.g., darkness, extreme weather conditions, etc.).

Each DCFS employee/driver is responsible for the care and condition of any vehicle assigned to him/her. Willful negligence or abuse of County property is grounds for disciplinary action.

Safety and the Safety Belt Law: The Law requires employees/drivers and passengers to use available safety equipment, including safety belts, at all times when driving on County business. It is the responsibility of the employee to visually inspect a vehicle prior to its use to ensure that the vehicle is in a safe, clean and operational condition (e.g., material/equipment that obstructs the driver's vision and/or may cause injury in the event of an accident). Drivers are responsible for exercising reasonable care in the use of County vehicles, observing scheduled maintenance requirements and for reporting any deficiencies to Internal Services Department.

Hands Free Driving Law: DCFS employees/**drivers** should refrain from getting distracted while driving. Hands Free Driving is a State law which prohibits texting and cellular phone use without a hands free device while driving **and is** illegal and punishable by law. All DCFS employees/**drivers** operating vehicles on County business are prohibited from placing phone calls while driving on County business. All emergency calls must be made while the vehicle is pulled over and safely parked. Incoming calls shall not be answered when hands free devices are not available. Additionally, drivers should avoid any kind of non-driving activities while driving (e.g., eating, drinking, using other devices, reading, writing, etc.)

A County Vehicle Mileage & Safety Check log: Each employee/driver is responsible for completing a County Vehicle Mileage and Safety **Check** log, on a daily basis or for each work assignment, whenever a County vehicle is driven by any such authorized employee/**driver**.

- A supply of County Vehicle Mileage and Safety Check **logs** must be retained in the vehicle at all times.
- The destination, number of miles driven and purpose of trip must be logged as they occur.
- All sections on the form must be filled in completely.
- Addresses of destinations must be listed, including the city.
- Odometer readings must be given in round numbers only.
- The continuity of the trip can be broken by a personal trip only if it is a lunch stop or restroom **break**, and it must be clearly indicated as “personal”.
- Fuel stops and number of gallons pumped must be indicated in the comments section.
- If vehicle use is in other than normal workweek hours/days, note in comments section. Reminder: **“VEHICLE IS NOT TO BE USED FOR PERSONAL BUSINESS.”**
- The Safety Check List must be completed. If any areas are not checked “Yes,” employee/**driver** and/or supervisor/**Office Vehicle Coordinator** must take immediate action to get vehicle repaired prior to continued use.
- Total miles driven **is written** in **the** designated area on the last sheet, if more than one sheet is used.
- The employee/**driver** shall route the completed form to his/her supervisor/**Office Vehicle Coordinator** any time the vehicle is sent in for repair.
- The employee/**driver** will route the completed form to his/her supervisor/**Office Vehicle Coordinator** at the end of the work day or by the end of each work assignment. Employees/**drivers** driving County vehicles, **who will** not be returning that **same** day or **who drive** on other than normal **work** days/hours,

while conducting County business, must route the completed form to their supervisor/Office Vehicle Coordinator the next work day.

- County Vehicle Mileage and Safety Check logs must be sorted (by vehicle number).
- Supervisor/Office Vehicle Coordinator must approve the form, ensuring all sections are completed accurately. Forms must be retained for five (5) years.
- Supervisor/Office Vehicle Coordinator must complete the DCFS Vehicle Mileage Report using the information from the County Vehicle Mileage and Safety Check logs, then forward the report to Procurement Section no later than the 10th business day of the following month.

Vehicle Accidents/Incidents: Employees/drivers driving County vehicles and permittee drivers must have a County of Los Angeles Report of Vehicle Collision or Incident form in their vehicle in the event of a traffic accident. This form is to be submitted to the employee's/driver's supervisor/Office Vehicle Coordinator within three (3) business days of an accident. For third party liability coverage and damage to personal vehicles refer to Management Directive # 08-05. A DCFS Vehicle Accident/Incident Preliminary Checklist form must be completed by the supervisor/Office Vehicle Coordinator. This form, along with County of Los Angeles Report of Vehicle Collision or Incident form, and other required and/or supporting documentation must be submitted to the RA or Division Chief for approval and signature within **10 business days** from the date of the accident. OHSM must receive all the completed paperwork with appropriate signatures within **30 business days** from the date of the accident/incident.

If the employee/driver is injured and unable to complete the County of Los Angeles Report of Vehicle Collision or Incident form, the employee's/driver's supervisor/Office Vehicle Coordinator must complete all forms with all available information. The employee's/driver's individual follow-up should be obtained as soon as possible thereafter.

Any employee/driver driving a County vehicle or a Mileage Permittee employee/driver involved in a vehicle accident (regardless of damages/physical injury) while driving in the course of County employment, must verbally notify his/her supervisor/Office Vehicle Coordinator within 24 hours.

If the vehicle accident/incident results in complaint of injury or death to other person(s), the employee/driver must report the incident immediately to the contracted Third Party Administrator, Carl Warren and Company at (818) 247-2206. **In case of emergency please call "911" first.**

For details regarding vehicle incidents, accidents involving Mileage Permittee personal vehicles, and post-accident procedures (claims) see Management Directive # 08-05, Damage to Personal Vehicles and Third Party Coverage.

Moving Violations/Citations: An employee/driver receiving a moving violation while driving a County vehicle or a personal vehicle on County business must notify his/her supervisor/Office Vehicle Coordinator within one (1) workday of receiving the citation.

If an employee/driver is arrested, cited or convicted of a serious moving violation, including but not limited to driving under the influence of drugs or alcohol, reckless driving or vehicular manslaughter while driving on County or personal business, he/she must report the incident within one (1) workday to his/her supervisor/Office Vehicle Coordinator.

Failure to report an arrest, citation and/or conviction is a violation of this policy.

NOTE: The employee/driver is responsible for payment of fines for all moving violations for which he/she is responsible.

Alcohol and/or Drugs: Alcohol, illegal drugs, or controlled substances must not be present at the workplaces, worksites, property, or facilities or in any vehicle or equipment operated by an employee/driver of DCFS. Driving under the influence (DUI) of alcohol, controlled substance and/or any prescription or nonprescription drug that may impair driving performance is strictly prohibited.

Passengers and Baggage: County vehicles and personal vehicles driven on County business may not be used to transport hitchhikers, family members or other unauthorized persons. Fleet vehicles may not be used to transport unauthorized non-County materials or equipment.

County Vehicles – Use Restrictions: No employee/driver shall use a County vehicle for any purpose other than to conduct County business. Any employee/driver who uses a County vehicle for personal business or pleasure will be subject to disciplinary action, up to and including discharge.

Driving a County Vehicle Outside the County of Los Angeles: No employee/driver shall take a County vehicle outside Los Angeles County boundaries without proper authorization provided by the Department head and/or designee.

Unless specifically authorized by the Department head and/or designee, no employee/driver shall use a County vehicle for travel between his/her residence and place of work, or keep such a vehicle at their place of residence overnight, on a holiday or on weekends.

Procedures

Driver Selection and Screening

Pre-Hire: When evaluating and selecting an applicant for employment, which involves driving, the following selection standards need to be considered and uniformly enforced by the Department's Human Resources Division:

- Interview applicants and address their background and skills as related to driving performance;
- Verify the applicant's Driver License is current and appropriate for the type of vehicle applicant will be required to drive; and,
- Ensure a medical examination is completed if warranted or required by law (ability to drive can be evaluated through the pre-placement medical examination process).
- Review past driving performance and work experience through previous employer reference checks;
- Compare applicant's driving record using a current DMV Driving Record (H6) provided by the applicant with hiring standards for the number of acceptable accidents and the number of moving violations. To ensure consistency regarding Driving Record reviews, examples of unacceptable driving history include but are not limited to:
 - More than two (2) moving violations within the last 12 months;
 - More than two (2) at-fault vehicle accidents within the last 24 months;
 - Driving a motor vehicle while under the influence of alcohol or a controlled substance;
 - License suspension, restriction or revocation;
 - Operating a vehicle during a period of suspension or revocation;
 - Refusal to undergo testing for alcohol or a controlled substance as required by any state or local jurisdiction when suspected of driving under the influence;
 - Leaving the scene of an accident;
 - Using a motor vehicle for commission of a felony;
 - Reckless driving; and/or,
 - Negligent homicide arising out of the use of a motor vehicle.

New Hires: Once hired, additional screening should be done to ensure new employees are competent to drive the vehicle(s) assigned to them. This is especially important if they are driving an assigned County vehicle which they are not familiar with.

As part of the new employee orientation, the Department's Vehicle Loss Control Policy procedures and standards should be explained in detail by the **direct supervisor and/or**

manager or Office Vehicle Coordinator. Vehicle inspection and maintenance, emergency procedures, accident reporting, and the expectations and penalties involved with driving for the County should be explained. Compliance with all traffic regulations should be stressed during orientation.

At the conclusion of the orientation, employees/**drivers** must sign an acknowledgement confirming receipt and understanding of the information presented, **Acknowledgement Of Understanding And Receipt.**

For examples of unacceptable driving history for DCFS employee/driver see “Pre-Hire” section above.

Driver Training and Supervision

Initial Training: All new and transferred DCFS employees/**drivers**, who will be operating a vehicle on County business, will receive departmental training on policies and procedures pertaining to Vehicle Loss Control Program prior to driving. The **initial** training of new DCFS employees/**drivers** should include:

- Applicable County, State, and Federal driving rules and regulations;
- Defensive driving techniques for avoiding accidents;
- Accident reporting requirements;
- Emergency procedures;
- Vehicle inspections and maintenance;
- Use of safety devices of vehicle;
- Disciplinary procedures

Supervision: Management and Supervisors/**Office Vehicle Coordinators** are responsible for reinforcing safe driving behavior and discouraging or disciplining unsafe behavior.

“How Am I Driving?” Program: The purpose of this program is to:

- Promote and enhance DCFS employee/**driver** awareness of the need for safe driving;
- Demonstrate to the public that DCFS **employees/drivers** exemplify the Department’s concern for public safety by driving in a cautious, courteous, and lawful manner;
- Identify **employee**/driver training needs; and
- Improve the safety record of the Department’s **employees/drivers**, thereby improving employee/**driver** safety and reducing equipment damage and liability claims.

DCFS employees/drivers who are required to drive a County vehicle must drive in a cautious, courteous and lawful manner at all times. Each Department vehicle shall be equipped with a "HOW AM I DRIVING? (213) 351-3275" bumper sticker. Removing or altering this sticker is prohibited and will result in disciplinary action based on existing County and departmental policies and procedures.

The OHSM is responsible for reviewing and researching all compliments/complaints regarding employees/drivers driving a County vehicle and for completing the How Am I Driving? Program Incident Form.

Calls are answered by OHSM personnel who record the caller's message including location and the vehicle's license or identification number, the date and time of the alleged incident, whether the employee/driver is demonstrating good or bad driving skills, and the name and telephone number (optional) of the caller, if reported.

This form is then forwarded to the Supervisor/Office Vehicle Coordinator and/or manager, for review and appropriate follow-up action.

In cases of a compliment, the supervisor/Office Vehicle Coordinator and/or manager will bring the subject to the employee's/driver's attention, and file a copy of the form in the employee's/driver's personnel file. In cases of a complaint, the supervisor/Office Vehicle Coordinator and/or manager shall investigate the complaint and consult with Human Resources Division to determine if disciplinary action is required. Within five (5) business days, the employee's/driver's supervisor/Office Vehicle Coordinator and/or manager shall provide written notification to the OHSM relative to the disposition of the complaint.

No formal disciplinary action shall be pursued against a Department employee/driver solely on the basis of anonymous driving related complaints unless the accuracy of the complaint is verified by a second source, such as a Department employee, by the involved employee or a named complaint regarding the same driving incident. Reports of disciplinary actions resulting from investigations shall be sent to the OHSM Section Head.

In cases where the complainant furnishes his/her name and confirmation of the incident can be obtained by the OHSM, or if proof is provided that the employee/driver has intentionally removed or defaced the bumper sticker, disciplinary action will be taken. This action can include, but is not limited to:

1. Counseling to reinforce or establish the Department's standards and expectations of the employee/driver
2. Informal disciplinary action or verbal warning;
3. Written warning;
4. Written reprimand;
5. Prohibition from driving Department vehicles; and,
6. Suspension, reduction or discharge.

A final report on each complaint is prepared by the **OHSM**. Semi-annual reports will also be prepared to summarize the number of driving complaints and the actions taken.

Vehicle Inspection and Maintenance for County Vehicles

Inspecting and properly maintaining vehicles are important parts of DCFS Vehicle Loss Control Program that help to prevent accidents and related losses. It requires that **employees/drivers**, who are given an assigned County vehicle to use on a regular basis to perform their duties, properly conduct vehicle inspections to help prevent accidents, minimize mechanical difficulties and comply with the California Code of Regulations. In accordance with Title 13 of the California Code of Regulations, Section 1215, it shall be unlawful for **employees/drivers** to drive a vehicle that is not in safe operating condition or is not equipped as required by all provisions of the law, and this section. **Employees/drivers** of vehicles are required to perform daily vehicle inspections. Internal Services Department is responsible for the usual and customary repairs and preventive maintenance of all DCFS vehicles.

Inspection: **Employees/drivers** must inspect vehicles everyday prior to using the vehicle. Inspection requirements for commercial vehicles are specified by the Department of Transportation. Daily pre-trip vehicle inspections should be completed in approximately fifteen (15) minutes and must be documented by completing the Vehicle **Pre-Trip** Daily **Safety** Inspection Report form. Appropriate columns for each item must be checked off (✓). If any items are unacceptable, describe in the comments section located to the right of each item.

Vehicle inspection shall include the following steps:

1. Begin with a visual inspection of the vehicle by physically walking around it.
2. Check the ground under and around the vehicle for leaks.
3. Check all fluid levels (e.g., engine, coolant, brake fluid, power steering, etc.) as appropriate, before starting the engine.
4. Start the engine to make sure it is running smoothly.
5. Shut down the engine and leave the key in the accessory position.
6. Conduct the outside vehicle inspection:
 - check all tires
 - check all doors, windows, mirrors and the body of the vehicle for any damage.
 - check the fuel tank(s) for damage and leaks.
7. Complete the inside vehicle inspection by testing each brake independently. This includes emergency/parking brake:
 - a. Test the emergency/parking break by activating it, putting the transmission in first gear, and slightly pressing on the gas pedal.

- b. Test the foot break by putting the transmission in first gear, rolling forward a few feet and stepping on the foot brake.
- 8. Check the dashboard to ensure that all instruments, gauges and controls are functional, including the horn, wipers and defrosters.
- 9. Adjust the seat and mirrors.
- 10. Buckle up your seat belt(s).
- 11. Turn lights on and off to check if working properly.

Completed Daily Vehicle Inspection Report(s) must be signed and submitted to the supervisor/**Office Vehicle Coordinator** on the same day the inspection is conducted. Any corrective action needed must be reported in the comments section and immediate action must be taken to correct emergent problems.

Maintenance: County vehicles shall be on a routine preventive maintenance schedule for servicing and checking of safety-related equipment consistent with the manufacturer’s recommendations. **Department Vehicle Coordinator will coordinate with the ISD Fleet Manager to obtain regular reminders of preventative maintenance and adhere to the schedule for maintenance.** A mechanic shall do a thorough inspection of each vehicle annually with documented results placed in the vehicle’s file.

Personal vehicles used for County business are generally the responsibility of the employee/**driver**. However, personal vehicles used on County business should be maintained in a manner that provides the employee/**driver** with maximum safety.

Each County vehicle driven for DCFS-County business should be equipped with a first aid kit, emergency signaling device and a fire extinguisher. **Employees**/drivers should be trained in the proper use of all equipment.

Decisions to remove County vehicle from service shall be based on criterion defined by Internal Services Department in the *ISD Los Angeles County Surplus Property Handbook*.

APPROVAL LEVELS

Section	Level	Form
A.	Employee’s/ Driver’s Supervisor/ Office Vehicle Coordinator	County Vehicle Mileage and Safety Check

LINKS

MD# 08-05, [Damage To Personal Vehicles And Third Party Coverage](http://lacdcfs.org/Policy/Management%20Directives/MD0805DamagePersVehiclesREV1111.doc)
<http://lacdcfs.org/Policy/Management%20Directives/MD0805DamagePersVehiclesREV1111.doc>

RELATED POLICIES

MD 08-05, Damage To Personal Vehicles And Third Party Liability Coverage

FORM(S) DISTRIBUTION

DCFS 95, Claim For Damage To Personal Vehicle
Original OHSM **Copy** Employee

County Of Los Angeles Report Of Vehicle Collision or Incident
Original OHSM **Copy** Employee

FORMS LOCATION

LA Kids: County Vehicle Mileage and Safety Check
 County Vehicle Mileage and Safety Check Instructions
 DMV Employer Pull Notice Program (Authorization For Release of
Driver
 Record Information)
 County of Los Angeles Report of Vehicle Collision or Incident
 DCFS Vehicle Accident/Incident Preliminary Checklist
 Acknowledgement of Understanding and Receipt
 Notice of Self Insurance
 How Am I Driving? Program
 Vehicle Pre-Trip Daily Safety Inspection Report
 VARC Appeal Fact Sheet

Vehicle Accident Review Committee - VARC

The role of the VARC is to review the facts concerning vehicle accidents involving DCFS employees (Mileage Permittees) on County business or employees in County vehicles; to classify those accidents as **Preventable**, **Non-Preventable**, or **Incident**; and to make recommendations for necessary changes in policy, procedure and/or operational practices.

Preventable accidents: A vehicle accident that results from a violation of the California Vehicle Code by a DCFS **employee**/driver or failure on the part of the DCFS **employee**/driver to make a reasonable and prudent attempt to prevent or avoid the accident regardless of any legal rights under the California Vehicle Code.

Non-Preventable accidents: An accident wherein the DCFS **employee**/driver exercised good judgment and used every reasonable means to avoid the accident and, in which, no violation of the standard safe-driving practices may have been involved. This includes a vehicle accident resulting from a mechanical failure unknown to the **employee**/driver, provided the **employee**/driver followed DCFS procedures relative to vehicle safety inspections and preventative maintenance procedures.

Incident: An occurrence not defined by either of the other classifications that did not involve another vehicle and could not have been foreseen by the **employee**/driver, i.e., vandalism, rock flying up and cracking the windshield, etc. This classification will not, as a general rule, warrant any type of formal disciplinary action.

The DCFS Vehicle Accident Review Committee (VARC) will be comprised of:

1. The **OHSM** Section Head
2. A representative from each Service Bureau and the Office of the Medical Director
3. A representative from the Office of the Senior Deputy Director
4. A representative from the Risk Management Division, and
5. A representative from the Human Resources Division.

Prior to the beginning of each calendar year, the **OHSM** will request the names of candidates from appropriate offices who meet the Department's selection criteria to serve as primary and alternate voting representatives. The **OHSM** will be responsible for identifying, for each respective office whether their candidates are to be supervisory/management employees or line employees. This will be done on a rotating basis.

Selected representatives will serve for one calendar year. Each primary and alternate must attend a mandatory training class presented by County CEO prior to beginning their service term. The **OHSM** Section Head will chair the meetings.

The Committee will meet **once a** month. The meeting will then begin at the agreed upon time with all members present to discuss, vote and make a finding on each case.

All members (primary or alternate) must be present during the meeting. Decisions will be made by majority rule. The Committee can exercise the following options:

- If the Committee requires further information, they can defer the case until the next month to request further documentation, police report, response to specific questions, etc.
- The employee will not be present during the initial meeting; however, the Committee can defer the case to the next month if they wish to call in the employee for further details.

Responsibilities:

Employee and Supervisor/Office Vehicle Coordinator

- The employee or his/her supervisor/Office Vehicle Coordinator must ensure that all necessary reporting forms are submitted to the **OHSM**. The employee may additionally submit a written statement with all the details of the incident for consideration by VARC.
- If an employee wishes to appeal a decision made by the Committee, he/she must submit a written appeal to the **OHSM** explaining in detail why the Committee's decision is being disputed. The appeal must be received within 10 business days after the employee receives notification of the Committee's decision. The Committee will consider the appeal at their next meeting. VARC's post-appeal decisions shall be deemed final.

The VARC appeal process does not pertain to nor is it applicable to the rights and appeal process regarding any proposed or resulting disciplinary action. These Civil Service rights and processes remain unchanged.

Office of Health and Safety Management (OHSM)

- Send out written notification with VARC's decision to employee and his/her manager. A copy of this letter shall be forwarded to Human Resources **Performance Management** Unit if there is no appeal. If there is an appeal, all three parties mentioned above shall be notified regarding VARC's final decision.
- Submit employee written appeal to VARC members with the original package for consideration at their next meeting. Prepare VARC Appeal Fact Sheet to be completed by the recorder at the next meeting.

Committee Procedures: All accidents will be reviewed by VARC in their chronological order. The Chairperson of the Committee presents the facts about each accident under review. The Committee members will receive a preview package, in which the Executive Secretary will redact (i.e., black or cross out) the name(s) of the individual DCFS employee(s) involved, for each accident prior to the meeting to maximize meeting efficiency.

The **employee**/driver is represented by the submitted accident report and/or written statements filed with the report.

The VARC shall only be provided those materials and/or documents necessary to reach a finding or determination as to the vehicle accident classification. Accident facts are presented through the following documentation.

- County of Los Angeles Report of Vehicle **Collision** or Incident
- Vehicle Accident/Incident Preliminary Investigation Checklist
- Police investigation reports
- Witness statements
- Diagrams, photographs, citations, and other evidence

In its review of accidents and when making a decision, the Committee will consider factors, including but not limited to the following:

- How did the accident occur?
- Were vehicle safety/safe driving practices (commonly accepted in the industry) observed by the employee?
- Law enforcement accident reports
- Recommendations by the employee and his immediate supervisor/**Office Vehicle Coordinator** for preventing similar accidents.

If an employee is requested to appear before the VARC, he/she has the right to representation. Conversely, the employee may also decline to appear before the VARC without adverse impact, in that the absence of the employee shall not be construed as an admission of responsibility. The VARC will make a determination based on the facts of the case.

After presenting the facts, the Chairperson should guide the discussion. The main question before the Committee is, "Could the DCFS **employee**/driver have prevented this accident?"

The final decision will be based on a majority vote of the VARC members present at the meeting.

When a particular accident has been declared preventable or non-preventable, precedent may be set, that could influence future decisions. However, each case is unique and should be judged on its own merits and circumstances.

Accidents that are unusual or appear (with the current information available) to possess a high probability for future liability/litigation will be “labeled” for further review by County Counsel staff prior to rendering a final decision.

Immediately following the meeting, the recorder shall collect and maintain (if continued) or destroy (if the accident is determined to be non-preventable or incident) all materials and/or documents relating to the vehicle accident review.

If and when appropriate, an Accident Review and Classification Report will be forwarded to the employee, Bureau Chief and the OHSM. Cases with preventable findings will be forwarded to the OHSM for review and coordination with HR Performance Management to determine appropriate corrective/disciplinary action. In the case of an appeal to the VARC, implementation of corrective/disciplinary action will be held pending the final determination by the VARC. Disciplinary actions will adhere to existing County and departmental policies and procedures.

Once a preventable accident determination has been reported to the responsible employee, he/she may, upon request to the OHSM Section Head, review all documents and/or materials used by the VARC in arriving at the decision.

The VARC Chairperson will submit a quarterly report to the DCFS Executive Team summarizing VARC activities. This report will include the following:

- Number and dates of meetings held;
- Number and types of accidents reviewed;
- Breakdown of accidents classifications (e.g. number of preventable, non-preventable, incident ;)
- Recommended actions;
- Policy and/or procedure changes recommended.

COUNTY VEHICLE MILEAGE AND SAFETY CHECK INSTRUCTIONS

1. Must be completed by anyone who drives a DCFS County vehicle.
2. Must log all trips/miles in County vehicle, including to/from home, to job site, lunch stops, log fuel stops/fillups, call back and/or non-routine work days/hours.
3. If driver carries other County passengers, not in "Comments" on each day when passengers are present.
4. Purpose/Comments – If fuel stop, list gallons pumped.
5. If vehicle use is other than normal workweek hours/days, note in "Comments". Reminder: Vehicle not to be used for personal business.
6. Employee must keep the form current, i.e., completed each day as destination/miles are occurring and turned in to your supervisor/**Office Vehicle Coordinator** as follows:
 - Everyday or the next workday if not returning the same day.
 - At any time vehicle is sent in for repair and/or garaging/assignment changes due to vacation, work assignment change, etc.
 - At the end of the day's use, if less than a workday.
7. Indicate the total number of miles driven for the day/assignment in the "TOTAL MILES DRIVEN" section.
8. Safety Check List must be completed. If any areas are not checked "YES", employee and/or supervisor/**Office Vehicle Coordinator** must take immediate action to get the problem fixed prior to continued vehicle use.



EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record,
to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
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I, _____, of _____,
AUTHORIZED REPRESENTATIVE _____ COMPANY NAME _____

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION or INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE OR CARL WARREN & CO. (818) 247-2206

Prepared for County Council in defense of the County, Special Districts and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)		
Dept Name: _____ Dept. #: _____ DIV. or Facility: _____ SECTION: _____ IRMIS Code #: _____	<input type="checkbox"/> COUNTY VEHICLE (Includes Veh. leased or rented by CO.) Equip. No. _____ License No. _____	
<input type="checkbox"/> EMPLOYEE'S VEHICLE Insurance Co. _____ Policy No. _____ Permittee <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTRACT CITIES SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of contract city _____		
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO POLICE AGENCY REPORTING _____ STATION _____ REPORT # _____		
INCIDENT DATE _____ CITY _____ ON _____ AT _____ (Street or Highway) (Intersection or Address) HOUR _____ AM _____ PM OR AREA _____		
COUNTY DRIVER (1)	DRIVER: _____ Job Title _____ Driver's Lic. No. _____ Address: Home _____ Phone _____ Work Location _____ Phone _____ Ext. _____	
	VEHICLE: Year _____ Make _____ Model or Type _____ Lic No. _____ Parts Damaged _____	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> PASSENGER: CO. Employee ? <input type="checkbox"/> YES <input type="checkbox"/> NO Name _____ Home Address _____ (Street) _____ (City) Phone: Work _____ Home _____ </td> <td style="width: 50%;"> PASSENGER: CO. Employee ? <input type="checkbox"/> YES <input type="checkbox"/> NO Name _____ Home Address _____ (Street) _____ (City) Phone: Work _____ Home _____ </td> </tr> </table>	PASSENGER: CO. Employee ? <input type="checkbox"/> YES <input type="checkbox"/> NO Name _____ Home Address _____ (Street) _____ (City) Phone: Work _____ Home _____
PASSENGER: CO. Employee ? <input type="checkbox"/> YES <input type="checkbox"/> NO Name _____ Home Address _____ (Street) _____ (City) Phone: Work _____ Home _____	PASSENGER: CO. Employee ? <input type="checkbox"/> YES <input type="checkbox"/> NO Name _____ Home Address _____ (Street) _____ (City) Phone: Work _____ Home _____	
OTHER DRIVER (2)	DRIVER _____ DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY # _____	
	EMPLOYER _____ (Name of Person, Company or Organization) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone) _____	
	VEHICLE _____ (Year) _____ (Make) _____ (Model or Type) _____ Veh. Lic. No.: _____ (Year) _____ (Number) _____ (State) _____ PARTS DAMAGED _____ REGISTERED OWNER _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone) _____	
OTHER DRIVER (3)	DRIVER _____ DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY # _____	
	EMPLOYER _____ (Name of Person, Company or Organization) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone) _____	
	VEHICLE _____ (Year) _____ (Make) _____ (Model or Type) _____ Veh. Lic. No.: _____ (Year) _____ (Number) _____ (State) _____ PARTS DAMAGED _____ REGISTERED OWNER _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone) _____	
INJURED / WITNESSES	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____	
	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____	
	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____	

INSTRUCTIONS: Complete form within 24 hours of vehicle collision and submit to your supervisor.
 If more space is needed to completely answer any category on this form, attach an additional sheet.



DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED
 Show your Vehicle as ← the other Vehicles as ↑, →, etc

SHOW the location and position of Vehicle(s) at point of impact.
 SHOW the name of the street(s) and location of stop signs, signals.
 STATE number of lanes and length of skidmarks.

Co. Vehicles Involved _____

EXPLAIN CLEARLY HOW COLLISION OCCURRED. USE ADDITIONAL SHEETS IF NECESSARY (IF SHERIFF DEPT., STATE IF MTA RELATED?)

DISTRIBUTION:

Department procedure for distribution to be followed; copies must be forwarded to the following:
 ORIG & 1 COPY: CARL WARREN & CO., P.O. Box 116, Glendale, CA 91209-0116
 1 COPY – (If CO. Vehicle damaged) Internal Services Dept., 1100 N. Eastern Ave., Room 210, L.A. 90063
 (Not applicable for Road and Flood Control Vehicles)

(9) WEATHER

(11) EVASIVE ACTION
by CO. Driver

_____ Clear	_____ Locked Brakes
_____ Rain	_____ Hard Brakes
_____ Fog	_____ Slowed/Stopped
_____ Dusty	_____ Steered Away
_____ Snow	_____ Accelerated
_____ Heavy Smog	_____ None
_____ Other	_____ Other

(1) LOCALITY

(2) MOVEMENT

(5) AMOUNT OF TRAFFIC

(7) ROAD SURFACE

_____ Rural-Hwy/Roadway
 _____ Residential
 _____ Business/Shopping
 _____ Freeway
 _____ Motor Way (Mtn.)
 _____ Open Field
 _____ Private Road
 _____ Other

_____ _____ Straight Ahead
 _____ _____ Lane Change
 _____ _____ Making Right Turn
 _____ _____ Making Left Turn
 _____ _____ Standing
 _____ _____ Parked
 _____ _____ Backing
 _____ _____ Rolling Back
 _____ _____ Moving Unattended

_____ No Other _____ Concrete
 _____ Light _____ Asphalt
 _____ Medium _____ Oiled/Gravel
 _____ Heavy-Flowing _____ Unpaved
 _____ Congested _____ Other

(6) TERRAIN

(8) VISIBILITY

_____ Level _____ Good
 _____ Upgrade _____ Fair
 _____ Downgrade _____ Poor
 _____ Hill Crest _____ Very Poor
 _____ Dip

(10) ROAD CONDITION

(12) SAFETY BELTS

_____ Dry	_____ Installed, Not Worn
_____ Wet	_____ Installed and Worn
_____ Muddy	_____ Not Installed
_____ Snowy or Icy	_____ Vehicle Unoccupied

(2) OPERATING AREA

(4) TRAFFIC CONTROLS

_____ Non-intersection
 _____ Nearing Intersection
 _____ In Intersection
 _____ Leaving Intersection
 _____ Entering Driveway
 _____ Leaving Driveway
 _____ Construction Zone
 _____ Parking/Bus. Lot
 _____ Other

_____ _____ None Present
 _____ _____ Green Signal
 _____ _____ Yellow Signal
 _____ _____ Red Signal
 _____ _____ Flashing Signal
 _____ _____ Stop Sign
 _____ _____ Warning Sign
 _____ _____ Construction Sign
 _____ _____ Other

(13) EMERGENCY RESPONSE

(Applies to Vehicle driven by employee)

Were red lights and siren activated? Yes No

County Driver's Item No. _____ Employee No. _____ Age _____

Total Yrs. Driv. _____ Total Yrs. Driv. for CO. _____ Total Yrs. this type Veh. _____

 SIGNATURE OF EMPLOYEE DATE

 SIGNATURE OF SUPERVISOR DATE

 SIGNATURE OF DEPT. HEAD OR AUTH. REPRESENTATIVE DATE

DCFS Vehicle Accident/Incident Preliminary Checklist

Submit simultaneously with the County of Los Angeles Report of Vehicle Collision or Incident

Supervisor of the involved employee is responsible for conducting a preliminary investigation which includes completion of this checklist and verifying the following:

Date of Accident/Incident: _____ Name of Driver: _____

Circle

1. Was the "County of Los Angeles Report of Vehicle **Collision** or Incident" completely filled out (based on the available information at the time)? Yes/No
2. Did a police agency respond? If so, note it on the Accident Report and/or attach any paperwork received. Yes/No
3. Was anyone injured (County employee or public citizen)? Yes/No
4. Did vehicle equipment failure occur? Yes/No
5. If equipment failure occurred in a LA County vehicle (such as brakes, etc.), was the vehicle immediately removed from service and a repair facility notified? Yes/No
6. Was the physical damage to County/Permittee vehicle viewed by supervisor and noted accordingly on the **County of Los Angeles Report of Vehicle Collision or Incident**? Yes/No

* Note to Supervisor: Take pictures (whenever possible) of damage to LA County or Mileage Permittee vehicle and attach to this investigation (contact the Office of Health and Safety Management if a camera is not available). Have the appropriate Manager review and sign this investigation report and the County of Los Angeles Report of Vehicle Collision or Incident/

If you have additional facts, comments or information that may be relevant to the accident or incident please add below: (continue on reverse side of the form if necessary)

Supervisor's Signature Date

Manager's Signature Date

ACKNOWLEDGEMENT OF UNDERSTANDING AND RECEIPT

I, _____, have received and read all the material presented to me during this orientation which outlines the goals, policies, benefits and expectations of County of Los Angeles, Department of Children and Family Services (DCFS), Vehicle Loss Control Program, as well as my responsibilities as a driver. I understand the intent and contents of this orientation module and information received.

I understand that I must follow all automotive and driving safety procedures, utilize proper safety practices, maintain a current California Driver's License in the appropriate class and comply with the Department's "Vehicle Loss Control Policy" requirements and provisions.

Print Name

Signature

Date

NOTICE OF SELF-INSURANCE

**COUNTY OF LOS ANGELES
EVIDENCE OF FINANCIAL RESPONSIBILITY**

This is to certify that the County of Los Angeles provides automobile liability protection which applies to the employee named below while driving in the course and scope of Los Angeles County employment.

Employee Name:		
Employee Number:		
County Department/ Section:		
California Driver License Number:		
Automobile Make/ Model and License Plate Number:		Year:

In case of accident, contact:
Carl Warren & Company Claims Management and Administration
P.O. Box 116
Glendale, California 91209
Phone: (818) 247-2206
Fax: (818) 247-0084



“HOW AM I DRIVING?” PROGRAM
INCIDENT FORM

Bad Driving Date: _____ Time Received: _____ Good Driving

Incident Date: _____ Time of Incident _____

Name: _____ Telephone No. _____

ANONYMOUS

Vehicle No. _____ License No. _____

Vehicle Description: _____

Location: _____

Driver: Male Female
 White Black Hispanic Asian Other

Compliment/Complaint/Message/Comment: _____

Call Taken By: _____

Date Time of Call Back: _____ By: _____

Date the Form was forwarded to Senior Deputy Director’s Office: _____

DO NOT WRITE BELOW THIS LINE

To be completed by SDD’s (Senior Deputy Director) staff

Driver/Employee No. _____ Disposition: _____ Date: _____

Action Recommended and Taken:

Signature _____ Title _____ Date _____

Vehicle # _____

**COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
VEHICLE PRE-TRIP DAILY SAFETY INSPECTION REPORT**

Vehicle assigned to: _____

Print Employee Name
Comments

Description	Acceptable Not Acceptable - NE* Not Acceptable - E**	Print Employee Name Comments	Description	Acceptable Not Acceptable - NE* Not Acceptable - E**	Comments
General Condition			Body damages		
Vehicle Leaks			Tires		
Fluid Levels			Fuel tank		
Engine Oil			Seat Belts		
Coolant			Battery		
Brake Fluid			Doors		
Power Steering			Windows		
Gauges/Lights			Light Signals		
Oil Pressure			Head Lights		
Fuel (should be full)			Brake Lights		
Water			Driver Additional Comments:		
Washer Fluid					
"Check Engine" light					
Brake					
Transmission fluid					
Power Steering					
Horn					
Defrosters					
Wipers					
Other:					
Brakes					
Foot Brake					
Parking Brake					

* NE – Non Emergent
* NE – Non Emergent

** E – Emergent
** E – Emergent

VARC APPEAL

FACT SHEET

Date Appeal Received:	VARC Case No.	Incident Date:	Trip Purpose:
Employee:	Employee No.	Office:	Section:
Witnesses: <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Report: <input type="checkbox"/> YES <input type="checkbox"/> NO	Photos: <input type="checkbox"/> YES <input type="checkbox"/> NO	
VARC Decision: <input type="checkbox"/> Preventable <input type="checkbox"/> Non-preventable	Date:	VARC Appeal Decision: <input type="checkbox"/> Preventable <input type="checkbox"/> Non-preventable	Date:
Summary of Details:			
VARC Chairperson:		Date:	
Comments:			