USE OF SCHOOL DISTRICT VEHICLES

The Salem School District owns and operates several purchased and leased vehicles driven on public ways. Vehicles are assigned or available to personnel for the performance of their school district duties and responsibilities as authorized by the Superintendent of Schools or designee.

School District employees required to drive in the course of their job are expected to maintain safe driving practices. This expectation shall apply to all vehicles driven by employees on official business. This policy also applies to school district owned, leased or rented vehicles and personal vehicles when used for District business. Employees are prohibited from using school district vehicles for personal use, personal business, commercial gain, or pleasure.

I. Requirements
   A. Occupant Restraint
      Occupants shall use the restraints in district owned, leased or rented vehicles whenever such vehicles are in use and also in personal vehicles when used for school district business. The vehicle driver is responsible for enforcing seat belt use by all occupants.

   B. Traffic and Parking Laws
      Drivers are responsible for compliance with all traffic laws governing operation of a motor vehicle. The employee shall be solely responsible for all fines or penalties related to non-compliance with these laws.

   C. License
      It is the employee’s responsibility to provide the District with a copy of a valid driver’s license, as required by vehicle type, prior to being assigned use.

   D. Substance Use
      Using or being under the influence of alcohol, prescription medications that warn against the operation of a vehicles or any illegal substance, is prohibited. Employees taking medications or substances that may impair their ability to drive must notify a supervisor in advance before operating a vehicle.

   E. Enforcement
      The Superintendent’s designee shall ensure compliance with this policy. Any necessary discipline shall be directed by policy and agreement.

   F. Signage
      All school district vehicles will be required to have district identifying signage conspicuously placed on at least one side of the vehicle.

II. Procedures
   A. Maintenance
      District owned vehicles will undergo a regular inspection to ensure the vehicle is in good working order. Fluid levels and brake system will be checked twice yearly. It is the driver’s responsibility to ensure the vehicle is in the designated place at the designated time for such inspections.

   B. Reporting
      If a school district owned vehicle is involved in an accident, the driver must complete the appropriate school district Incident/Accident Report. This form must be completed at the time of the accident and forwarded to the Director of Maintenance. A disposable camera will be

Adopted 5/10/16
available in all district vehicles for visual documentation. Both the Director of Maintenance and the Assistant Superintendent for Business Operations shall be informed of any accident whether or not the accident involves another vehicle. A police officer should be notified and a police report completed.

C. Mechanical or Equipment Failure
   If a district owned vehicle or any operating system or feature thereof should fail to operate for any reason, the driver shall notify the Director of Maintenance.

D. Tobacco Use
   The use of any tobacco product is prohibited in school district owned, leased or rented vehicles.

E. Food
   Food consumption while operating a school district vehicle is prohibited. The vehicle must be parked safely if and when the operator consumes food.

F. Equipment
   It is the operator’s responsibility to ensure the following items are available in all Salem School District owned vehicles:
   - Fire Extinguisher
   - Flashlight
   - Disposable Camera
   - Incident/Accident Report Forms
   - Salem School District Driving Policy EEBA
   In addition, District owned vehicles with the potential to carry specimens or other biological hazards shall have:
   - A copy of the Salem School District Bloodbourne pathogen procedures
   - Gloves
   - Additional red hazardous material bags
   - Any additional supplies deemed necessary for a spill clean up

G. Sanitation
   Drivers are required to remove all trash and personal belongings after each use.

H. Motor Vehicle Driving Record
   Any employee who drives a District vehicle as part of their job responsibilities must report to the Director of Maintenance any motor vehicle incidents that may be connected with accidents or major penalties or legal infractions such as a charge of driving while under the influence.

I. Cellular Phone Usage
   In accordance with State law, all cell phone use must be hands free. Otherwise, drivers are required to park the vehicle when using a cell phone.

III. Personal Vehicles
   A. Insurance
      Employees using personal vehicles for district business must provide the Director of Maintenance with proof of insurance coverage. For personal vehicles, the owner’s insurance is primary and school district insurance is secondary.

   B. Vehicle
      Personal vehicles used for district business must be properly registered and inspected.

Adopted 5/10/16
C. Reporting
In the event of an accident while on district business, employees are required to notify local police and complete a police report. Both school district Incident/Accident Report and State of New Hampshire Accident Report forms will be completed by the driver and submitted to the Director of Maintenance and the Assistant Superintendent for Business Operations.

The Director of Maintenance will ensure a copy of this vehicle use policy is available in all district vehicles.

Employees who drive District vehicles as part of their assignment must sign an agreement acknowledging their understanding of policy EEAH. These signed agreements are to be maintained in the employees' personnel folders.
Salem School District Incident/Accident Report

The person most closely involved or the person discovering the incident/accident should immediately notify the Safety Officer (Director of HR); complete this form as soon as possible, and route it to HR

Name: 
Street Address: 
City, State, ZIP: 
Phone: 
Date/Time: 
Incident Location: 

Individual Affected: 
[] Employee  [] Other

Description of Incident: 


Type of Injury: 

Filled Out First Report of Injury: 
[] Yes  [] No

Write a description of what happened:


Employee Signature: 
Date: 
Witness: 
Date:
**SECTION D**

**YOUR VEHICLE**

- DRIVER LICENSE NO. [ ]
- STATE [ ]
- CLASSIFICATION [ ]

- DRIVER'S NAME LAST, FIRST, MIDDLE [ ]
- D.O.B. [ ]
- SEX [ ]

- CURRENT ADDRESS, NUMBER AND STREET [ ]
- PHONE NO. [ ]

- CITY/TOWN [ ]
- STATE [ ]
- ZIP CODE [ ]

- PLATE NO. [ ]
- STATE [ ]
- TRAILER PLATE NO. [ ]

- SAME AS DRIVER [ ]
- OWNER NAME LAST, FIRST, MIDDLE [ ]

- CURRENT ADDRESS, NUMBER AND STREET [ ]
- PHONE NO. [ ]

- CITY/TOWN [ ]
- STATE [ ]
- ZIP CODE [ ]

- MAKE [ ]
- YEAR [ ]
- COMMERCIAL VEHICLE ACCIDENT [ ]

- V.I.N. [ ]

- VEHICLE TOWED [ ]

- BY [ ]
- TO [ ]

- DESCRIBE DAMAGE TO VEHICLE [ ]

- ESTIMATED COST TO REPAIR [ ]

**SECTION E**

**ESTIMATED PROPERTY DAMAGE (OTHER THAN VEHICLE)**

- YOUR INSURANCE CO. [ ]
- AGENT [ ]
- ADDRESS [ ]

- POLICY NUMBER [ ]
- EFFECTIVE DATE [ ]

**SECTION F**

**ACCIDENT DIAGRAM**

Check one of the diagrams if it adequately describes the accident, OR draw your own diagram on a separate sheet and attach. Number the vehicles, with your vehicle being No. 1.

- Rear [ ]
- Passing [ ]
- Lt. Turn [ ]
- Intersection [ ]
- Rt. Turn [ ]
- Head On [ ]
- Sideswipe [ ]

- * DESCRIBE THE ACCIDENT [ ]

**PRE-ACCIDENT ACTION**

- VEHICLE: [ ]
  - 1. Automobile [ ]
  - 2. Pick-Up/Light Truck [ ]
  - 3. Panel Van [ ]
  - 4. Motorcycle [ ]
  - 5. Other[ ]

- YOUR VEHICLE [ ]
  - 17. Avoid Something in Road [ ]
  - 18. Wrong Way on a One Way [ ]
  - 19. OTHER Action in Road [ ]

- OTHER VEHICLE[ ]
  - 6. Changing Lanes/Merging [ ]
  - 7. Overspeeding [ ]
  - 8. Other[ ]

- VEHICLE DIRECTION [ ]
  - 1. North [ ]
  - 2. South [ ]
  - 3. East [ ]
  - 4. West [ ]

- OTHER VEHICLE [ ]
  - 9. Other[ ]
  - 10. Other[ ]

- *OPERATOR'S SIGNATURE [ ]

- DATE OF REPORT [ ]

- (DAY / MONTH / YEAR) [ ]