



El Dorado County Emergency Services Authority

Policy Subject Matter: **Privately Owned Vehicle Use by JPA Administrative Staff for JPA Business**

Review Date:

Revision Date:

Creation Date: **09.22.10**

I. Policy:

Use of privately owned vehicles by JPA administrative staff for JPA business will be done so in a safe and appropriate manner.

II. Purpose:

To provide guidelines on what will be required when operating privately owned vehicles on JPA business.

III. Procedure:

Before a privately owned vehicle can be used on JPA business the following requirements must first be met.

- A. JPA administrative staff will maintain insurance coverage that meets, and/or exceeds the liability amounts required by the California Vehicle Code. Copies of the insurance card will be kept in the vehicle and on file at the JPA office.
- B. JPA administrative staff will have in their possession a valid California driver license. A copy of the license will be kept on file at the JPA office.
- C. JPA administrative staff will complete an "Authorization to use Privately Owned Vehicles on JPA Business" form which will be kept on file at the JPA office. This form will be updated annually at the beginning of each fiscal year.
- D. Before operating the vehicle for JPA business, the employee/driver will conduct a vehicle safety inspection using VFIS form C10:193. The completed form will be turned in along with the mileage reimbursement form. Copies of these forms will be kept on file at the JPA office.
- E. Privately owned vehicles with mechanical defects will not be used on JPA business.
- F. JPA administrative staff will operate their vehicles in accordance with all local, state and federal laws and practice safe driving habits.

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON JPA BUSINESS

This approval must be renewed annually.
Supervisor: Retain Original Copy

I. CERTIFICATION

I hereby certify that, whenever I drive a privately owned vehicle on JPA business I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage.) Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.
5. I will complete a daily Vehicle Inspection Report.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that while using a privately owned vehicle on JPA business, all accidents will be reported on VFIS form within 24 hours..

I understand that permission to drive a privately owned vehicle on official JPA business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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Personal Vehicle Safety Checklist

Date of Review: _____

Member Name: _____ Vehicle Make/Model/Year: _____ License Plate #: _____

Driver's License #: _____ Restrictions: Yes No If "yes," describe: _____

Required Documents

Current Registration: Yes No

Current State Inspection: Yes No N/A

Proof of Insurance: Yes No

Insurance Company: _____ Expiration Date: _____

Lights & Siren Permit: Yes No N/A

Courtesy Lights Permit: Yes No N/A

VEHICLE CONDITION

Tires

Left Front:	Adequate tread: Yes <input type="checkbox"/> No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/> * No <input type="checkbox"/>	Poor tread: Yes <input type="checkbox"/> ** No <input type="checkbox"/>
Right Front:	Adequate tread: Yes <input type="checkbox"/> No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/> * No <input type="checkbox"/>	Poor tread: Yes <input type="checkbox"/> ** No <input type="checkbox"/>
Left Rear:	Adequate tread: Yes <input type="checkbox"/> No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/> * No <input type="checkbox"/>	Poor tread: Yes <input type="checkbox"/> ** No <input type="checkbox"/>
Right Rear:	Adequate tread: Yes <input type="checkbox"/> No <input type="checkbox"/>	Questionable tread: Yes <input type="checkbox"/> * No <input type="checkbox"/>	Poor tread: Yes <input type="checkbox"/> ** No <input type="checkbox"/>

Lights

	<u>Left</u>	<u>Right</u>
Headlights:		
High beam	Yes <input type="checkbox"/> No <input type="checkbox"/> **	Yes <input type="checkbox"/> No <input type="checkbox"/> **
Low beam	Yes <input type="checkbox"/> No <input type="checkbox"/> **	Yes <input type="checkbox"/> No <input type="checkbox"/> **
Turn Signals:		
Front	Yes <input type="checkbox"/> No <input type="checkbox"/> **	Yes <input type="checkbox"/> No <input type="checkbox"/> **
Rear	Yes <input type="checkbox"/> No <input type="checkbox"/> **	Yes <input type="checkbox"/> No <input type="checkbox"/> **
Tail lights	Yes <input type="checkbox"/> No <input type="checkbox"/> **	Yes <input type="checkbox"/> No <input type="checkbox"/> **
Brake lights:	Yes <input type="checkbox"/> No <input type="checkbox"/> **	Yes <input type="checkbox"/> No <input type="checkbox"/> **
Back-up lights:	Yes <input type="checkbox"/> No <input type="checkbox"/> **	Yes <input type="checkbox"/> No <input type="checkbox"/> **

NOTE:

Any * indicates a need to have vehicle checked by a qualified mechanic

Any ** needs immediate repair or replacement

Body

Any damage: Yes No If "yes," describe: _____

Exhaust system: Good Condition: Yes No Questionable condition: Yes * No Poor condition: Yes ** No

Glass			
	<i>Front</i>	<i>Rear</i>	
Window	Good Condition: Yes <input type="checkbox"/> No <input type="checkbox"/> *	Good Condition: Yes <input type="checkbox"/> No <input type="checkbox"/> *	Describe damage: _____
Left side	Good Condition: Yes <input type="checkbox"/> No <input type="checkbox"/> *	Good Condition: Yes <input type="checkbox"/> No <input type="checkbox"/> *	Describe damage: _____
Right side	Good Condition: Yes <input type="checkbox"/> No <input type="checkbox"/> *	Good Condition: Yes <input type="checkbox"/> No <input type="checkbox"/> *	Describe damage: _____

Accessories			
Wipers:	Operational: Yes <input type="checkbox"/> No <input type="checkbox"/> **		
Blades:	Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>	Questionable condition: Yes <input type="checkbox"/> * No <input type="checkbox"/>	Poor condition: Yes <input type="checkbox"/> ** No <input type="checkbox"/>
Warning/ Courtesy Lights:	Operational: Yes <input type="checkbox"/> No <input type="checkbox"/> **	Meets state requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> **	<p>NOTE:</p> <p><i>Any * indicates a need to have checked by a qualified mechanic</i></p> <p><i>Any ** needs immediate repair or replacement</i></p>
Horn:	Operational: Yes <input type="checkbox"/> No <input type="checkbox"/> **		
Mirrors:	Yes <input type="checkbox"/> No <input type="checkbox"/> **		

Additional Comments

Repairs Needed/Completed Data (Give to operator to document completed repairs. Operator to return form to Chief.)

Repairs Needed: _____

Repair Comments: _____

Repair(s) Completed By (signature): _____ Date: _____

The completion of this checklist indicates that we have undertaken a limited survey of your vehicle. The findings of this document are limited to certain conditions that were observed and evaluated at the time of the survey. This survey or the completed checklist is not a substitute for any mechanical inspection made by a qualified vehicle technician. Any observations or recommendations enumerated in this document do not constitute a safety inspection and in no way supplant your duty to maintain your vehicle in a safe operating condition. Completion of any or all of the recommendations contained in this document does not assure that every hazard has been adequately controlled or that no other hazards exist. By completion of this checklist we do NOT warrant that any or all vehicles or equipment are safe or in compliance with any law, rule, regulation or ordinance.

Instructions for Use

This safety checklist is provided for you to conduct a basic safety survey of your organization's members' personally owned vehicles. This is not intended to be a mechanical inspection and is not a substitute for one. This checklist reviews some of the basic components that should be well maintained to provide a vehicle that is in safe working order. Anyone with basic knowledge of a vehicle's operating components should be able to conduct the survey. This survey should be completed on an annual basis.

Items to Look For

Required Documents: Verify that listed documents are present, current, and appropriate.

Tires: Tires should be checked to determine if there are any obvious conditions that would make them unsafe, e.g., cuts, bulges, uneven tread wear, questionable inflation level and inadequate tread depth. Tires should generally be of the same size and style. Any questionable items should be evaluated and repaired by a qualified automotive technician.

Lights: All lights should be checked to determine if they operate properly, have the proper lens covering, are clearly visible, and are properly adjusted. Any questionable items should be evaluated and repaired by a qualified automotive technician.

Body: The body of the vehicle should be checked to determine that all required components are on the vehicle e.g. fenders, hood, bumpers, etc... . Any damaged component should be checked to determine if it will interfere with the safe operation of the vehicle or present a safety hazard for pedestrians or other vehicles.

The exhaust system should be checked to determine if it is operating properly. Visually check to determine if all parts are present and that they are safely attached to the vehicle. Operationally, the exhaust system may be checked by briefly holding a pliable object (such as a rag) over the end of the exhaust pipe to obstruct the flow of exhaust. If back pressure is felt on the object while it is held in place and no hissing or whistling is heard in other parts of the exhaust system, it is reasonable to assume that the exhaust system is working. However if little or no pressure is felt on the object blocking the exhaust pipe and/or exhaust gases can be heard escaping from other parts of the system, the vehicle should be further examined by a qualified technician. Caution should be used when checking exhaust systems, as exhaust gases and the system components may be very hot and can cause injury.

Glass: All glass should be checked to determine if it is in good condition, free of chips, cracks, and breaks. Windows should also be free of obstructions that would inhibit the driver's ability to see out of the vehicle when driving. Door windows should be operational, in particular the driver's door.

Accessories: Windshield wipers should be checked to determine if they are functional. The blades themselves should be in good condition, free of loose or missing blade surface. The vehicle's washer system should also be tested to determine if it is functional.

Approved warning/courtesy lights should be checked to determine if they are properly installed and operational. The vehicle operator should have the proper permits and documentation for the warning/courtesy lights.

Repairs Needed: This section should be completed for any item that is suspect or in need of replacement or repair. The section should be torn off and given to the vehicle owner/operator to take to the appropriate qualified party for inspection, replacement, or repair. Upon successful completion this section, along with a work order/repair bill, should be returned to the organization as proof that the hazardous condition has been eliminated. Discretion should be used by the organization as to whether an observed condition would warrant prohibiting the vehicle's use in conjunction with the emergency service organization until the repair and/or replacement is made.