

# Small Vehicle Safety Program

A Subsection of the University Injury and Illness Prevention Program Per California State University Stanislaus Defensive Driver Program Per California Department of General Services Fleet Program and the California Department of Motor Vehicles

### **PLAN REVIEW**

This sheet should be completed each time the Small Vehicle Safety Program is reviewed and/or modified. The Director for Safety & Risk Management is responsible to review and update this plan as needed per CSU Chancellor's Executive Order 1039.

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| Updated by  | April Dunham-Filson               |  |  |  |  |
| Rev   | viewer Name/Signature/Date        |  |  |  |  |
| Date Reviewed   | Apr 12, 2022                      |  |  |  |  |
| Director of S&RM                                      | Kallin Harakall                   |  |  |  |  |
| Cha   | ange description                  |  |  |  |  |
| Were there any changes?                               | Yes                               |  |  |  |  |
| If changes were made, to which sections? (List below) |                                   |  |  |  |  |
| 1. Added Subsection                                   | 1. Added Subsection to title page |  |  |  |  |
| 2. Updated Plan Review page                           |                                   |  |  |  |  |
| 3. Updated Rules for Safe Operation                   |                                   |  |  |  |  |
| 4. Updated Vehicle Training Record                    |                                   |  |  |  |  |
| 5. Updated Appendices                                 |                                   |  |  |  |  |
| 6. Added new map for carts                            |                                   |  |  |  |  |
| 7. Added Shuttle Stop                                 | 7. Added Shuttle Stop map         |  |  |  |  |

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#### 1.0 REGULATORY AUTHORITY

This program aligns with policies and procedures of the California State University Stanislaus Defensive Driver Program, the State of California Department of General Services (DGS) Office of Fleet and Asset Management, and the California Department of Motor Vehicles (DMV).

#### 2.0 ADMINISTERING AGENCY

California State University Stanislaus and the Department of Safety & Risk Management (S&RM).

#### 3.0 PURPOSE

Prevention of vehicle related accidents, injuries and property damage is a primary purpose of this program. The majority of accidents involving small vehicles are the fault of the operator. In some instances, the operator had not been properly trained. More often, accidents result from careless acts. The potential of an accident is increased due to a high center of gravity and low vehicle weight. Training is required to inform users of their safe operation.

#### 4.0 SCOPE

The Small Vehicle Safety Program affects all who operate small vehicles for University business. Department leadership is responsible for compliance with this program. "Small Vehicles" include but are not limited to three or four wheeled electric or gas-powered golf carts, utility vehicles, all-terrain vehicles, small maintenance vehicles, escort shuttles, or disabled transport carts.

Driving small vehicles on campus is a privilege and should be treated as such.

Vehicle Code Section 670 defines a vehicle as a device by which any person or property may be propelled, moved, or drawn upon a highway, excepting a device moved exclusively by human power or used exclusively upon stationary rails or tracks.

Carts are considered a small vehicle and all rules of the road should be followed no matter if driving on a pathway or roadway. Individuals who are seen driving inappropriately can have their privileges revoked.

This program applies to only University employees and enrolled students who meet the following criteria:

- Valid California State Driver's License
- Good driving record

University employees are individuals who have completed all prerequisites for Stanislaus State employment. This includes all faculty, staff, and student assistants.

#### **5.0 POLICY**

Under this program the University is to establish rules and regulations for University employees and students in the safe operation of small electrical or gasoline powered vehicles.

#### **6.0 RESPONSIBILITIES**

#### **6.1 Safety & Risk Management**

- a. Develop and administer the Small Vehicle Safety Program.
- b. Coordinate the program with departments and their employees.
- c. Establish and oversee a Train the Trainer program
- d. Provide an in person practical exercise for first time drivers.
- e. Review the Rules for Safe Operation of Small Vehicles (Appendix F) and Vehicle Operator Training Record (Appendix G) with first time drivers.
- f. Ensure departments are obtaining copies of training records.
- g. Maintain database and ensure all drivers are up to date with their training.
- h. Maintain Small Cart Inventory
- i. Review and update this policy as needed.

### 6.2 Capital Planning & Facilities Management Auto Mechanic Shop

- a. Assure proper mechanical maintenance and that any problems discovered during operation, safety check or during routine maintenance are immediately scheduled for an Auto Mechanic diagnosis (Appendix C).
- b. Will report maintenance issues to S&RM related to their misuse.
- c. Will collect maintenance records from campus areas that oversee departmental small vehicles and will submit these records to the Chancellor's Office according to Executive Order 691 Motor Vehicle Inspections Delegation of Authority.

#### **6.3 Departments**

- a. Department Owned Small Vehicles
  - 1. Must ensure that all department purchased small vehicles are on record with University Property Control and S&RM.
  - 2. Notify Capital Planning & Facilities Management the small vehicle needs to be added to the preventative maintenance schedule.
- b. Supervisors/Managers/Department Chairs
  - 1. Ensure operators are approved with Defensive Driver Clearance and are trained in the operation of small vehicles prior to their use.
  - 2. Review the Rules for Safe Operation of Small Vehicles (Appendix F) with operators and provide signed copies to S&RM.
  - 3. Monitor the safe driving habits of operators.
  - 4. Must take the small vehicle out of service if there are any maintenance concerns reported.
- c. Reporting Accidents
  - 1. Upon receiving notification from the operator, the Supervisor must complete the State of California Form STD. 274-State Driver Accident Review (Appendix I).
  - 2. Submit all documentation to S&RM as soon as reasonably possible after the accident.
- d. Small Vehicle Maintenance
  - 1. Assure that small vehicles under your department's control are properly and routinely maintained. If you have any problems with your vehicles, do not attempt to do the work yourself. Call Capital Planning & Facilities Management (209-667-3211) for assistance.
  - 2. Ensure that inspections of vehicles are occurring and will submit records to Capital Planning & Facilities Management in accordance with Executive Order 691.
  - 3. Assure that a copy of the SVS Campus Route Map (Appendix A) is posted in each vehicle at all times.

# CALIFORNIA STATE UNIVERSITY, STANISLAUS

Small Vehicle Safety Program

- 4. Assure that all small vehicles that are used after dark have lights. No vehicle and/or trailer shall be operated at night without properly working headlights and tail lights.
- 5. Charging of Electrical Vehicles Batteries emit explosive gases. All electric vehicles must be charged in well ventilated areas. During normal operation, the concentration of these gases is rarely sufficient to be considered dangerous unless flame or sparks occur in the battery compartment close to the vent holes in the battery caps. It is important that this is not allowed to occur at any time. During the charging process, emissions are greatly increased. Any area in which charging batteries are confined must be well ventilated, and flame, sparks, or lighted cigarettes must be kept out of the charging area and away from ventilator openings associated with the charging area. Battery connections must not be disturbed while batteries are being charged.

### 6.4 University Advancement and Event Services

- a. Must notify S&RM of all small vehicles brought to campus by vendors or third-party renters of University facilities.
- b. Ensure that vendors and/or third-party renters of University facilities are provided a copy of the Small Vehicle Safety Program.

#### 6.5 Vendors/Third-Party Renters of University Facilities

- a. Must comply with the safe operation and rules as set forth in the Small Safety Vehicle Program.
- b. Must ensure that vendors comply with all agreements as outlined in their rental contract, particularly insurance, as it relates to small vehicles on campus property.

### **6.6 Operators**

- a. Must complete a *Driving Safely, Driving Smarter* and *CSU Powered Carts* Safety online CSU Learn courses.
- b. Must complete an in-person practical exercise before getting behind the wheel of a small vehicle.
- c. Must complete the Rules for Safe Operation documentation.
- d. Must complete the online courses every 4 years.
- e. Must abide by all University rules and regulations.
- f. Must immediately report all accidents to their Supervisor and confirm that the University Police Department has been contacted.
- g. Complete a daily safety check:
  - 1. Windshields and windows shall be kept clear of anything that may obstruct the vision of the operator.
  - 2. Brakes shall be tested by the operator before driving.
  - 3. The accelerator pedal shall be checked prior to driving for smooth and non-binding movement (in neutral position).
  - 4. Lights and other signaling devices shall be inspected prior to driving.
  - 5. Operators must immediately report any maintenance concerns to their supervisor and the department responsible for the vehicle.

### h. Reporting Accidents

- 1. Contact the University Police Department (209-667-3114) to report and investigate all accidents.
- 2. Notify your supervisor about the accident and any injuries immediately.
- 3. The operator at the time of the accident must complete the State of California <u>Form STD.</u> <u>270-Vehicle Accident Report</u> (Appendix H)
- 4. The operator must turn this completed form into their supervisor as soon as possible.

#### 7.0 UNIVERSITY POLICE DEPARTMENT SHUTTLE CART PROGRAM

- **7.1** The University Police Department (UPD) Shuttle Cart Program was established to enhance campus safety and provide the following:
  - a. Night-time rides for CSU students, faculty, and staff, primarily entering and leaving campus buildings, facilities, and parking lots.
  - b. Vehicles that run continuously through the core of campus, providing high visibility to deter unauthorized or illegal activity.
  - c. Trained operators that provide transportation, and report suspicious or illegal activities throughout campus.
- **7.2** Students applying for a position as a Shuttle Vehicle Operator shall complete an application form available at the UPD. Information provided on the application shall be reviewed and verified by the program supervisor.
  - a. A summary background check shall be conducted on the applicant, including the following:
    - 1. "Live Scan" fingerprinting that locates any criminal background through DOJ and the FBI.
    - 2. "All systems" check, including a DMV review, and any outstanding local warrants.
  - b. Any information provided on the application found to be inaccurate or untruthful may be grounds for rejection of the applicant.
- **7.3** Shuttle Vehicle Operators must adhere to and follow all procedures within the Small Vehicle Safety Program, including:
  - a. Having a valid California Driver's License.
  - b. Registering for Defensive Driver.
- 7.4 The shuttle program supervisor shall provide written copies to the operator of the following:
  - a. Small Vehicle Safety Program
  - b. University Parking & Traffic Ordinance brochure (PTO Guide)
- **7.5** Prior to solo operation of a shuttle vehicle, the program supervisor shall ride with the new operator a minimum of one complete shift, and complete all items outlined on the Vehicle Operator Training Record (Appendix G).
  - a. This training record shall be completed and signed by the Shuttle Vehicle Program supervisor.
  - b. The shuttle vehicle operator shall sign this form, acknowledging completed orientation and training.
  - c. A copy of the completed form shall be forwarded to S&RM.
- **7.6** Supervisors shall monitor the safe driving habits of the shuttle operators, and provide training or corrections, as necessary.

#### 8.0 TRAIN THE TRAINER PROGRAM

The following program is intended to assist trainers in training individuals on the safe operation of all small vehicles used on campus.

- a. Ensure that operators have completed the online *Drive Safely, Drive Smarter* and *CSU Powered Carts* online courses.
- b. Explain the purpose of the Small Vehicle Safety Program as outlined in Section 2.0.
- c. Provide a copy of the Small Vehicle Safety Program to the operator.

- d. Explain that if they have any problems with their vehicle do not attempt to do the work yourself. Notify Capital Planning & Facilities Management (209-667-3211) for assistance.
- e. Use the Vehicle Operator Training Record (Appendix G) to conduct an in-person practical exercise with the new operator until they can satisfactorily operate the vehicle.
- f. The operator must sign the Rules for Safe Operation of Small Vehicles (Appendix F) and the Vehicle Operators Training Record (Appendix G) verifying they have been instructed on the above information.
- g. All signed copies of the Rules for Safe Operation of Small Vehicles (Appendix F) and the Vehicle Operators Training Record (Appendix G) should be sent to S&RM.
- h. Attend the annual Train the Trainer meeting.

# **Appendices**

Appendix A: SVS Campus Routes Map

Appendix B: SVS Campus Restricted Routes Map Appendix C: SVS Campus Map Res-NonRes

Appendix D: Shuttle Stop Locations

Appendix E: Preventative Maintenance Schedule/Safety Inspection Worksheet

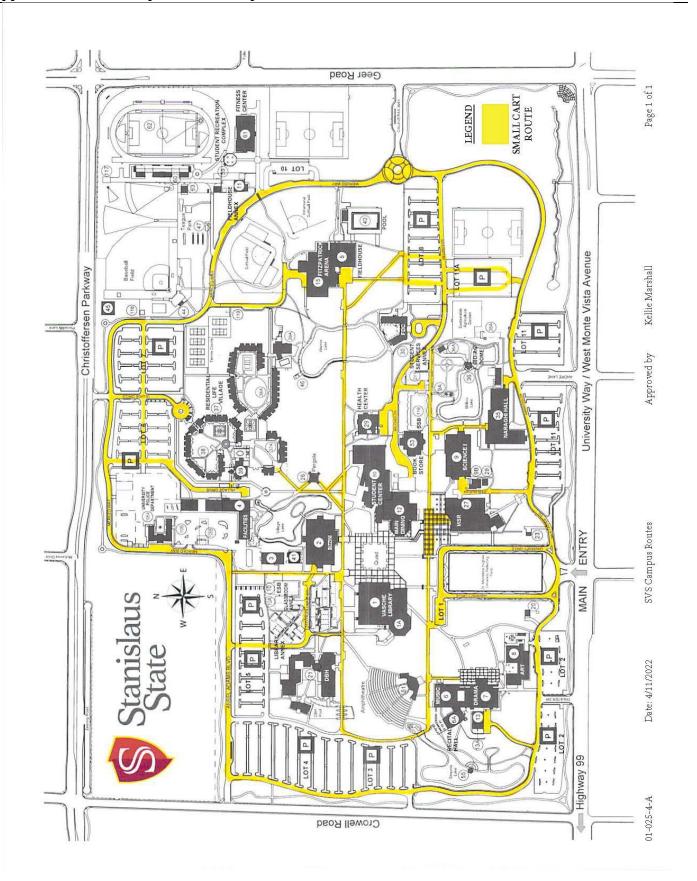
Appendix F: Rules for Safe Operation of Small Vehicles

Appendix G: Vehicle Operator Training Record

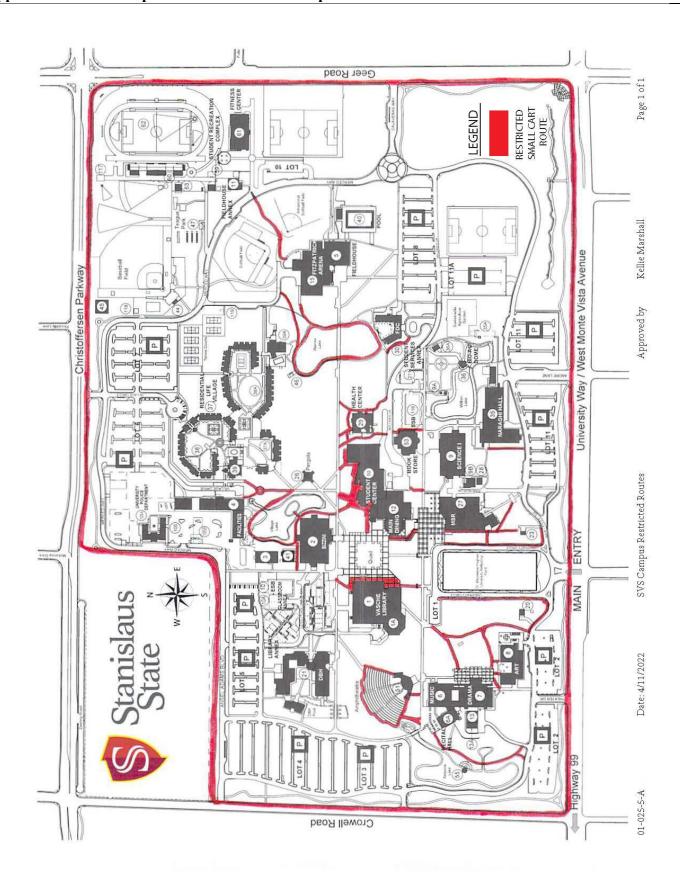
Appendix H: Form STD.270-Vehicle Accident Report

Appendix I: Form STD.274-State Driver Accident Review

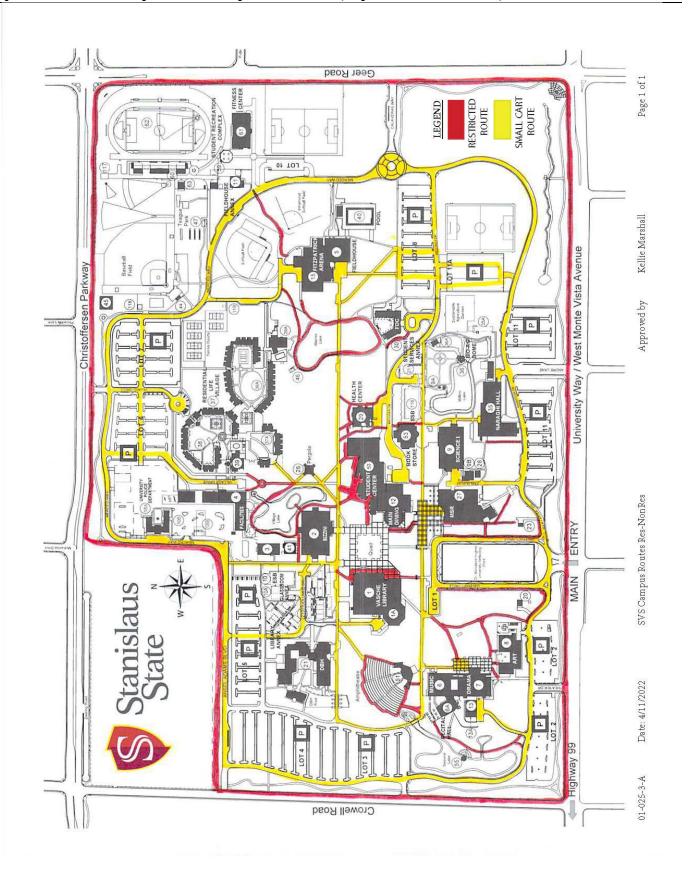
# **Appendix A: SVS Campus Routes Map**



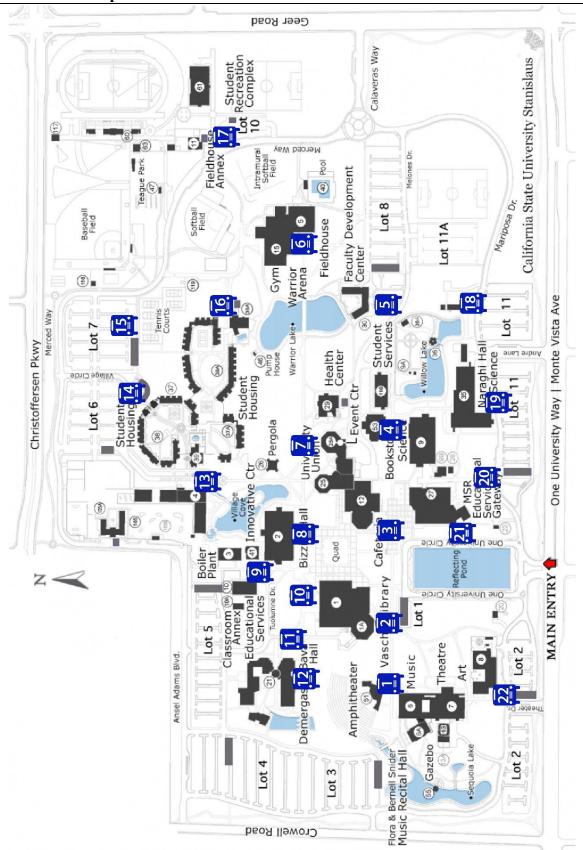
# **Appendix B: SVS Campus Restricted Routes Map**



# Appendix C: SVS Campus Route Map Res-NonRes (to put in small vehicles)



# **Appendix D: Shuttle Stop Locations**



### Appendix E: Preventative Maintenance Schedule/Safety Inspection Worksheet

ATTACHMENT F

PREVENTATIVE MAINTENANCE SCHEDULE/ SAFETY INSPECTION WORK SHEET OFA 35 (Revised 1/08)

Department of General Services Office of Fleet and Asset Management www.ofa.dgs.ca.gov

The intent of this work sheet is to outline the standard preventative maintenance schedule recommended by the Office of Fleet and Asset Management (OFAM) and assist vendors and state garage staff when servicing state vehicles.

NOTE: Services due shall be confirmed by reviewing the Maintenance Booklet, STD 271, found in the glove compartment. Prior approval from an OFAM Inspector of Automotive Equipment is required for services/repairs exceeding \$350 (\$500 for OFAM approved vendors).

Service shall be performed as follows:

6,000 miles or 6 months normal use, or 4,000 miles severe use.\*

- · Change engine oil and filter
- Service battery
- Lube chassis
- Lube hinges and latches

| _ , , ,   | Cooling system & antifreeze + Belts & fan clutch Fuel systems Fluid leaks & levels Transmission Tires: PSI: Front Rear** for excessive play with wheels on the floor. | Suspension Frame members U-joints & CV joints Exhaust system Brakes** Emission system |
|---|---|---|
| Replace air & fuel filters  | Replace spark plugs   | Service transmission  |
| Road test vehicle for overall perfi     Lindste Maintenance Booklet | ormance and handling after services and rep   | airs have been completed  |

- Update Maintenance Booklet

#### ALTERNATIVE FUELED VEHICLES:

Contact an Inspector of Automotive Equipment.

The following information shall be included on the invoice:

- Date
- · License#, year, make, model, and mileage of vehicle
- Barcode equip. # from driver's doorjamb sticker
- Owning agency name and address
- Labor (hourly or flat rate time)
- Parts and prices
- Discounts
- · Driver's signature and phone #
- Reference manufacturer's manual for definition of normal and severe use.
- \*\* Contact an Inspector of Automotive Equipment if not expected to last until next service.

# Appendix F: Rules for Safe Operation of Small Vehicles



#### RULES FOR SAFE OPERATION OF SMALL VEHICLES

Please submit a copy of this form to Safety & Risk Management to renew Small Vehicle Safety Training

The operation of small vehicles at CSU, Stanislaus is a privilege. The following operating rules pertain to both electric and gasoline operated small vehicles.

- Only drivers authorized by the University who have completed Defensive Driving with Safety & Risk Management, and are trained in the safe operation of small vehicles shall be permitted to operate such vehicles.
- All new vehicle operators must receive training before they are allowed to operate a small vehicle, with records of training provided to Safety & Risk Management.
- Stunt driving and horseplay are prohibited.
- No passengers will be permitted on vehicles unless provided with adequate seating. No one is permitted to ride on the running boards, fenders or any part of the vehicle other than the seats.
- It shall be unlawful for any driver of a vehicle to fail to obey any sign or signal erected or maintained by the University to regulate the flow of traffic.
- Operators or passengers shall not jump on or off vehicles in motion.
- Vehicles must slow down for turns.
- 8. Vehicles should only be driven on University streets and/or on designated routes. Other routes shall only be used with prior approval from University Police or Capital Planning and Facilities Management. Failure to follow designated routes is punishable under University Parking and Traffic Ordinances (specifically PTO#15).
- Vehicles may not be driven outside the campus boundaries.
- 10. Vehicles should not exceed a speed safe for conditions. In the event a sidewalk must be used, speed should be no faster than the average pedestrian. Otherwise, vehicles shall not exceed 10 mph on all inner campus pathways, and shall not exceed 25 mph on campus perimeter roadway.
- Operators shall be familiar with and observe all established traffic laws. Citations will be issued for violation of traffic and speed laws.
- 12. Materials and equipment shall be loaded so they will not cause a hazard by shifting or falling off.
- 13. Top heavy equipment is especially dangerous and should be secured near the center of the vehicle to avoid tipping. Be extremely careful during turning maneuvers. Vehicles are particularly subject to tipping on uneven athletic fields and curbing.
- No vehicle and/or trailer shall be operated at night without properly working headlights and taillights.
- Safety belts must be used when provided.
- 16. Vehicles can only be driven on the campus main quad (bricks) area when:
  - access to a particular facility is required by a disabled person or safety escort,
  - delivery or pickup of setup materials for a special event (i.e. displays, vendors, etc.), OR
  - as necessary for maintenance vehicles.
- All vehicles must be driven in compliance with California Vehicle Code, all University rules and regulations and all other applicable codes.

# 

01-025-1-A Date: 4/11/2022 Rules for Safe Operation of Small Approved by Kellie Marshall Page 1 of 1 Vehicles

# Appendix G: Vehicle Operator Training Record



### VEHICLE OPERATOR TRAINING RECORD

Prior to allowing a new vehicle driver to operate the vehicle on their own, the driver must be instructed in the following (check all that were reviewed and indicate "N/A" if not applicable):

| 2. Operation of Controls A. Lights, turn signals, and horn located and tested. B. Emergency brake located and engaged. C. Accelerator and brake pedal identified. D. Forward-reverse switch located and its operation demonstrated.  3. The following equipment and driving maneuvers should be demonstrated during the vehicle operation A. Turn Signals (If not so equipped, hand signals must be used) B. Brakes C. Steering D. Emergency Brake E. Forward/Reverse Switching F. Forward Turns G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). B. Locate all authorized parking areas and loading docks. C. Speed limits observed.  | 1. E       | Battery Charging Connection procedures demonstrated.                       | ( )                          |
|--|------------|--|------------------------------|
| A. Lights, turn signals, and horn located and tested. B. Emergency brake located and engaged. C. Accelerator and brake pedal identified. D. Forward-reverse switch located and its operation demonstrated.  3. The following equipment and driving maneuvers should be demonstrated during the vehicle operation A. Turn Signals (If not so equipped, hand signals must be used) B. Brakes C. Steering D. Emergency Brake E. Forward/Reverse Switching F. Forward/Reverse Switching F. Forward/Turns G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). C. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form B. Vehicle Operator Training Record (This form) C. On Campus Small Vehicle Routes Map (Attachment A)  I. (Print Name), have reviewed the Vehicle Operator Training Record and are proficient in all the areas listed above. I understand that it is my responsibility to drive safely an obey all traffic laws.  Faculty Operator Signature Date  Department  Department  Department  Department  Operator Signature Date   | 7          | a. Connection procedures demonstrated.                                     | ( )                          |
| B. Emergency brake located and engaged. C. Accelerator and brake pedal identified. D. Forward-reverse switch located and its operation demonstrated.  (7)  The following equipment and driving maneuvers should be demonstrated during the vehicle operation A. Turn Signals (If not so equipped, hand signals must be used) B. Brakes C. Steering D. Emergency Brake E. Forward/Reverse Switching F. Forward Turns G. Reverse Turns H. Backing  (8)  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). C. Speed limits observed.  (9)  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form C. On Campus Small Vehicle Routes Map (Attachment A)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (7)  (7)  (7)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (1)  (1)  (2)  (1)  (2)  (3)  (4)  (4)  (5)  (5)  (6)  (7)  (7)  (7)  (7)  (7)  (7)  (7  | 2.         |  |                              |
| C. Accelerator and brake pedal identified. D. Forward-reverse switch located and its operation demonstrated.  3. The following equipment and driving maneuvers should be demonstrated during the vehicle operation  A. Turn Signals (If not so equipped, hand signals must be used) (B. Barakes C. Steering D. Emergency Brake E. Forward/Reverse Switching F. Forward Turns (G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). (C. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form C. On Campus Small Vehicle Routes Map (Attachment A)  [A. C. C. Speed limits observed.  [A. C. C. On Campus Small Vehicle Routes Map (Attachment A)  [A. C. C. C. Speed limits observed.  [A. Rules for Safe Operation of Small Vehicles form [A. Rules for Safe Operation of Small Vehicles form [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. C. On Campus Small Vehicle Routes Map (Attachment A)  [A. C. Speed limits observed.  [A. C. Speed limits observed.  [A. C. Speed limits observed.  [A. Rules for Safe Operation of Small Vehicles form [A. Rules for Safe Operator Training Record (This form) [A. C. On Campus Small Vehicle Routes Map (Attachment A)  [A. C. Speed limits observed.  [A. C. Speed limits observed.  [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Training Record (This form) [A. Rules for Safe Operator Trai |            |  | ( )                          |
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| Operation A. Turn Signals (If not so equipped, hand signals must be used)  B. Brakes C. Steering D. Emergency Brake E. Forward/Reverse Switching F. Forward Turns G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). C. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form C. On Campus Small Vehicle Routes Map (Attachment A)  6. (Print Name), have reviewed the Vehicle Operator Training Record and are proficient in all the areas listed above. I understand that it is my responsibility to drive safely an obey all traffic laws.  Faculty Operator Signature Date  Staff  Student ID#   | Б          | O. Forward-reverse switch located and its operation demonstrated.          | ( )                          |
| A. Turn Signals (If not so equipped, hand signals must be used)  B. Brakes (C. Steering D. Emergency Brake E. Forward/Reverse Switching F. Forward Turns G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map).  B. Locate all authorized parking areas and loading docks. C. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form (D. C. On Campus Small Vehicle Routes Map (Attachment A))  G. C. Great of Training Record (This form) (D. C. On Campus Small Vehicle Routes Map (Attachment A))  G. Faculty  Faculty  Operator Signature  Date  Staff  Student ID#   |            |  | during the vehicle           |
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| C. Steering D. Emergency Brake E. Forward/Reverse Switching F. Forward Turns G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). G. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form G. On Campus Small Vehicle Routes Map (Attachment A)  G. On Campus Small Vehicle Routes Map (Attachment A)  G. On Campus Small the areas listed above. I understand that it is my responsibility to drive safely at obey all traffic laws.  Faculty Operator Signature Department  Department  Department  Operator Signature  Date   |            |  | ( )                          |
| D. Emergency Brake E. Forward/Reverse Switching F. Forward Tums G. Reverse Tums H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). G. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form G. On Campus Small Vehicle Routes Map (Attachment A)  G. On Campus Small Vehicle Ro |            |  | ( )                          |
| E. Forward/Reverse Switching F. Forward Turns G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). G. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form G. On Campus Small Vehicle Routes Map (Attachment A)  G. On Campus Small Vehicle Routes Map (Attachment A)  G. Faculty Faculty Operator Signature Department  Department  Operator ID#   |            |  | ( )                          |
| F. Forward Turns G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map).  B. Locate all authorized parking areas and loading docks. C. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form G. On Campus Small Vehicle Routes Map (Attachment A)  C. On Campus Small Vehicle Routes Map (Attachment A)  G. On Campus Small the areas listed above. I understand that it is my responsibility to drive safely an obey all traffic laws.  Faculty Operator Signature Date  Staff  Student ID#  |            | D. Emergency Brake   | ( )                          |
| G. Reverse Turns H. Backing  4. Driving on Campus A. Drive all campus roads and/or approved routes (see attached map). B. Locate all authorized parking areas and loading docks. C. Speed limits observed.  5. Driver received copies of A. Rules for Safe Operation of Small Vehicles form B. Vehicle Operator Training Record (This form) C. On Campus Small Vehicle Routes Map (Attachment A)  I  |            |  | ( )                          |
| H. Backing  4. Driving on Campus  A. Drive all campus roads and/or approved routes (see attached map).  B. Locate all authorized parking areas and loading docks.  C. Speed limits observed.  5. Driver received copies of  A. Rules for Safe Operation of Small Vehicles form  (B. Vehicle Operator Training Record (This form)  (C. On Campus Small Vehicle Routes Map (Attachment A)  (I,   | F          | Forward Turns  | ( )                          |
| 4. Driving on Campus  A. Drive all campus roads and/or approved routes (see attached map). ( B. Locate all authorized parking areas and loading docks. ( C. Speed limits observed. (  5. Driver received copies of  A. Rules for Safe Operation of Small Vehicles form ( B. Vehicle Operator Training Record (This form) ( C. On Campus Small Vehicle Routes Map (Attachment A) (  I   | 100        |  | ( )                          |
| A. Drive all campus roads and/or approved routes (see attached map). ( B. Locate all authorized parking areas and loading docks. ( C. Speed limits observed. (  5. Driver received copies of  A. Rules for Safe Operation of Small Vehicles form ( B. Vehicle Operator Training Record (This form) ( C. On Campus Small Vehicle Routes Map (Attachment A) (  I   | I          | I. Backing   | ( )                          |
| B. Locate all authorized parking areas and loading docks.  C. Speed limits observed.  5. Driver received copies of  A. Rules for Safe Operation of Small Vehicles form  (B. Vehicle Operator Training Record (This form)  (C. On Campus Small Vehicle Routes Map (Attachment A)  (Print Name), have reviewed the Vehicle Operator Training Record and are proficient in all the areas listed above. I understand that it is my responsibility to drive safely an obey all traffic laws.  Faculty  Operator Signature  Date  Student ID#  | 4. E       | Priving on Campus  |                              |
| C. Speed limits observed. (  Driver received copies of  A. Rules for Safe Operation of Small Vehicles form ( B. Vehicle Operator Training Record (This form) ( C. On Campus Small Vehicle Routes Map (Attachment A) (  (Print Name), have reviewed the Vehicle Operator Trainin Record and are proficient in all the areas listed above. I understand that it is my responsibility to drive safely an obey all traffic laws.  Faculty  Operator Signature  Date  Staff  Student ID#  | Α          | Drive all campus roads and/or approved routes (see attached map).          | ( )                          |
| 5. Driver received copies of  A. Rules for Safe Operation of Small Vehicles form  (B. Vehicle Operator Training Record (This form)  (C. On Campus Small Vehicle Routes Map (Attachment A)  (Print Name), have reviewed the Vehicle Operator Trainin Record and are proficient in all the areas listed above. I understand that it is my responsibility to drive safely at obey all traffic laws.  Faculty  Operator Signature  Date  Staff  Student ID#  | E          | <ol> <li>Locate all authorized parking areas and loading docks.</li> </ol> | ( )                          |
| A. Rules for Safe Operation of Small Vehicles form ( B. Vehicle Operator Training Record (This form) ( C. On Campus Small Vehicle Routes Map (Attachment A) (  I   | C          | Speed limits observed.   | ( )                          |
| B. Vehicle Operator Training Record (This form) ( C. On Campus Small Vehicle Routes Map (Attachment A) (  I,   | 5. E       |  |                              |
| C. On Campus Small Vehicle Routes Map (Attachment A)  (Print Name), have reviewed the Vehicle Operator Trainin Record and are proficient in all the areas listed above. I understand that it is my responsibility to drive safely at obey all traffic laws.  Faculty  Operator Signature  Date  Staff  Student ID#  Department   | Α          |  | ( )                          |
| I,(Print Name), have reviewed the Vehicle Operator Trainin Record and are proficient in all the areas listed above. I understand that it is my responsibility to drive safely at obey all traffic laws.  Faculty   |            |  | ( )                          |
| Faculty  | C          | On Campus Small Vehicle Routes Map (Attachment A)                          | ( )                          |
| Faculty  | I,         | (Print Name), have reviewed the V  | Vehicle Operator Training    |
| Faculty  |            |  | sibility to drive safely and |
| Operator Signature Date  Staff  Student ID#  Department  | ·          |  |                              |
| Staff Student ID# Department   |            | Operator Signature   | Date                         |
| Department   |            |  | 25.00                        |
| Department   |            | Student ID#  |                              |
|  | Donoster   |  |                              |
| Trainer of Record  |            |  |                              |
|  | Trainer of | Record   |                              |
|  |            |  |                              |
|  |            |  |                              |

# Appendix H: Form STD.270 - Vehicle Accident Report

| VE<br>STD.  | TE OF CALIFORNIA - DGS ORIM HICLE ACCIDENT REPORT 270 (REV. 2/2002c) ENT PREVIOUSLY REPORTED TO ORIM? (If Yes, give date) YES NO NAME                        | GS  ITHIN 48 HOURS AFTER ACT HOULD FIRST BE CALLED OF NET 480-5302 - FAX (916) 370 L INFORMATION * IRTIES WITHOUT CONSENT OF 1 SURANCE MANAGEMENT  EMPLOYING DEPARTMENT | GIDENT<br>R FAXED<br>5-5277.)<br>COPY - S<br>COPY - S | TION: OFFI<br>INSU<br>707 1<br>WES<br>STATE GARA<br>SEPT. FILES<br>STATE DRIVE                                      | Clear  CE OF RISK AND RANCE MANAGE THEN STREET, F T SACRAMENTO, GE (DGS pool ve (Dept. owned vehic R is only)  AGENCY BILL | MENT<br>IRST FLOOR<br>CA 95605<br>Nicle only)<br>cles only) |  |            |
|---|--|---|---|---|--|---|--|------------|
| STATE   | DRIVER'S LICENSE NO. ACC WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If NO, attach explanation) DATE DRIVER LAST COMPLETED Month/Yes STATE DEFENSIVE | ar  | TIME  | OFFICE ADDRESS  JOB TITLE   |  |   | AGENCY DOC<br>(Optional)                     |            |
| STATE   | STATE DEFENSIVE DRIVER TRAINING  VEHICLE LICENSE NUMBER  VEHICLE YEAR, MAKE, MODEL  DESCRIBE DAMAGES TO STATE VEHICLE  ESTIMATED REPAIR COST                 |   |   | VEHICLE OWNER  DEPARTMENT OWNED  DGS POOL  RENTAL  EMPLOYEE OWNED  F DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME |  |   |  | E NO.      |
| ACCIDENT LOCATION (Address/Area)  ROAD CONDITIONS  WEATHER CONDITIONS  (ChyState)  TRAFFIC CONDITIONS  HOW FAST WERE YOU DRIVING?  EST. |  |   |   |   |  | EST. SPE  | . SPEED OF OTHER CAR                         |            |
| ACCI<br>(See Reverse for  | POLICE REPORT MADE YES NO AGENCY CHP OTHER DRIVER'S NAME   | AGE / DOE   | 3   | ESTIGATING AGENCY  VEHICLE LICENSE NUMBER   | VEHICLE YEAR, MAKI   | E, MODEL  | NO. OF F                                     | PASSENGERS |
| OTHER VEHICLE   | DRIVER'S LICENSE NO. HOME TELEPHO  DRIVER'S ADDRESS (Street, City, State, Zip Code,  BRIEFLY DESCRIBE DAMAGES TO OTHER VEHI                                  | ,   | LEPHONE   | REGISTERED OWNER OWNER'S ADDRESS  | NAME AND ADDRESS   | OF OTHER I  | HOME TELEPI<br>WORK TELEP<br>PARTY'S INSURAL | HONE       |
| INJURED   | NAME AGE ADDRESS HOSPITAL  |   |   |   |  |   |  |            |
| WITNESS   | NAME TELEPHONE ADDRESS   |   |   |   |  |   |  |            |
| CLE PASSENGERS 4ER STATE  | NAME<br>NAME   | ADDRESS   | ADDRESS  ADDRESS  ADDRESS                             |   |  |   |  |            |
| VEHIC   | ADDRESS  (CONTINUE ON REVERSE)   |   |   |   |  |   |  |            |

| VEH                            | * CONFIDENTIAL INFORMATION *  EHICLE ACCIDENT REPORT DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE  OFFICE OF RISK AND INSURANCE MANAGEMENT |  |                 |                      |  |  |   |          |                |
|--------------------------------|--|--|-----------------|----------------------|--|--|---|----------|----------------|
| ACCIDENT DETAILS - DESCRIPTION | FULLY STATE HOW ACCID  | ENT OCCURRED (Give details, affac        | ch additional s | shaets if necessary) |  |  |   |          |                |
| ACCIDENT DETAILS - DIAGRAM     | 7 /  |  | -               | 1                    | 2 -  | Show p<br>Show di<br>Before<br>After a | r State vehicle as 1, vehicle(s) as 2, 3, etc. vehicle(s) as 2, 3, etc. vedestrian by O firection of travel as folle accident accident accident arms or numbers of stri | ows:     | roads          |
|                                | DRIVER'S NAME  | <u>'</u>                                 |                 | AGE/DOB              | VEHICLE LICENSE NUMBER                                   |  | VEHICLE YEAR, MAKE, I   | MODE     |                |
|                                | DRIVER'S LICENSE NO.   | HOME TELEPHONE                           | WORK TEL        | EPHONE               | REGISTERED OWNER   |  |   |          |                |
| ER(S)                          | ADDRESS (Street, City, State   | le, Zip Code)                            |                 |                      | ADDRESS (Street, City, State, 2                          | Sip Code)                              |   |          | HOME TELEPHONE |
| ADDITIONAL VEHICLE/PASSENGER(  | BRIEFLY DESCRIBE DAMA  | GES TO OTHER VEHICLE OR PRO              | PERTY           |                      | NAME AND ADDRESS OF OTH                                  | ER PART                                | TY'S INSURANCE CARRI  |          | WORK TELEPHONE |
| LVEH                           | NAME   |  | AGE             | ADDRESS              |  |  |   | HOSE     | PITAL          |
| URE                            | NAME   |  | AGE             | ADDRESS              |  |  |   | HOSE     | PITAL          |
| TIDO                           |  |  |                 |                      |  |  |   |          |                |
| A                              | NAME   |  | ADDRESS         |                      |  |  |   |          |                |
| PASSEN                         | NAME ADDRESS   |  |                 |                      |  |  |   |          |                |
|                                |  | true and full account of the accident,   |                 |                      |  | Type A                                 | Name and Title of Reviewin  | ng Offic | or .           |
|                                | state at the time of the accide<br>loyee Signature and Date  | nt. (The reviewing officer is to explain |                 |                      | nages as necessary.<br>Supervisor or Safety Coordinator) | Toloch                                 | tone Number of Reviewing  | Office   | ,              |
| 8                              |  |  | 8               |                      |  |  |   |          |                |
|                                |  |  |                 |                      |  |  |   |          |                |

# Appendix I: Form STD.274 – State Driver Accident Review

| STATE OF CALIFORNIA - GENERAL SERVICES - RISK AND INSURANCE MANAGEMENT Print Clear                  |  |  |  |   |  |  |
|---|--|--|--|---|--|--|
| STATE DRI<br>STD. 274 (DEV. 1/2000)   | STATE DRIVER ACCIDENT REVIEW   |  |  |   |  |  |
| SUPERVISOR  | 'S REVIEW - FOR DEPARTMEN  | TAL ACCIDENT PRI                             | EVENTION                                 | PLEASE                                      | PRINT OR TYPE                                  |  |
| PURPOSE:  | To have supervisor investigate evenicle was used on State busing   |  |  |   |  |  |
| HOW:  | Use sources of information lister what property was damaged, or  |  |  | all accidents, reg                          | ardless of who was hurt,                       |  |
| WHO:  | SUPERVISOR who authorized to<br>of accident, and forward it to the<br>accident. Attach STD. 274 to the<br>send a copy of STD. 274 to the | reviewing officer/sa<br>e departmental copie | fety coordinator w<br>es of STD. 270 (if | rithin five days fro<br>f applicable). If S | om the date of the<br>TD. 270 is not required, |  |
| REVIEWING (   | OFFICER: You are responsible to initiate follow-up action  |  | cy and completen                         | ess) of the supe                            | rvisor's report and to                         |  |
|   |  |  | ,  | $\sim$                                      |  |  |
| 1. DRIVER'S NAME  |  | 2. ORGANIZATION UNIT AND                     | DEPARTMENT                               | 3.1   | DATE OF ACCIDENT                               |  |
| 4. HOW DID ACCID  | ENT OCCUR?   |  | $\rightarrow$                            | 15  |  |  |
| 5. WHAT DRIVING   | 5. WHAT DRIVING RULES, VEHICLE LAWS OR VIOLATIONS CONTRIBUTED TO THE CAUSE OF THE ACCIDENT?  |  |  |   |  |  |
|   |  | >  |  |   |  |  |
| 6. SUPERVISOR'S   | 6. SUPERVISOR'S ACTION TAKEN, OR RECOMMENDA NON-FOR SUPERIORS TO PUT INTO EFFECT. (SEE BACK FOR SUGGESTIONS)                             |  |  |   |  |  |
| 7. SIGNATURE AND TITLE OF SUPERVISOR  |  |  |  |   |  |  |
| 8. REVIEWING OFFICER:  I CONCUR OR I DO NOT CONCUR WITH SUPERVISOR  MY EVALUATION AND ACTION TAKEN: |  |  |  |   |  |  |
| 9. HOW WAS THE<br>VERBAL DI   | DRIVER INFORMED OF YOUR EVALUATION AND FO  |  | L AND WRITTEN                            | ]   | DATE   |  |
| 10. SIGNATURE AN  | 10. SIGNATURE AND TITLE OF REVIEWER  DATE  |  |  |   |  |  |
|   |  |  |  |   |  |  |

| STATE OF CALIFORNIA - GENERAL SERVICES - RISK AND INSURANCE MANAGEMENT  STATE DRIVER ACCIDENT REVIEW  STD. 274 (REV. 1/2003) (REVERSE) |                                 |   |  |  |  |  |  |
|--|---------------------------------|---|--|--|--|--|--|
| SOURCES OF INFORMATION INVESTIGATED BY S<br>IN ADDITION TO STD. 270 PREPARED BY DRIVER   |                                 | ACTION SUGGESTIONS AND RECOMMENDATIONS AIN ON OTHER SIDE) |  |  |  |  |  |
| DID YOU?   | YES NO                          | DRIVER HABITS NEED TO BE OBSERVED IN                      |  |  |  |  |  |
| ■ QUESTION STATE DRIVER  |                                 | OUR DRIVER WAS A CONTRIBUTING FACTOR                      |  |  |  |  |  |
| ■ GO TO SCENE OF ACCIDENT  |                                 | (memo to driver)  |  |  |  |  |  |
| CLOSELY EXAMINE SEAT BELTS AND SAFETY<br>EQUIPMENT   |                                 | FURTHER TRAINING BE PROVIDED (when, by whom and type)     |  |  |  |  |  |
| ■ EXAMINE MECHANICAL DEFECTS   |                                 | DEPARTMENTAL POLICY OR LOCAL RULES BE MODIFIED            |  |  |  |  |  |
| ■ READ POLICE REPORT AND CITATIONS   |                                 | DRIVER BE DISCIPLINED (special action suggested)          |  |  |  |  |  |
| REVIEW DL-254, ABSTRACT OF LICENSE RECO<br>DEPARTMENT OF MOTOR VEHICLES  | RDS                             | ASK ACCIDENT REVIEW BOARD TO ADVISE SUPERVISOR            |  |  |  |  |  |
| ■ REVIEW DRIVER'S FILE DEPARTMENT RECO   | DS                              | NO FURTHER PERSONNEL ACTION BE TAKEN                      |  |  |  |  |  |
| ASK ABOUT ANY DISTRACTIONS OR ATTENTION<br>DIVERTERS, PRIOR TO ACCIDENT (i.e., cellphon  |                                 | RECOMMEND REMOVAL FROM DRIVING STATUS                     |  |  |  |  |  |
| reaching, talking)   |                                 | DISCUSS CUMULATIVE DRIVER RECORD                          |  |  |  |  |  |
| CONSIDER, WAS OUR DRIVER INFLUENCED BY<br>FATIGUE, ILLNESS, MEDICINE OR ALCOHOL?   |                                 | RECOMMEND NEW OR CHANGE OF TRAFFIC FLOW                   |  |  |  |  |  |
| IF YES, EXPLAIN  |                                 | CHANGE OR IMPROVE EQUIPMENT                               |  |  |  |  |  |
| GIVE DATE OF DEFENSIVE DRIVER TRAINING   | DATE                            | ASK FOR EXPERT CONSULTATION                               |  |  |  |  |  |
| ■ ORIENTATION - DEPARTMENT POLICIES AND  |                                 |   |  |  |  |  |  |
| RULES  |                                 |   |  |  |  |  |  |
| ■ CLASSROOM DEFENSIVE DRIVER TRAINING  |                                 |   |  |  |  |  |  |
| ■ BEHIND-THE-WHEEL TRAINING  |                                 |   |  |  |  |  |  |
|  |                                 |   |  |  |  |  |  |
| SUPERVISOR - CLASSIFY FOR DEPARTMENTAL I   | EPORTING                        |   |  |  |  |  |  |
| TYPE OF VEHICLE ACCIDENT:  |                                 |   |  |  |  |  |  |
| COLLISION WITH OTHER VEHICLE   | SOLO ACCIDENT                   | STRIKING PEDESTRIAN                                       |  |  |  |  |  |
| Evasive maneuver   | 13. Evasive maneuver            | 21. In a crosswalk  |  |  |  |  |  |
| 2. Lost control  | 14. Lost control                | 22. Not in a crosswalk                                    |  |  |  |  |  |
| Hit other vehicle in rear  | 15. Collided with stationary of | bject 23. While backing                                   |  |  |  |  |  |
| 4. Hit from rear   | 16. Backing                     |   |  |  |  |  |  |
| 5. Proceeding straight   | 17. Runaway vehicle             |   |  |  |  |  |  |
| Crossed into opposing lanes  | 18. Lost load                   | MISCELLANEOUS ACCIDENT                                    |  |  |  |  |  |
| 7. Changing lanes  | 19. Mechanical failure          | 24. Explain   |  |  |  |  |  |
| 8. Making right turn   | 20. Struck or was struck by a   | nimal   |  |  |  |  |  |
| 9. Making left turn  |                                 |   |  |  |  |  |  |
| 10. Backing  |                                 |   |  |  |  |  |  |
| 11. Mechanical failure   |                                 | Yes No  |  |  |  |  |  |
| 12. Collision with bicycle   | WAS ACCIDENT PREVEN             | ITABLE BY STATE DRIVER ?                                  |  |  |  |  |  |