

SUBJECT: Drive Safety Program

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### PURPOSE

The State of Louisiana at all levels is committed to the continuing, aggressive program of driver safety. Driver safety is designed to reduce the number and severity of accidents and thereby minimize the financial impact on state government. The purpose of the Driver Safety Program is to address safety, control use of vehicles, reduce the State's exposure, reduce claims expenses, achieve accountability, and meet the requirements of R.S. 39:1527-44.

This policy should be considered as primary to all previous policies and procedure concerning the Driver Safety Program.

### AUTHORITY

1. R.S. 39:1527-44.
2. State of Louisiana, Division of Administration, Office of Risk Management, Loss Prevention Manual.
3. Article 7, Section 4, By-Laws and Regulations of the Board of Supervisors of the Louisiana State University System.
4. PM-21 Dated May, 1973; "Use of University Automobiles and Trucks."

### DEFINITIONS

1. Agency Head: As used in this AP refers to the Chancellor of the University of New Orleans.
2. Designee: For the purpose of this AP, Agency Head Designee shall be the Vice Chancellor for Business Affairs, the Assistant Vice Chancellor for Business Affairs Operations and/or the Campus Safety Officer.
3. High Risk Drivers: Pursuant to the State of Louisiana, Division of Administration, Office of Risk Management, Loss of Prevention Manual, "High Risk" drivers are those individuals having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving violations or individuals having a single conviction, guilty pleas, and/or nolo contendere pleas for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operations of a vehicle, or similar violation within a one year period.
4. State and/or University Owned, rented, leased, or loaned vehicles: All vehicles owned, rented, leased or loaned to the State of Louisiana and/or the University of New Orleans that are utilized for the conduct of State or University Business.

5. Privately owned vehicles utilized for the conduct of State and/or University Business: An individual's privately owned vehicle that is used by the individual as conveyance for the purpose of conducting business on behalf of the State and/or the University.

## GENERAL POLICY

### **1. The Components of the Driver Safety Program are:**

#### A. University Safety Policies and Procedures

- 1) PM-21 Dated May, 1973; "Use of University Automobiles and Trucks."
- 2) AP 10.1 Date February, 1992: "Use of University Vehicles."
- 3) AP 10.6 Dated March, 1992: "Driver Safety Program."
- 4) University of New Orleans Fleet Safety and Training Program.

#### B. Communications/Organization

- 1) AP 10.6 Dated March, 1992; "Driver Safety Program."
- 2) University of New Orleans Fleet Safety and Training Program.

#### C. Training

Pursuant to the University of New Orleans Fleet Safety and Training Program.

#### D. Accident Analysis

Monthly and Quarterly Review of the University's "Claims Loss Listing."

#### E. Safety Audits and Record-Keeping

- 1) University of New Orleans Fleet Safety and Training Program.
- 2) Monthly and Quarterly Review of the University's Claim Loss Listing".

### **2. Responsibility for Safety:**

Pursuant to the University of New Orleans Fleet Safety and Training Program.

### **3. Accident Reporting:**

Pursuant to AP 10.1 Dated February, 1992; "Use of University Vehicles."

### **4. Insurance:**

- a. State and/or University owned, rented, leased or loaned vehicles are automatically provided with liability, comprehensive and collision insurance coverage by the Office of Risk Management.
- b. Privately owned vehicles utilized for the conduct of State and/or University business by a driver approved in accordance with this AP, will be afforded liability insurance coverage in excess of that currently existing on the vehicle by the Office of Risk Management.

Coverage for Comprehensive and Collision insurance coverage is not, in any case, extended by the Office of Risk Management to cover privately owned vehicles.

## **5. Procedures for Enrolling Drivers:**

### **Mandatory**

All individuals who operate State and/or University owned, rented, leased, or loaned vehicles,

OR

### **Optional**

Individuals who wish the additional liability insurance protection afforded by the Office of Risk Management when they utilized their privately owned vehicles for the conduct of State and/or University business, must comply with following procedures.

- A. Faculty, Classified and Non-Classified Employees and currently enrolled Students of the University with a current State of Louisiana Driver's License.
  1. Obtain approval of their immediate supervisor.
  2. Complete Form No. DA2054, Authorization and Driving History Form.
  3. Submit a Completed form No. DA2054, **and** a legible photocopy of their current State of Louisiana Driver's license to the Physical Plant Services, ATTN: Environmental Health and Safety.
  4. The Office of Environmental Health and Safety will obtain a copy of the individual's "Operator Driver Record (ODR)."
  5. Subject to a review of the individual's "Operator Driver Record (ODR)" in accordance with the Office of Risk Management's Loss Prevention Manual, the individual will be approved to operate a State and/or University owned, rented, leased, or loaned vehicles, and/or will be extended the State's liability insurance while they utilized their privately owned vehicles for the conduct of State and/or University business.
  6. Physical Plant Services will maintain a current record, by name only, of those individuals who have received approval.
  7. Only approved drivers will be allowed to sign for and/or operate State and/or University owned, rented, leased, or loaned vehicles.

- B. Faculty, Classified and Non-Classified Employees and currently enrolled Students of the University with a current driver's license from a state or country other than the State of Louisiana.
1. Obtain approval of their immediate supervisor.
  2. Complete Form No. DA2054, Authorization and Driving History Form.
  3. Obtain, at their cost, a certified copy of the appropriate "Operator Driver Record (ODR)" from the state or country of issue of their driver's license.
  4. Submit a complete Form No. DA2054, a certified copy of their "Operator Driver Record (ODR)" **and** a legible photocopy of their current state or country of issue driver's license to the Physical Plant Services, ATTN: Environmental Health and Safety.
  5. Subject to a review of the individual's "Operator Driver Record (ODR)" in accordance with the Office of Risk Management's Loss Prevention Manual, the individual will be approved to operate a State and/or University owned, rented, leased, or loaned vehicles, and/or will be extended the State's liability insurance while they utilized their privately owned vehicles for the conduct of State and/or University business.
  6. Physical Plant Services will maintain a current record, by name only, of those individuals who have received approval.
  7. Only approved drivers will be allowed to sign for and/or operated State and/or University owned, rented, leased or loaned vehicles.

**6. "High Risk" Drivers:**

"High Risk" drivers, as defined above, will not be approved to sign for nor operate State and/or University owned, rented, leased, or loaned vehicles, nor will the State's liability insurance be extended while they utilize their privately owned vehicles for the conduct of State and/or University business.

Gregory M. St. L. O'Brien  
Chancellor

LOUISIANA STATE UNIVERSITY SYSTEM  
AUTOMOBILE LOSS NOTICE  
NON-OWNED AUTOMOBILES

RE: \_\_\_\_\_  
VEHICLE NO. 1 (USED IN UNIVERSITY BUSINESS) \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TYPE VEHICLE: \_\_\_\_\_

MAKE MODEL SERIAL NO.

VEHICLE LIC. NO.: \_\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DRIVER'S LIC. NO.: \_\_\_\_\_

STATE NUMBER

WAS DRIVER TICKETED? \_\_\_\_\_ (YES-NO)

LOCATION OF ACCIDENT: \_\_\_\_\_

DESCRIPTION OF ACCIDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE NO. 2 \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TYPE VEHICLE: \_\_\_\_\_

MAKE MODEL SERIAL NO.

VEHICLE LIC. NO.; \_\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_ LIC. NO.: \_\_\_\_\_

STATE NUMBER

REPORTED BY: \_\_\_\_\_

CAMPUS ADMINISTRATIVE OFFICER DATE

LSUAA1

Authorization and Driving History Form

Name: \_\_\_\_\_ Drivers License No: \_\_\_\_\_
Address: \_\_\_\_\_ Lic. Office No: \_\_\_\_\_
City: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Class License: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
SSN: \_\_\_\_\_ ISSUE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Employed by: \_\_\_\_\_
Section: \_\_\_\_\_ Unit: \_\_\_\_\_
Job Title: \_\_\_\_\_
Immediate Supervisors Name: \_\_\_\_\_
Phone No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Is it this employees primary purpose to drive vehicles? \_\_\_\_\_
Is a current Motor Vehicle Record attached? \_\_\_\_\_
Has it been verified as accurate? \_\_\_\_\_
Will this driver be authorized to operate his or her privately owned vehicle in the course and scope of employment? \_\_\_\_\_
Date of the last driver training course: \_\_\_\_/\_\_\_\_/\_\_\_\_

Class of License: Endorsements: Restrictions:
A: Combinations Vehicle: ( ) T: Double Trailer: ( ) L: Airbrakes: ( )
B: Heavy Straight Vehicle: ( ) P: Passenger Vehicle: ( ) Other: ( )
C: Light Vehicle: ( ) N: Tank Vehicle: ( )
D: Commercial Vehicle: ( ) H. Hazardous Material: ( )
E: Personal Vehicle: ( ) X. Comination N + H: ( )

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USE OF PRIVATE VEHICLE FOR STATE BUSINESS

This is to certify that as a condition of driving my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by La. R. S. 32:900 (B) (2). I also understand that the use of my vehicle on State Business requires prior written authorization from my supervisor.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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AGENCY HEAD OR DESIGNEE STATE BUSINESS

I have reviewed this individual's genuine need to drive a State Vehicle. In conducting this review, I have considered his/her driving experience, type equipment to be operated, and 1 year driving record. The attached operator's record has been verified as accurate and dated as necessary. I authorize this individual to operate the vehicles approved by the type of license above. This authorization must be reviewed one year from this date.

\_\_\_\_\_  
Agency Head  
(or designated individual)

\_\_\_\_\_  
Date of Authorization

LOUISIANA STATE UNIVERSITY SYSTEM  
CERTIFICATE OF PRIVATELY OWNED AUTOMOBILES  
TRIP TRAVEL INSURANCE

I certify that my automobile which will be used to transport participants is insured in accordance with the laws of The State of Louisiana and will be used during the following trip or activity:

1. NAME OF ACTIVITY OR TRIP: \_\_\_\_\_
2. DESTINATION OF ACTIVITY OR TRIP: \_\_\_\_\_
3. DATE DEPART: \_\_\_\_\_
4. DATE RETURN: \_\_\_\_\_
5. NUMBER OF PERSONS TO BE TRANSPORTED: \_\_\_\_\_

I certify that I have liability coverage as required by law and this coverage will be in force as of the date of this authorized travel. I also agree to hold harmless the Louisiana State University System, the Board of Supervisors for the Louisiana State University System, the Campuses under its supervision, and The State of Louisiana for any and all liability which may result from the trip or activity.

\_\_\_\_\_  
SIGNATURE OF OWNER OF VEHICLE

\_\_\_\_\_  
DATE

-----CAMPUS APPROVAL-----

\_\_\_\_\_  
SIGNATURE  
CAMPUS ADMINISTRATIVE OFFICER

\_\_\_\_\_  
DATE

LSUTT3 -- (10-90)