

*Adopted: November 14, 2000*

*Revised: 2004, 2008, 2010, 2013*

## **715P ADMINISTRATION AND USE OF DISTRICT OWNED VEHICLES**

### **I. PURPOSE.**

The purpose of this procedure is to formalize the administration and use of district owned vehicles to ensure the safety of staff and students and that the vehicles are properly used and maintained.

### **II. DUTIES AND RESPONSIBILITIES.**

#### **A. ACTIVITIES DIRECTOR.**

1. Determine, with consultation with the Principals if needed, prioritization of vehicle utilization when there is a conflict.
2. Enforce the procedures set forth.

#### **B. HIGH SCHOOL SECRETARY.**

1. Maintain vehicle log books and keys.
2. Maintain a vehicle requisition calendar.
3. Advise Activities Director of infractions of this procedure.
4. Dispatch vehicles.
5. Maintain fuel cards and issue to those drivers that need them.
6. Maintain vehicle usage reports.

#### **C. DRIVERS.**

1. Request the use of a vehicle by e-mailing the High School secretary. Requisitions should be made in advance to ensure the availability of a vehicle. In the event of vehicle non-availability, the Activities Director, in coordination with the Principals as needed, will determine the priority of use.
2. Conduct pre and post trip inspections on the *District #423 Vehicle Inspection Form* (Appendix A). These are vital to ensure that problems are identified and repaired in a timely fashion.
3. Ensure that the vehicle is cleaned of debris at the end of the trip.
4. Fuel vehicle for the trip.
5. Inform the passengers of the rules of behavior.
6. Enforce the rules of behavior delineated in this procedure for the passengers.
7. Obey all traffic laws.
8. Certify, by signing the *District #423, Vehicle Inspection Form* (Appendix A) that you have a valid driver's license.
9. Park the vehicle in its designated spot immediately after the trip.
10. Return the keys, log book, and post trip inspection to the high school secretary if during business hours, or leave them in the drop box located in the storage shed.
11. Secure the storage shed if after hours.
12. Under no circumstances, allow students to drive the vehicle.
13. Do not use vehicles for personal use or leave them overnight at home.

14. Only those drivers that meet the qualification standards as delineated in District Policy 709 may transport students.

#### **D. STUDENTS.**

Riding in a school vehicle is a privilege, not a right. Students are expected to follow the same behavioral standards while riding in a school vehicle as expected on school buses, school property, or at school functions or events.

Consequences for violating school vehicle conduct rules will be imposed by the principal or the principal's designee. Serious misconduct will be reported to local law enforcement personnel.

The following rules are expected of all student passengers and violation will result in the consequences listed elsewhere in this procedure. (These rules mirror those found in District policy 709, *Student Transportation Safety Policy*.)

1. Follow the directions of the driver.
2. Sit in your seat facing forward.
3. Wear seat belt at all times.
4. Talk quietly and use appropriate language.
5. Keep all parts of your body inside the vehicle.
6. Keep your arms, legs, and belongings to yourself.
7. No fighting, harassment, intimidation or horseplay.
8. Do not throw any object.
9. Do not bring any weapon or dangerous objects in the vehicle.
10. Do not damage the vehicle.
11. Clean up garbage.

#### **E. CUSTODIAL/MAINTENANCE.**

1. Conduct daily inspections of vehicles for deficiencies and inform the high school secretary when deficiencies are found.
2. Return keys and log books from the drop box to the high school secretary.
3. Perform or obtain maintenance and repair services.
4. Clean vehicle interior once a week and exteriors as needed.
5. Fuel vehicles once a week.

#### **F. BUILDING PRINCIPALS.**

1. Delineate this procedure to all staff and students.
2. Enforce the discipline portion of this procedure.
3. Assist the Activities Director to determine prioritization of vehicle use when conflict arises.

### **III. DISCIPLINE.**

#### **A. STUDENTS.**

1. Consequences for violation of the above stated rules are listed below.
  - a. 1<sup>st</sup> offense - warning.
  - b. 2<sup>nd</sup> offense - detention.
  - c. 3<sup>rd</sup> offense – detention and cleaning vehicles.
  - d. 4<sup>th</sup> offense – conference with parent(s)/guardian(s).
2. Based on the severity of a student’s conduct, other discipline may be imposed at any time. Depending on the nature the nature of the offense, consequences such as suspension or expulsion from school may result.
3. Students that damage or vandalize school vehicles will be held responsible for damages.
4. Records of school vehicle misconduct will be retained in the same manner as other student discipline records.
5. In cases involving criminal misconduct, the Superintendent and law enforcement officials will be informed.

#### **B. DRIVERS.**

Corrective action plans and/or disciplinary action shall be the responsibility of the building Principal who has supervisory responsibility of the employee.

Consequences for not adhering to the terms and conditions of this procedure shall warrant:

- a. 1<sup>st</sup> offense - verbal warning.
- b. 2<sup>nd</sup> offense – written warning.
- c. 3<sup>rd</sup> offense – notice of deficiency

#### **IV. FUELING.**

Vehicles will be filled once a week by the custodial/maintenance staff. The vehicle user is responsible for ensuring that there is enough fuel in the vehicle prior to the trip. Vehicles can be fueled in three different methods in priority listing below.

1. Fuel can be obtained from the Hutchinson Cenex. (Cenex card in log book)
2. The driver can pay for the fuel and be reimbursed from the District.

#### **V. EMERGENCIES.**

1. Accidents.
  - a. In case of an accident, the driver should immediately assess others for injuries and begin any emergency first aid if necessary. First aid and fire supplies are in each vehicle.
  - b. In any accident involving another vehicle, property damage, or serious injury, police, medical assistance (if necessary), and the administrator that supervises the employee **must** be contacted.
  - c. For accidents involving bodily injury to:

- (1) Employee – Follow *District #423, Employee Accident Reporting Flowchart* (Appendix B) and complete the required injury report (Appendix B, Tab 1) Flowchart and forms are also contained in log book.
  - (2) Student or other non-employees – Follow *District #423, Student/Visitor/Non-employee Accident Flowchart* (Appendix C) and complete the required injury report (Appendix C, Tab 1). Flowchart and forms are also contained in log book.
- d. For accidents not involving bodily injury.
- (1) Provide insurance information to other parties (Found in log book).
  - (2) Distribute witness cards for all witness to fill out (Appendix D and found in log book).
  - (3) Get insurance information from the other drivers involved in the accident.
  - (4) Get copy of police report if available.
  - (5) Make a sketch of what happened. (Appendix E and found in the log book).
  - (6) Employees Supervisor must fill out *District #423, Report of Work Related Accident* (Appendix F).
2. Breakdowns.
- a. Stop vehicle in safe location.
  - b. Keep passengers in vehicle if safe to do so.
  - c. Take steps to warn other motorists, including setting out emergency triangles.
  - d. Call for assistance. Notify your supervisor for guidance. Various solutions are listed below.
    - (1) If within close proximity and depending on the time of day, another vehicle and maintenance personnel may be dispatched.
    - (2) If vehicle is still under warranty, you may be asked to call the number listed in the owner's manual.
    - (3) If vehicle is no longer covered under warranty you may be asked to call a repair/towing business to your site to have the vehicle repaired or towed. This may require the payment of up-front costs with a personal credit card.

## District #423 Vehicle Pre-trip Inspection Form

1. Employee Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_

3. Signature \*: \_\_\_\_\_ \* By signing this form you are attesting that you have read and understand District Procedure 715P and possess a valid driver's license.

4. Purpose of trip: \_\_\_\_\_

5. Departure time: \_\_\_\_\_ a.m./p.m. (circle one)

6. Odometer reading: \_\_\_\_\_ 6. Vehicle \_\_\_\_\_

7. Vehicle inspection:

Item	Condition (Check applicable box)	
	Good	Bad
a. Exterior (dents, scratches, etc.)		
b. Obvious leaks under the vehicle		
c. Head Lights		
d. Turn Signals		
e. Tail Lights		
f. Gauges		
g. Horn		
h. Tire Pressure		
i. Interior Cleanliness		
j. First aid kit		
k. Fire extinguisher		
l. Emergency marking triangle		

8. Explanation of items checked as bad:

Line	Explanation

**Over  
District #423  
Vehicle Post-trip Inspection Form**

1. Employee Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_
3. Arrival time: \_\_\_\_\_ a.m./p.m. (circle one)
4. Odometer reading: \_\_\_\_\_ 5. Gallons of fuel added: \_\_\_\_\_
6. Vehicle inspection:

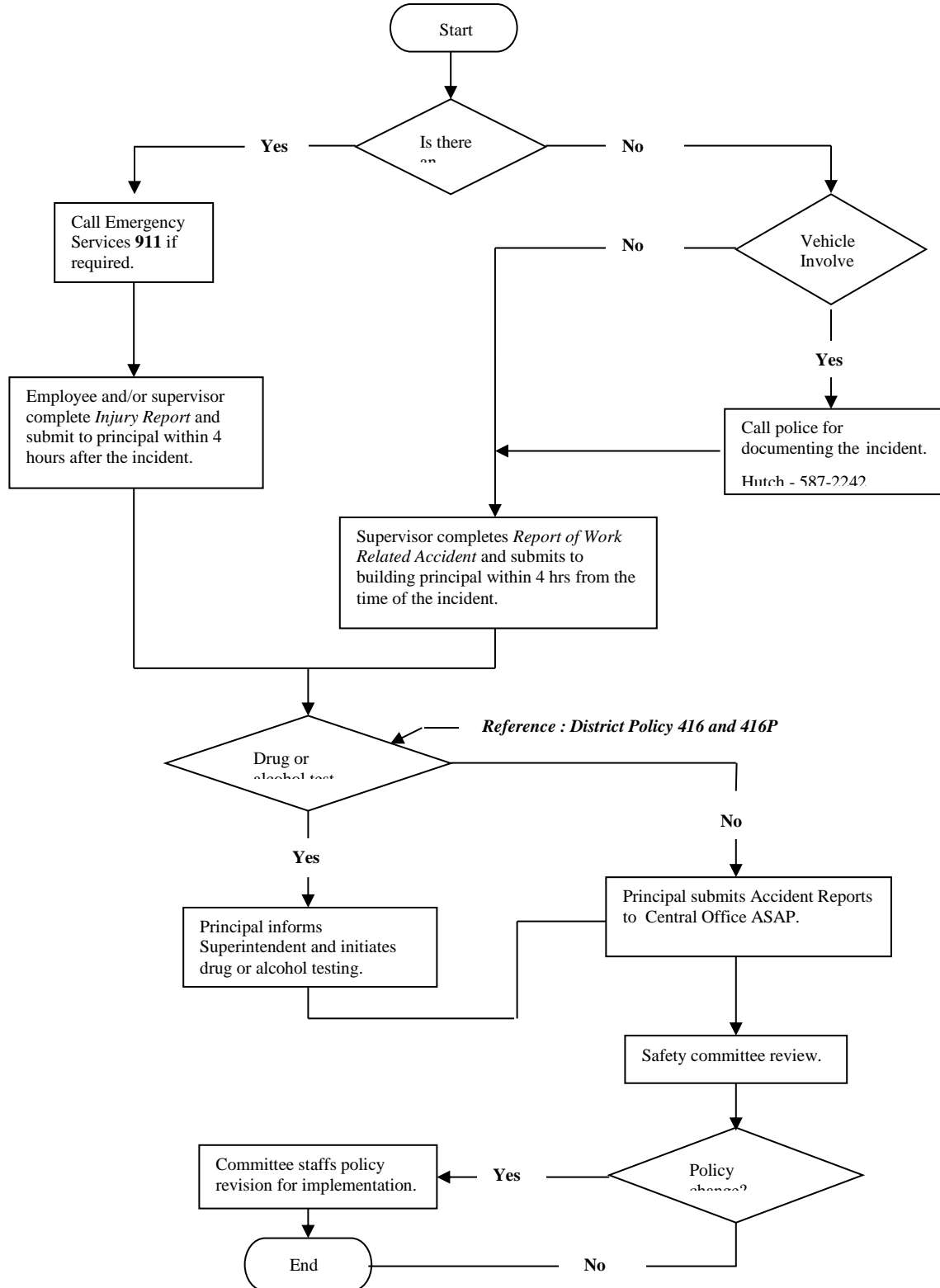
Item	Condition (Check applicable box)	
	Good	Bad
a. Exterior (dents, scratches, etc.)		
b. Obvious leaks under the vehicle		
c. Head Lights		
d. Turn Signals		
e. Tail Lights		
f. Gauges		
g. Horn		
h. Tire Pressure		
i. Interior Cleanliness		
j. First aid kit		
k. Fire extinguisher		
l. Emergency marking triangle		

7. Explanation of items checked as bad:

Line	Explanation

(Appendix B)

### DISTRICT #423 EMPLOYEE ACCIDENT REPORTING FLOWCHART



(Appendix C)

### HUTCHINSON PUBLIC SCHOOLS STUDENT (or non-employee) ACCIDENT/INCIDENT REPORT

Name \_\_\_\_\_ Home Address \_\_\_\_\_  
 School \_\_\_\_\_ Grade/Classification \_\_\_\_\_ Age \_\_\_\_\_  
 Student I.D. Number \_\_\_\_\_ Sex: M or F (Circle) Time of Accident: Hour \_\_\_\_\_ A.M./P.M. Date \_\_\_\_\_  
 Place of Accident (1) School Building \_\_\_\_\_ (2) School Grounds \_\_\_\_\_ (3) To or from School \_\_\_\_\_ (4) Elsewhere (Specify) \_\_\_\_\_  
 Home Phone/Work Phone of Injured Person \_\_\_\_\_ Injury Involves: Student \_\_\_\_\_ Non-Employee \_\_\_\_\_

**Part I To be completed by person with supervisory capacity:**

A. Description of the Accident/Incident		D. Location	E. Describe Activity
Give a complete description (e.g. "Student states..."). Use additional sheets if necessary.		1. Athletic Field _____	
		2. Auditorium _____	
		3. Cafeteria _____	
		4. Classroom _____	
		5. Corridor _____	
		6. Gymnasium _____	
		7. Industrial Shop _____	
		8. Locker Room _____	
		9. Parking Area _____	
		10. Playground _____	
		11. Restroom _____	
		12. School Bus _____	
		13. Science Lab _____	
		14. Sidewalk _____	
		15. Stairs _____	
		16. Street _____	
		17. Swimming Pool _____	
		18. Other (specify) _____	

B. Other Persons Injured	
Were any other persons injured in the accident/incident? _____	
_____	
_____	

C. Witnesses			Check if Student
Name	Address	Phone	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II To be completed by nurse/first aid provider:**

F. Nature of Injury		H. Description of First Aid
1. Abrasion _____	9. Poisoning _____	Attach sheet for additional information
2. Bite _____	10. Puncture _____	_____
3. Bruise _____	11. Shock (electrical) _____	_____
4. Burn _____	12. Sprain, strain _____	_____
5. Cut, laceration _____	13. Sting _____	_____
6. Dismemberment _____	14. Teeth injury _____	_____
7. Fracture _____	15. Other (Specify) _____	_____
8. Head Injury _____		_____

G. Part of Body Injured		I. Notification
<b>ARM:</b>	<b>LEG:</b>	Person Notified _____ Relationship _____
1. Arm _____	12. Ankle _____	When: _____ How: _____
2. Elbow _____	13. Foot _____	If not, why? _____
3. Fingers _____	14. Knee _____	_____
4. Hand _____	15. Lower Leg _____	_____
5. Shoulder _____	16. Thigh _____	_____
6. Wrist _____	17. Toe _____	_____
<b>HEAD:</b>	<b>TRUNK:</b>	_____
7. Ear _____	18. Abdomen _____	Recommendations to Parents/Guardians for follow-up care:
8. Eye _____	19. Back _____	_____
9. Mouth _____	20. Chest _____	_____
10. Nose _____	21. Collarbone _____	_____
11. Scalp, face, neck _____	22. Ribs _____	_____
23. Other (specify) _____		_____

J. Sent/Taken	
BY: (Name of Person Taking Action) _____	
Sent Home (Comments) _____	
Sent to Doctor (Comments) _____	
Doctor's Name _____	
Sent to Hospital (Comments) _____	
Name of Hospital _____	
Transported by: _____	

K. First Aid Care Given	
Given by: (Name) _____	Position _____

**Part III Review**

No additional investigation required

Supplemental Accident Investigation performed (attached)

Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



### WITNESS CARD

Did you see the accident? \_\_\_\_\_

Did anyone appear injured? \_\_\_\_\_

Were you a passenger? \_\_\_\_\_

How did the accident happen? \_\_\_\_\_

\_\_\_\_\_

Who do you think was responsible? \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

What was your destination? \_\_\_\_\_

Where did you depart from? \_\_\_\_\_

**Please complete this card and return to driver – THANK YOU**

Use reverse side if necessary

(Appendix E – Make a sketch of what happened)

(Appendix F) **REPORT OF WORK RELATED ACCIDENT**  
*(For use only when there is no personal injury involved)*

Hutchinson Public Schools *Drug and Alcohol Testing Policy* provides that the district may require any of its employees to undergo drug and alcohol testing, without prior notice, if the District has reasonable suspicion to believe that the employee has caused a work-related accident or was operating or helping to operate vehicles, machinery, or equipment involved in a work-related accident.

If there is no personal injury but significant damage to property (vehicle or equipment), either on or off district property, the accident must be immediately reported to a supervisor to determine whether the drug and alcohol testing policy will apply. In the case of personal injury, an Injury Report must be filed instead of this report. Vehicle accidents will also be covered by a police report.

### **SUPERVISOR'S REPORT**

Date of this report \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Name of Employee \_\_\_\_\_ Department \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Reported to Supervisor (When) \_\_\_\_\_

Equipment Involved \_\_\_\_\_

Description of Damage \_\_\_\_\_

Circumstances of accident – include employee's statement \_\_\_\_\_

ATTACH additional information (reports, statements, photographs, sketches, etc.) to this report

Report submitted by \_\_\_\_\_  
 Supervisor

**Supervisor's Determination:** **Drug test required** \_\_\_\_\_  
 Yes No

Reason: \_\_\_\_\_

Any required test will be scheduled and performed within 4 hours of the accident. Contact the Director of Support Services to schedule the test.

Attach the police report (if applicable) and copy to:

Building Principal or Department Director  
 Director of Support Service Safety Officer