

Granite County

DOT Vehicle Safety Program



Introduction

Success in our vehicle safety program is important to our success as an organization. Being successful in our vehicle safety program provides the following benefits:

- Reduces chance of employees being injured in a motor vehicle crash;
- Reduces chance of members of the public being injured or their vehicles or other property being damaged as a result of a vehicle crash involving one of our vehicles;
- Helps us be profitable by reducing operating costs related to vehicle crashes (such as deductibles, impact on future insurance premiums, etc.); and
- Maintains good public image of Company

Scope

The objective of this program is to strive to reduce or eliminate motor vehicle accidents and associated injuries by following the safe practices established in this program. This program is integrated into our company's written safety and health program and is a collaborative effort that includes all employees.

Compliance with this program is mandatory for all Granite County commercial drivers. Violations of this program may result in disciplinary action up to and including suspension of driving privileges or termination. Any deviations from this program must be immediately brought to the attention of the employee's supervisor or the Program Administrator.

Program Responsibilities

Management: Granite County is responsible for providing the tools and resources necessary to implement this program and for ensuring that the provisions in this program are being followed by the Program Administrator and all employees.

Program Administrator: The Program Administrator is responsible for the following:

- Evaluating prospective Granite County drivers
- Maintaining an accurate qualified drivers list
- Maintaining accurate qualification records
- Maintaining accurate substance abuse testing records
- Ensuring Granite County vehicles are maintained mechanically
- Selection/procurement of all Granite County vehicles
- Ensuring all qualified drivers are trained in the safe operation of company's vehicles
- Monitoring drivers to ensure compliance with all elements of this program

Driver Trainers: Driver Trainers of Granite County are responsible for the following:

- Conducting on-road driving tests for new employees and existing employees at least annually
- Making recommendations to the Program Administrator regarding the retention or release of employees based on driving tests

Commercial Drivers: Drivers of Granite County are responsible for conducting themselves in accordance with this program. All drivers will:

- Meet all minimum qualification criteria
- Be medically qualified to drive a commercial motor vehicle
- Maintain satisfactory evaluations from the company's Driver Trainer
- Receive negative drug/alcohol tests
- Maintain an acceptable motor vehicle record (MVR)

General Rules

The following rules are minimum expectations for operating a vehicle on **Granite County** business:

1. Drivers and passengers must be properly secured in a seatbelt whenever the vehicle is in motion.
2. Drivers taking prescription or over-the counter medications must consider the effects of the medications on driving ability. Where adverse effects may impair the ability to operate a vehicle safely, the driver must discuss this with his or her supervisor.
3. Consumption of alcohol by drivers during working hours or within <8> hours prior to driving is prohibited.
4. Use of controlled substances is prohibited.
5. No **Granite County Commissioner**, supervisor or other employee will knowingly allow a driver to operate a vehicle on Granite County business if that driver's ability to do so safely is impaired by use of alcohol, taking of medications, use of illegal substances, fatigue or any other condition.
6. Except in an emergency, communications devices, including cell phones (whether hand-held or hands-free), are not to be used by the driver while the vehicle is in motion.
7. Eating, drinking and smoking are not permitted in Granite County vehicles while the vehicle is in motion.
8. Traffic laws are to be obeyed at all times.
9. No driver is to knowingly operate any vehicle with mechanical problems or other defects that affect safe operation of the vehicle.
10. No **Granite County** Commissioner, supervisor, mechanic or other employee will knowingly allow a vehicle to be driven that has mechanical problems or other defects that affect safe operation of the vehicle.
11. At all times, drivers will drive defensively, courteously and in a manner that reflects well on **Granite County**.
12. Drivers are responsible for properly securing unattended vehicles. This includes
 - Never leaving the keys in the vehicle.
 - Never leaving materials or inventory in plain view where they will be susceptible to theft or damage.
 - Locking an unattended vehicle. Spare keys are to be kept in the office or at your home.
13. In addition to the above, drivers will adhere to the other requirements of our vehicle safety program.

Driver Selection

Granite County strongly supports the principles of equal opportunity, and it is our intention to comply with all laws relating to those principles. We treat employees and candidates for employment with fairness and without regard to any factor not related to the ability to perform the essential functions of the job. Nothing in this section is intended to deviate from this position.

It is the policy of **Granite County** that only qualified individuals who have the skills and knowledge necessary to operate motor vehicles safely be allowed to drive as a part of their job duties with our organization.

Selection Criteria

Commercial driver applicants will not be considered for employment unless they meet the minimum requirements listed below.

- Be at least 18 years old to operate a commercial motor vehicle intrastate
- Be at least 21 years old to operate a commercial motor vehicle in interstate
- Be at least 21 years old to operate a vehicle transporting hazardous materials

- Be able to read and speak English sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records
- Be physically and mentally qualified to drive a Granite County vehicle and possess a valid medical certificate as defined in 49 CFR Part 391
- Possess a current and valid commercial driver's license or chauffer's license and proper endorsements for the type of commercial vehicle to be driven
- Must not be disqualified to drive a commercial motor vehicle under the rules and regulations set forth in 49 CFR Part 391.15
- Meets all of the requirements and be able to perform all of the tasks and essential duties of the job description
- Have at least two years of verifiable driving experience with like type vehicles
- Have at least five years verifiable driving experience, if required to transport hazardous materials
- Has not been convicted of any of the following violations within the previous five years:
 - Driving under the influence of alcohol and/or drugs
 - Reckless driving/speed contests
 - Hit and run accidents
 - Vehicular manslaughter/homicide
 - Leaving the scene of an accident
 - Failure to report an accident
 - Improper or erratic lane changing
 - Following too closely
 - Distracted driving (including cell phone use [texting or talking] while driving)
 - Flee/elude police officer
 - Passing a stopped school bus
 - Speeding 15 miles per hour over the posted speed limit
 - Refusal to submit to a alcohol and/or drug test
 - Operating with a suspended or revoked license
- Has not experienced any of the following within the previous three years:
 - Two "at fault" accidents
 - Three moving violations
 - Two moving violations and one "at fault" accident
 - Tested positive to drugs or alcohol

Hiring Process

Granite County employment hiring process is designed to ensure that the safest individuals are hired to operate our motor vehicles. This multi-step process shall be used for all applicants and will be administered uniformly without bias toward race, color, religion, gender, age, national origin, disability, sexual orientation or any other criteria deemed unlawful by state, federal or local law.

Application: All commercial driver applicants must submit a completed, accurate, signed and dated application for employment. The hiring/screening process will not continue until all information on the application has been verified.

Previous Employment: The employment history will be collected and verified for every commercial driver applicant. All commercial driver applicants must provide the following employer information on all driving positions they have held for the previous ten years.

- Names, addresses and phone numbers or other contact information of previous employers
- Names, titles and phone numbers or other contact information of previous supervisors

Motor Vehicle Records: The driving record from the previous five years will be examined for all commercial driver applicants from the appropriate agency of every state in which the applicant held a motor vehicle license or permit. The driver qualification and hiring process will not continue until all driving record information has been verified and no disqualifying items have been found (See qualification requirements above).

Drug and Alcohol History: All applicants will be asked if he or she has tested positive, or refused to test, on any pre-employment drug and alcohol test administered by a previous employer. If the employee admits to any of the above, without documented successful completion of DOT return-to-duty requirements, he or she will not be considered for employment.

All applicants who indicate no drug or alcohol violations must provide written consent (**Appendix E**) for a drug and alcohol history to be obtained for the preceding two years from all DOT-regulated employers. If the applicant fails to provide this consent, he or she will not be considered for employment. Any positive indication of drug or alcohol use at the following levels will immediately disqualify the applicant.

- Alcohol test with a result of 0.04 or higher
- Verified positive drug test
- Verified adulterated or substituted drug test results
- Violations of DOT agency drug and alcohol testing regulations

Individuals who have successfully completed DOT return-to-duty requirements after a drug or alcohol regulation violation will continue through the hiring process.

Pre-Employment Screening Program: All applicants must provide written approval (**Appendix N**) for **Granite County** to request a copy of the applicant's commercial driving record from the FMCSA's Pre-Employment Screening Program. Non-compliance with hours of service, cargo securement, vehicle inspections, etc. will be evaluated in the hiring process. Significant or repeated violations may disqualify the applicant.

Background and Fair Credit Reporting Act Investigations: All applicants must provide written approval for **Granite County** to perform a Criminal Background Check and a Credit Report Check (**Appendix O and Appendix P**). These checks will be made on all commercial driver applicants and other applicants that may be required to operate a motor vehicle while conducting Granite County business.

Proof of Citizenship and Right to Work: All commercial driver applicants shall be required to provide either proof of U.S. citizenship or proof of their legal right to work in the United States.

Personal Interviews: All applicants will be given an in-person interview by the Program Administrator.

Drug/Alcohol Screening: All commercial driver applicants will submit to a drug/alcohol screening after an initial offer of employment is extended. Only the designated **Granite County** drug/alcohol testing facility will be used. Drug/alcohol test results from the commercial driver applicant's previous employer will not be accepted. A negative test result is a condition of employment. No driver applicant will perform any work or activity for **Granite County** until a negative test result has been obtained for the driver applicant.

Medical Qualification: All applicants shall be medically examined and certified as physically qualified to operate a commercial motor vehicle by a licensed, DOT-certified medical examiner designated by **Granite County**.

Driving Evaluation: All applicants will be required to submit to a driving test to evaluate their driving proficiency. The driving test will be an on-road driving test with one of Granite County Driver Trainers. The applicant will be evaluated on pre-trip inspections, city and rural driving on two-lane and multiple-lane roads including freeway and interstate, passing, backing, and emergency procedures. This evaluation will be used in the hiring assessment and to develop portions of the company's mandatory driver training program. This driving test will be completed before a new commercial driver is allowed to operate a commercial vehicle for Granite County business. Driving evaluations will be documented on the Driver's Road Test Examination form located in Appendix J.

Driver Qualification Files

As required by the DOT, <Granite County Name> maintains a qualification file for all drivers. No employee shall operate a Granite County vehicle, or any vehicle operated while on Granite County business unless they are listed on the company's Qualified Driver List. This includes personal vehicles if used for Granite County business. **Granite County** maintains a current list of qualified drivers and is required to provide this list to our insurance

carrier annually and anytime changes are made to the list. The Qualified Driver List form can be found in **Appendix C**. The following information is required for each driver:

- Driver application for employment (**Appendix D**)
- Copy of driver's license
- Hire date
- Inquiry To Previous Employers in the past three years (**Appendix F**)
- Inquiry to State Agencies (**Appendix G**)
- Medical examiner's certificate* (medical waiver, if issued)
- Driver's Road Test Examination results (**Appendix J**)
- Certificate of road test*
- Annual driver's certificate of violations (**Appendix H**)
- Annual review of driving record (**Appendix H**)

*Note: Drivers will be issued copies of these certificates. Drivers only need to have a copy of the medical examiner's certificate in their possession while driving.

Qualification records for each commercial driver will be maintained for a minimum of five years after the driver's employment is terminated.

DRIVER TRAINING

Granite County has established a training program for drivers to assure that persons in driving positions in our organization have the knowledge and skills necessary to perform the job in the manner expected. This training will also provide them with knowledge of Granite County policies and procedures regarding driving a motor vehicle on Granite County business.

Proper training for drivers benefits the organization by helping to reduce operational disruptions and to minimize unnecessary costs from vehicle crashes and equipment abuse. This training benefits drivers by helping them to perform their jobs safely and efficiently.

Granite County Orientation. During orientation, commercial drivers will be introduced to all documents, rules, procedures and policies used by commercial drivers of Central MT Propane, many of which are included in this Commercial Fleet Safety Program. During driver orientation, drivers will be introduced to Granite County facilities and will be provided with area access security codes and keys as needed. Drivers will also be introduced to personnel they will be interacting with during the course of their employment with **Granite County**. All drivers will be provided with a list of contacts and telephone numbers.

Employment Documentation. **Granite County** uses a variety of forms and other recordkeeping documents including but not limited to vehicle inspection reports, manifests and bills of lading, logbooks, fuel and other vehicle service and maintenance receipts. Drivers will be introduced to these documents by a representative from the Transportation Department. The Human Resources Department will also meet with each driver to complete all employment documentation including: insurance, taxes and withholdings, emergency contact information, work schedule and pay periods, time away from work including PTO, holidays, bereavement, jury duty and military leave, etc.

Driver Safety Rules. Commercial drivers are responsible for complying with all Granite County rules. Driver safety rules include:

- Do not operate the vehicle unless all occupants are wearing a seat belt
- Do not drive the vehicle without headlights illuminated
- Do not allow any unlicensed/unauthorized persons to operate a Granite County motor vehicle
- Do not operate any vehicle while impaired, affected, or influenced by alcohol, illegal drugs, medication, illness, fatigue, or injury

- Do not engage in distracting activities while driving. This includes using a cell phone for talking or texting, eating, using a computer, GPS or MP3 player, applying makeup, reading, looking at maps, or any other activity that takes a person's eyes or attention away from driving. Drinking non-alcoholic beverages is acceptable
- Do not use a radar detector
- Obey the posted maximum and minimum speed limits at all times
- Do not pick up hitchhikers or allow unauthorized passengers inside the motor vehicle
- Do not drive a motor vehicle that is mechanically unsafe to operate
- Do not operate a motor vehicle with unsecured cargo or equipment
- Move to another traffic lane or slow down when approaching an emergency vehicle along the side of the roadway
- Observe all state and local laws while operating the motor vehicle
- Do not accept payment for carrying passengers or materials not authorized by the Central MT Propane
- Do not push or pull another vehicle or tow a trailer without Granite County authorization
- Do not transport flammable liquids and gases without prior authorization. If authorized, only DOT or UL approved containers are to be used, and only in limited quantities when necessary
- Do not use ignition or burning flares. Use only issued reflective triangles

These rules will be reviewed annually and signed by each commercial driver (**Appendix L**). The signed copy will be maintained in the driver's file. Disciplinary action up to and including termination may result if drivers fail to comply with the driver safety rules.

Individual Driver Training. Granite County has developed and adopted a policy that all commercial drivers complete a mandatory training period before operating Granite County vehicles. Training is conducted for a minimum of four weeks with a Granite County Driver Trainer and includes both classroom and road training. The total length of the training is dependent on each driver completing all course objectives.

During this training period, the driver is considered a probationary employee. Upon the completion of training, the Driver Trainer will make a recommendation to the Program Administrator to either retain the new driver or release him or her. In some cases, a driver undergoing training may not be allowed to complete the training. This usually occurs if, in the opinion of the Driver Trainer, the driver poses a safety liability to Riley Trucking.

At least annually, a Driver Trainer will ride with each commercial driver to evaluate his or her operation of a commercial motor vehicle. Results will be documented on the Driver's Road Test Examination form located in **Appendix J**. The results of this evaluation may indicate a need for additional training with a Driver Trainer. Moving violations and/or accidents may also trigger additional training throughout the year.

Group Driver Training. All commercial drivers must attend quarterly and annual training. This training will consist of a review of Granite County procedures, updates on regulatory changes, safety topics such as defensive driving, driver fatigue, discussion of current issues, and a review of all accidents, incidents, and citations. All group training will be documented on the Training Record/Certification Form located in **Appendix B**.

Vehicle Observation. The Program Administrator will conduct random unannounced vehicle observations of Granite County drivers during their operations. Evaluation items can be found in **Appendix K**.

Maintaining Employment

Each authorized driver must comply with the criteria below in order to maintain the status as a qualified commercial driver and be authorized to drive a Granite County motor vehicle. Failure to comply with any of the following conditions will automatically disqualify a driver from operating a Granite County motor vehicle.

Licenses: All drivers must maintain the proper commercial driver's license (CDL) for their job duties. Drivers will not possess more than one state-issued license.

Traffic Violations: Drivers must notify **Granite County** within 48 hours of conviction of any traffic violations (except parking). Drivers must also notify the motor vehicle licensing agency in the state which issued his or her CDL within 30 days. These requirements apply to any motor vehicle the driver was operating at the time the violation was received regardless of who owns the vehicle.

Drugs/Alcohol: Drivers will not operate a commercial motor vehicle with a blood alcohol concentration of 0.04% or more or operate a commercial motor vehicle while under the influence of legal or illegal drugs that impair the operation of the motor vehicle.

Suspensions/Revocations: Drivers will not operate a commercial motor vehicle if their license is suspended, revoked, or canceled, or if they are disqualified from driving. The driver must immediately notify the Program Administrator if their license is suspended, revoked or canceled.

Motor Vehicle Records: **Granite County** will check the motor vehicle records (MVR) of all authorized commercial drivers on an annual basis. All annual reviews will be documented using the form in **Appendix H** and maintained in the driver qualification file. Disciplinary action up to and including termination can result if a motor vehicle record indicates non-compliance with the driver qualification criteria.

CSA Program

The Federal Motor Carrier Safety Administration's Compliance, Safety and Accountability Program (CSA) tracks violations by Riley Trucking's DOT number. When a driver receives a citation for a moving violation, hours of service, vehicle maintenance or cargo securement, the law enforcement official will check the CSA database to review the safety record of our company. It is very important that each driver understands how their driving affects not only their safety record, but the Granite County as well.

The Program Administrator will review the CSA safety report each week, and address areas where safety has diminished across the company. This may result in additional safety training or changes in drivers' statuses.

Vehicle Inspections

Granite County is committed to following a rigid, daily inspection program.

Driver Pre-Trip Inspection. A properly performed and thorough pre-trip inspection will be conducted by each driver prior to operating the vehicle. The following seven steps must be completed for each pre-trip inspection. All vehicle inspections will be documented on the driver's vehicle inspection report found in **Appendix I**. If anything unsafe is discovered during the pre-trip inspection, it must be fixed immediately.

1. **Review Last Vehicle Inspection Report** – The driver must review the last driver's vehicle inspection report to verify that any needed repairs were made to the vehicle. If an authorized signature certifies that defects were corrected or that correction was unnecessary, the driver will sign the third signature line of the form. If the defects noted were not acknowledged by an authorized signature, the driver shall not drive the vehicle until the defects are corrected.
2. **Vehicle Documentation** – The driver must verify all shipping papers, vehicle registration, insurance cards and any other paperwork required by the DOT are in his or her possession.
3. **Vehicle Overview** – A general condition review of the vehicle is required. Look for damage or unusual wear to the vehicle. Examples include, vehicle leaning to one side, lights broken or inoperative, tire and rim condition, and suspension and break wear. Look under the vehicle for fresh oil, coolant, grease or fuel leaks. Perform a walk-around assessment to look for people, other vehicles, objects, low hanging wires or limbs.
4. **Check Engine Compartment** – After verifying the parking brake is set and/or wheels chocked, raise the hood and inspect the engine compartment. Check the following:
 - Fluid levels
 - Power steering
 - Batteries

- Automatic transmission
 - Belts for cracks or wear
 - Tightness in alternators, water pumps and air compressor
 - Cracked, worn electrical wiring insulation
5. **Start Engine and Inspect Inside the Cab** – Verify that the parking brake is set, place gearshift in neutral, start engine and listen for unusual noises. Then check the following:
- Look at gauges (oil, ammeter/voltmeter, coolant temperature, engine oil temperature, warning lights and buzzers)
 - The condition of controls. Look for looseness, sticking, damage or improper setting (steering wheel, clutch, accelerator, brake controls [foot brake, trailer brake, parking brake, retarder controls], transmission controls, inter-axle differential lock, horn[s], windshield wiper/washer, and lights [headlights, dimmer switch, turn signal, four-way flashers, clearance, identification, marker light switches])
 - The condition of mirrors and windshield/windows
 - Location of emergency equipment (three red triangles, properly charged and rated fire extinguisher, tire chains, emergency phone number list and accident reporting kit)
6. **Check Lights** – Make sure parking brake is set, engine is off and ignition key is out of the switch. Check the following items:
- Headlights (low and high beams)
 - Emergency flashers
 - Parking, clearance, side marker and identification lights
 - Turn signals
 - Brake lights (a helper will be required to complete this task)

Clean all lights, reflectors, and glass as needed.

7. **Test Brakes** – For hydraulic brakes, pump the brake pedal three times, then apply firm pressure to the pedal and hold for five seconds. The pedal should not move. For air brakes, verify the slack adjusters do not move more than one inch.

Check the following additional items:

- Brake drums (or disks), linings, and hoses for cracks or other visible damage, appropriate liner thickness and presence of oil or grease
- Check air hoses for worn areas or the presence of cuts or other damage. Shut off the engine and test low pressure warning signal
- Verify spring brakes activate with low air pressure (usually in a range between 20-40 psi)
- Check the rate of air pressure buildup (typically 85-100 psi within 45 seconds in dual air systems).
- Test air pressure leakage (with a fully charged air system typically 125 psi)
- Verify loss rate does not exceed two psi in one minute for single vehicles and three psi in one minute for combination vehicles.
- Check air compressor governor cut-in and cut-out pressures.
- Test parking brake with transmission in low gear. Test service brake for left or right pulling when service brakes are applied.

During a Trip. Once on the road, the driver must examine his or her vehicle and cargo:

- At each change of duty status
- After driving for 3 hours

- After driving for 250 miles

If a problem is found, the driver must either have the necessary repairs or adjustments made prior to operating the vehicle, or safely travel to the nearest repair facility. For vehicles transporting hazardous materials, the driver must examine its tires at the beginning of the trip and each time the vehicle is parked.

During each stop the driver will check the following items:

- Tires, wheels and rims
- Brakes
- Lights and reflectors
- Brake and electrical connections to trailer
- Trailer coupling devices
- Cargo securement devices

Post-Trip Inspection and Report. Each driver is required to complete a written report on each vehicle's condition at the end of the day, or when he or she finishes driving the vehicle for that day. Vehicles include power unit and trailer(s). A copy of the inspection form can be found in **Appendix I**.

The report must be completed in its entirety and the driver must note any defects to following:

- Service brakes including trailer brake connections
- Parking (hand) brake
- Steering mechanism
- Lighting devices and reflectors
- Tires
- Horn
- Windshield wipers
- Rear vision mirrors
- Coupling devices
- Wheels and rims
- Emergency equipment

The driver must also note any other defects that could affect the safe operation of the vehicle or result in its mechanical breakdown. The report must also indicate if no defects are found. The driver must sign and submit the report to the Program Administrator.

The original copy of the inspection report and certification of repairs will be retained in the vehicle maintenance files. The original copies of inspection reports on which defects were noted and the certification of repairs will be retained for three months.

Vehicle Accident Reporting and Investigation Plan

This vehicle accident reporting and investigating plan prescribes methods and practices for reporting and investigating accidents.

Vehicle Accidents. The following steps will be followed in the event of a vehicle accident/incident. Near miss accidents or incidents must be reported as well, i.e., when a driver nearly has a vehicle accident but is able to avoid injury or damage.

- Stop the vehicle, turn off the engine, and protect the scene by activating the four-way emergency flashers and posting orange emergency triangles to prevent a secondary accident (one near the scene and one marker 100 feet in each direction from the scene and one marker near curves or hill crests, but no more than 500 feet away)

- Call for medical assistance and assist any injured people if necessary but do not move the person unless absolutely necessary to prevent further injury
- If possible, prevent waterways, storm drains, etc. from hazardous materials if spilled
- Call the police
- Call the company's Program Administrator within 12 hours
- Locate witnesses and get important information from them including names, addresses and phone numbers
- Exchange pertinent information with other drivers
- Take photos of the accident
- Make detailed sketches/drawings of the accident scene noting the direction of travel for each vehicle involved
- Driver of vehicle will go directly to Medical Facility to be drug and alcohol tested.
- Fill out the vehicle accident report form. All incidents must be reported regardless of damage etc.
(Appendix M)

Note: Every Granite County motor vehicle is required to have a vehicle accident reporting kit in the glove box. This kit should be used by the driver to record accident facts after the accident as soon as feasible.

Post-Accident Actions. Drivers involved in an accident are to comply fully with the following:

- Never admit fault or apologize. Apologies can be interpreted as an admission of fault
- Be polite and never argue with other drivers or witnesses
- Be polite and never argue with the police
- Never make a statement to the media. Refer them to the company's media contact
- Never discuss details of the incident with anyone but a Granite County representative
- Always report the accident/incident to the Program Administrator, regardless of severity

Vehicle Accident Involving Employee Injury Reporting. Our vehicle accident involving employee injury reporting procedures include the following:

- Employees injured on the job are to report the injury to the Clerk and Recorder Workman's Comp or Safety Director as soon as possible.
- Clerk and Recorder office/Workman's Comp or Safety Director is to follow the established employee injury or accident investigation program.

The goal of this reporting and investigation process is not to find fault, but to determine the root cause so that corrective actions can be made in order to eliminate future accidents or incidents.

Vehicle Accident Report Retention. Vehicle accident reports and associated information will be maintained by the Program Administrator for three years after the date of the vehicle accident.

The following information will be retained:

- Date of accident
- City and state in which the accident occurred
- Driver name
- Number of injuries
- Number of fatalities
- Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicles involved in the accident, were released
- Copy of vehicle accident report
- Copies of all accident reports required by state or other governmental entities or insurers

Post-Accident Corrective Action Procedure. The Commissioners and Supervisor will evaluate driver performance after an accident. The corrective actions below will apply if a driver experiences an accident that is judged to be preventable. Accidents will be judged on a case-by-case basis before the corrective action program is initiated.

A driver who is involved in one preventable accident in six months will be placed on probation for 90 days. If the driver successfully completes that period of probation without any further accidents, the driver will be taken off the probation list. However, if the driver is involved in another preventable accident while still on probation, the driver will be terminated.

Granite County also reserves the right to impose more stringent consequences based on the circumstances and/or severity of a preventable accident.

Cargo Securement

Cargo securement is extremely important to the safety of the driver, his or her vehicle and other vehicles using the road. Loads should be examined within the first 50 miles of initial transport and again at all following stops. All tie-downs, tarps, doors, hatches, blocks/chocks, straps/chains/binders, tires, placards, lights, etc. are to be verified as secure, meaning they cannot damage the cargo or come loose and fall off the vehicle.

Law Enforcement, Roadside Inspections and Weigh Stations

Granite County expects drivers to behave in a professional and courteous manner when pulled over by law enforcement, going through weigh stations or if asked to participate in a roadside inspection. Directions given by the official should be strictly followed. Failure to comply with the procedures set forth below may result in disciplinary actions up to and including termination.

Roadside Inspection Procedures. When a driver is required to participate in any of the above actions, he or she must pull off the road immediately to an area designated by the officer. If the driver believes that the designated area is unsafe for the driver and/or the officer, the driver will state his or her concerns to the officer in a courteous and professional manner. Once the inspection is underway, the driver shall follow the directions given by the officer and act appropriately.

The results of all stops and inspection must be reported to the Granite County during the driver's next scheduled check-in call. The driver must turn in all inspection reports to **Granite County** upon arrival.

If the vehicle or driver is placed out of service, the driver must notify the Program Administrator immediately so **Granite County** can notify the customer of any delays that may result. A vehicle that is placed out of service cannot be operated until all repairs required by the out of service notice have been completed.

Disposition of Report. Upon receiving a roadside inspection report, **Granite County** will make arrangements to correct any defects still outstanding. Within 15 days of the inspection, **Granite County** will certify that all defects have been corrected by completing the signature of carrier official, title and date signed portions of the Inspection Report Form (**Appendix I**). The form will then be mailed to the issuing agency at the address indicated on the form.

The driver will be notified when defects have been corrected. Roadside inspection reports will be analyzed for ways to reduce the number of violations and lower the out of service rate. A copy of the roadside inspection report will be retained for three years.

Periodic Program Review

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

- Review of individuals driving compared to the Qualified Drivers List (**Appendix C**)

- Evaluation of all training programs and records
- The need for retraining of management and/or drivers based on accident investigation results
- Review the drivers that have produced a high number of vehicle accidents
- Responsiveness in reporting vehicle accidents
- Vehicles purchases and safety equipment contained on the vehicles
- The program's success will be determined and reported to senior management using the following criteria:
 - Cost and frequency of vehicle accidents
 - Employee feedback through direct interviews, audits and questionnaires
 - Vehicle accident investigation results
 - The Annual Review Report Form, found in Appendix A, will be used.

Vehicle Selection

Specifications for purchasing vehicles will be established to ensure that the vehicles:

- Are suitable for the intended purpose;
- Are crashworthy;
- Have sufficient cargo capacity, load positioning and/or towing ability to meet our business needs; and
- Incorporate the following safety features
 - Ergonomically designed for
 - Ease of access, movement, and ability to work in or from vehicle and
 - Access to tools and cargo that minimize risk factors
 - ABS <traction control, stability control>
 - Airbag systems
 - Rear vision or detection devices
 - Exterior mirror systems
 - <Other>

Emergency Equipment

Each Granite County vehicle will be provided with the following:

- First aid kit;
- Flashlight;
- Reflective safety vest; must be worn any time driver or passenger is outside of vehicle cab.
- Fire extinguisher;
- Reflective triangles/flares; and
- Vehicle crash reporting kit <including camera>

Vehicle Records

A record will be maintained on each. This record will be identified by our vehicle number, Vehicle Identification Number, make/year and will include:

- Dates and vehicle mileage/hours of scheduled maintenance and who performed.
- Dates of any repairs made, nature of the repairs and who completed the repairs.
- Copies of drivers' inspection reports including corrections made as result of those reports.

Defensive Driving

Defensive drivers commit no driving errors themselves and make allowances for the lack of skill or improper driving practice of the other driver. Defensive drivers adjust their own driving to compensate for unusual weather, road and traffic conditions and are not tricked into an vehicle crash by the unsafe actions of pedestrians and other drivers. Being aware of vehicle crash producing situations, they recognize the need for preventive action in

advance and make the necessary responses to prevent the vehicle crash. As defensive drivers, they know when it is necessary to slow down, stop or yield the right of way to avoid involvement.

Errors: Violating law, creating hazards, accepting excess risk, depending on other driver's defensive response to our action, failing to communicate, confusing others, operator control error, etc.

Aware: Properly observant; note positions of other vehicles; anticipating situations, other drivers' actions, and developing hazards.

Responses: Slow, stop, stay put, communicate, signal, turn, evade, speed up, delay move, stay back, determine other driver intentions, make sure others see you, etc.

Company

Vehicle Safety Program – Appendix

Forms

Appendix A – Annual Evaluation Report

Date of Evaluation:	Evaluated by (list all present):
Written Program Reviewed: Yes No	
Do vehicle accident records indicate a need for additional driver training on the Commercial Fleet Safety program? Yes No	
Have any drivers produced a high incidence of vehicle accidents? Yes No If yes, list:	
Is there any record of failure to report vehicle accidents in a timely manner? If yes, what corrective action is needed?	
The following content was added/modified/removed from the written program:	
Comments:	

Appendix B – Training Record/Certification Document

The following individuals received training on the **Granite County** Commercial Fleet Safety - DOT Regulated Program.

Print Name	Sign Name

Print Instructor's Name	
Instructor's Signature	
Instructor's Title	
Date of Training	

Appendix D – Commercial Driver Application

Date: _____
Name (Print) First _____ Middle _____ Last _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Date of Birth _____ Social Security Number _____ - _____ - _____

Please list all addresses from the past three years.

- 1 Address _____
City _____ State _____ Zip _____
Dates from _____ to _____

- 2 Address _____
City _____ State _____ Zip _____
Dates from _____ to _____

- 3 Address _____
City _____ State _____ Zip _____
Dates from _____ to _____

Please provide driver's license information for all licenses held in the past three years.

State _____ Number _____ Expiration Date _____
State _____ Number _____ Expiration Date _____
State _____ Number _____ Expiration Date _____

Experience:

_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven
_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven
_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven

Please list all accidents in the past three years. If none, write NONE.

Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____

Please list all traffic violation convictions in the past three years. If none, write NONE.

Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No

Have you ever had a driver's license denied, suspended, revoked or canceled by any issuing agency?

_____ Yes _____ No If yes, list state of issuance and explanation: _____

Please list your employment history for last 10 years. Account for gaps in employment.

1. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA Regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

2. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

3. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation (DOT) regulated employment history in the preceding three years, and wish to review the information provided by the previous employer(s), must submit a written request to the prospective employer. This may be done at anytime, including when applying for the position, up to thirty days after being employed or when notified of denial of employment.

The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date Signed

This section to be completed by the employer.

Application received by:

Application reviewed for completeness by:

Name

Name:

Title

Date

Title

Date

For Office Use

Date of hire

Time & date of pre-employment CST

Time & date of pre-employment CST results received

Date first used in safety sensitive position

Date of termination

Appendix E- Controlled Substance and Alcohol Questionnaire

Date: _____

Name (Print) First _____ Middle _____ Last _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?		Yes	No
If Yes -	Have you successfully completed the return-to-duty process?	Yes	No
If Yes -	Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.		

Applicant's Signature

Date Signed

To be completed by the employer

Application received by:

Application reviewed for completeness by:

Name

Name

Title Date

Title Date

Appendix F – Inquiry to Previous Employers

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation, for which you may be prosecuted.

TO: _____
Former Employer's Name _____ Date _____

Mailing Address _____ City / State / Zip _____

Telephone # _____ Fax # _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of a substance abuse professional (SAP) and/or medical review officer (MRO) to each and every Central MT Propane (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature _____ Date _____
Witness's Signature _____ Date _____

REQUEST FROM

Company _____
Address/City/State/Zip _____
Telephone # _____ Cell # _____
Contact Person & Title _____

NAME OF APPLICANT: _____ SSN _____ - _____ - _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY – PAST THREE YEARS

- Did applicant work for you from ___ / ___ / ___ to ___ / ___ / ___ as a _____
YES / NO; If NO, please explain: _____

- If employed as a driver, please choose the position that best describes applicant's employment:
Granite County Driver _____ Owner/Operator _____ Other _____

Type of truck(s) and/or truck/tractor(s) operated: _____

Commodities transported: _____ Area of operation: _____

- Accidents? YES / NO If YES, please give date(s) and brief description of each accident:

- Why did this employee leave your company? _____

- Would you re-employ this person? YES / NO If NO, please explain: _____

- Additional comments: _____

INQUIRY FOR ALCOHOL/CONTROLLED SUBSTANCES INFORMATION – PRECEDING 3 YEARS

- Alcohol tests with a result of 0.04 or greater? YES / NO If YES, give date(s): _____

- Verified positive controlled substances test results? YES / NO If YES, give date(s): _____

- Refusals to be tested? YES / NO If YES, give date(s): _____

- Was rehabilitation completed as required? YES / NO If YES, give date(s): _____

Person providing the above information:

Name: _____

Title: _____

Company: _____

Date: _____

Appendix G – Inquiry to State Agencies

Driver's Name

Driver's CDL #

Driver's SSN

Dear _____

The above listed individual has applied for employment with us as a commercial motor vehicle driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your state to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every state in which an applicant has held a motor vehicle operator's license or permit during those three years. Therefore, please provide the individual's driving record for the past three years, or state that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such a request, please send us the necessary items for us to complete our inquiry into the driving record of this individual.

Respectfully,

(Printed) Name of person making inquiry

Title of person making inquiry

Granite County Name

Street

City

State

Zip

Appendix H – Annual Motor Vehicle Driver’s Certificate of Violations

I _____ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver Signature

Date

ANNUAL REVIEW OF DRIVING RECORD

I certify that I have carefully reviewed the driving record of _____ to determine whether or not he or she meets the minimum requirements for safe driving specified in this program or is disqualified to drive a **Granite County** commercial motor vehicle.

In reviewing this driver’s record, I certify that I have considered any evidence that the driver has violated any Granite County rules or applicable regulations. I have considered the driver’s accident record and any evidence that the driver has violated laws governing the operations of motor vehicles. I have given great weight to violations that indicate that the driver has exhibited a disregard of the safety of the public and Granite County policies, such as speeding, reckless driving, and operating while under the influence or alcohol or drugs.

A copy of the response from each state agency inquired is attached. This form shall be maintained in the driver’s qualification file.

Reviewer Name

Review Date

Title

Reviewed By Signature

Appendix I – Driver's Vehicle Inspection Report

If an item is defective, check the box and give details in the comments section.

Date: _____ Time: _____ AM / PM

Tractor/Truck ID # _____ Trailer ID # _____ Odometer Reading _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <i>Flag Flares</i> |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Mirrors | <i>Fuses</i> |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Muffler | <i>Spare Bulbs</i> |
| <input type="checkbox"/> Body | <input type="checkbox"/> Rear End | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Lights | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brakes, Parking | <i>Head</i> | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brakes, Service | <i>Stop</i> | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Clutch | <i>Tail</i> | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coupling Devices | <i>Dash</i> | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Defroster/Heater | <i>Turn Indicators</i> | <input type="checkbox"/> Fuel Tanks |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Frame and Assembly | <i>Fire Extinguisher</i> | |
| <input type="checkbox"/> Front Axle | <i>Reflective Triangles</i> | |

Trailer

- | | |
|--|--|
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Lights -- All |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Hitch | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Other |

Comments

The vehicle described above was inspected and passed with no noted deficiencies or defects.

Driver's Signature _____ Date _____

The defects checked above have been corrected.

The defects checked above are not in need of repair for safe operation of vehicle.

Mechanic's Signature _____ Date _____

Driver's Signature _____ Date _____

Appendix J – Driver's Road Test Examination

Driver's Name: _____

Vehicle Driven: _____

The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the **Granite County** intends to assign.

Rating of Performance

- _____ Pre-trip inspection
- _____ Coupling and uncoupling of combination units (if equipment includes combination units)
- _____ Placing the equipment in operation
- _____ Use of vehicle's controls and emergency equipment
- _____ Operating the vehicle in traffic and while passing other vehicles
- _____ Turning the vehicle
- _____ Braking and slowing the vehicle by means other than braking
- _____ Backing and parking the vehicle
- _____ Other, explain: _____

Type of equipment used in giving the test: _____

Examiner's Signature: _____ Date: _____

Remarks:

Note: Immediate results of all road tests will be communicated to the Program Administrator within two hours of completion. All road tests whether passed or not will be documented on this form and forwarded to the Program Administrator within three business days.

Appendix K - Vehicle Observation Form

Completed By: _____

Date: _____ Time: _____ AM / PM

Vehicle Number: _____ Tag Number: _____

Highway or Street: _____

In or Near: _____

Direction of Travel: North _____ South _____ East _____ West _____

Number of Lanes: 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Type Road: 2-Lane _____ Divided _____ Freeway _____ Interstate _____

Road Conditions: Dry _____ Wet _____ Snow _____ Ice _____

Weather Conditions: Clear _____ Cloudy _____ Rain _____ Snow _____

Actual Speed: _____ Posted Speed Limit: _____ Miles Observed: _____

Driving Violation	Yes	No	Comments
Failure to signs			
Excessive speed			
Follows too close			
Blocks traffic			
Pass on hill			
Pass on curve			
Pass intersection			
Improper pass			
Moving with traffic			
Faster than traffic			
Cuts in			
Improper turn			
Disregards signal			
Disregards sign			
Improper parking			
Passenger			
Other (specify)			

Appendix L - Commercial Fleet Safety Program Acknowledgement

I acknowledge that I have received a written copy of the Commercial Fleet Safety Program, that I fully understand the content and terms contained herein. I agree to abide by these terms, and I am willing to accept the consequences up to and including termination for failing to follow this program.

Employee Signature

Date

Employee Name (printed)

Appendix M – Permanent Vehicle Accident Report

Date of Accident: _____

City/Town: _____
(In which or most near where the accident occurred)

State: _____

Driver Name: _____

Number of Injuries: _____

Number of Fatalities: _____

Were hazardous materials released as result of the accident? YES NO

If the only release was fuel spilled from the fuel tanks of the vehicle involved in the accident indicate NO.

Include a copy of **Granite County** vehicle accident report

Include copies of all accident reports required by state or other governmental entities or insurers

Appendix N – FMCSA Pre-Employment Screening Authorization

Granite County

220 N. Sansome St. Philipsburg, MT 59858

In accordance with the Federal Privacy Act, the Fair Credit Reporting Act and other applicable federal laws, you are being informed that a Federal Motor Carrier Safety Administration's Pre-Employment Screening Program (PSP) report will be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above-named Granite County to obtain a (PSP) report on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

Drivers Name: _____

Driver's Current License Number: _____

License State: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

New Employee Safety Orientation Checklist

Instructions for Managers: Use this customizable new employee safety orientation checklist to provide new employees with a safety orientation, training requirements, and site-specific safety information for general industry employees. If your organization uses a different system or vendor for training, make adjustments as appropriate.

Using This Checklist to Document New Employee Safety Orientation

Follow these steps to complete the new employee safety orientation.

- 1) **Confirm that the new employee is in your safety training software.** Check with your safety coordinator to ensure your employee roster is up-to-date.
- 2) **Review this guide.** Supervisors shall review this guide with new employees and fill in any necessary workplace-specific information. Pay special attention to specific training requirements.

If you would like a specific training you would like, let your supervisor know and the safety coordinator will explore what is available. Talk to your representative about options to expand your online training and documents catalog.
- 3) **Appoint an on-site trainer.** If a supervisor doesn't perform site-specific onboarding tasks, assign a competent on-site person(s) who can instruct the new hire on the necessary operational skills to perform their work tasks safely. Depending on the trainer's job specification and/or their area of knowledge, the trainer may be more than one person. The trainers should be knowledgeable and experienced in the area they are providing instruction and should be able to answer any questions from the new employee about the topic on which they are being trained.
- 4) **Teach operational skills.** Upon passing the applicable online and on-site training, new employees can start learning on the job how to safely operate equipment necessary for their assigned job task and safely use chemicals that may be necessary for them to use in their assigned job task. This must be done under the direct supervision of a knowledgeable and competent person in a safe environment that doesn't compromise the safety of other employees.
- 5) **Verify new employee's comprehension.** Upon completing operational and site-specific training, the on-site trainer verifies that the employee demonstrated the appropriate skill has been demonstrated. The on-site trainer will also sign off on the On-site Trainer Acknowledgment in the New Employee Safety Orientation Checklist. Upon completion of all the requirements that apply to the new employee's assigned job, the new employee's supervisor must verify that the new employee has demonstrated the proper knowledge and skills to perform their assigned tasks safely. Once verified, the supervisor signs the Supervisor's Acknowledgment in the New Employee Safety Orientation Checklist.
- 6) **Retain completed materials per company policy.** This record can be kept with other training records or however you deem appropriate.

Required if Checked	Training Topic	Appropriate For	Site-Specific Information to Review	New Employee Initials & Date Trained	On-site Trainer Initials & Date Training Given	Notes
Additional Training Requirements: Include additional training requirements here. Training topics will depend on the location and employees' potential exposure to unique conditions, such as confined spaces, walking-working surfaces, fall protection, etc.						
<input type="checkbox"/>	Other:					
<input type="checkbox"/>	Other:					
<input type="checkbox"/>	Other:					

Employee Acknowledgement:

I have read and completed the New Employee Safety Orientation. I completed the above-identified training courses and a site-specific review as outlined in the New Employee Safety Training Checklist. I also understand that I must read and follow all workplace safety rules and any additional best practices that apply to my position. I acknowledge that I have had the opportunity to ask questions about the information provided to me and was given the opportunity to learn my operational duties in a safe environment.

Signature

Title

Name

Date

On-site Trainer Acknowledgement:

I have verified that the above employee has completed the New Employee Safety Orientation, including the above-identified training courses and a site-specific review as outlined in the New Employee Safety Training Checklist. I acknowledge the new employee understands all workplace safety rules and any additional best practices that apply to their position. I acknowledge that the employee has had the opportunity to ask questions about their role, safety expectations, and all necessary site-specific orientation information.

Signature

Title

Name

Date

Supervisor Acknowledgement:

I have verified that the above employee has completed the New Employee Safety Orientation, including the above-identified training courses and a site-specific review as outlined in the New Employee Safety Training Checklist. I acknowledge that the new employee understands all workplace safety rules and any additional best practices that apply to their position. I acknowledge that the employee has had the opportunity to ask questions about their role, safety expectations, and all necessary site-specific orientation information.

Signature

Title

Name

Date

Required if Checked	Training Topic	Appropriate For	Site-Specific Information to Review	New Employee Initials & Date Trained	On-site Trainer Initials & Date Training Given	Notes
<input type="checkbox"/>	Workplace Violence Prevention	All Employees	Workplace Violence Prevention Program Note: State requirements may apply.			
<input type="checkbox"/>	Hazard Communication Awareness	Employees who work with hazardous chemicals	Hazard Communication Program, container labeling, Safety Data Sheet access, area-specific chemical awareness and hazards, chemical storage, personal protective measures, chemical wash station location and use.			
<input type="checkbox"/>	Personal Protective Equipment (PPE)	Employees who must use PPE	PPE policy, workplace hazard assessment guide, PPE required for the assigned task, PPE storage areas, PPE try-on and fitting in a safe environment.			
<input type="checkbox"/>	Heat Illness Prevention	Employees who may be exposed to hot conditions	Heat Illness Prevention Program, water and cooling station locations, signs of heat-related illness, emergency response procedures. Note: Check your state's specific requirements.			
<input type="checkbox"/>	Forklift Safety (classroom or online + in-person skills test)	Employees who operate or work around forklifts	Forklift safety program, Forklift safe operation rules and manuals, forklift maintenance, forklift designated pathways, storage areas, inspections refueling/recharging procedures, forklift operator certification/passing of an on-site evaluation.			
<input type="checkbox"/>	DOT Hazardous Materials	Employees who handle, transport, or ship hazardous materials, chemicals, and waste	Hazardous materials storage areas, Safety Data Sheet access, using personal protective equipment, shipping paper locations, facility-specific hazards, transportation requirements, emergency response procedures, and emergency contact information.			