

Diocese of Bismarck Drivers & Vehicle Safety Policy

Throughout the Diocese of Bismarck, we continuously strive for improvement of safety practices and to contain the liability risks for all our locations. The new Vehicle Safety Policy is a step in this direction.

As corporations in North Dakota we must comply with state requirements and also as members of the Catholic Mutual Group Catholic Umbrella Pool II (CUP II), we have an obligation to mitigate risk within our locations. The intention of this program is to standardize the procedures and safety methods within the diocesan offices, our schools and our parishes.

You will note that this policy incorporates on-line training videos. The training videos referenced in this policy can be viewed through the Catholic Mutual training hub www.cmgconnect.org. It is designed so Diocesan, School, and Parish location driving coordinators are educated on the necessities of transportation and also those who drive are educated on safe driving.

It is up to all of us as employers and employees, to become familiar with this policy. Please study this policy carefully and thank you for your cooperation.

Diocese of Bismarck - Vehicle Safety Policy

A. DRIVERS

a. ALL DRIVERS

- i. All drivers must possess a current valid, non-probationary, driver's license for the type of vehicle he/she will be operating and no physical disability that would impair his/her ability to operate the vehicle safely.
- ii. Must be 21 years of age or older
- iii. All drivers are responsible to adhere to state laws and ensure that passengers adhere to the current State of North Dakota safety belt laws and regulations.
- iv. If the driver will use a location owned vehicle he/she must register and complete the defensive driving course "Be Smart – Drive Safe" and information sheet on the Catholic Mutual cmgconnect.org website.
- v. Any driver will not be allowed to drive on behalf of any location for any reason if he/she has had any of the following citations or convictions in the past three years:
 1. operating a vehicle during a period of license suspension, revocation or forfeiture
 2. driving under the influence of alcohol or drugs
 3. hit and run accident
 4. failure to report an accident
 5. negligent homicide arising out of the use of a motor vehicle
 6. using a motor vehicle for the commission of a felony
 7. operating a motor vehicle without the owner's authority
 8. permitting an unlicensed person to drive
 9. reckless driving
 10. a combined total of three or more accidents and/or moving violations

b. (additionally) EMPLOYEE DRIVERS

- i. Employees cannot use parish, school or diocesan owned vehicles for personal use.
- ii. Passengers in the vehicle must include only those intended to the ministry or business purpose for using the vehicle.
- iii. The **Driver Application** (Appendix A) must be completed by all prospective employees who are likely by their job descriptions or responsibilities to operate a vehicle.
- iv. Employees who drive as part of their position must complete the defensive driving course "Be Smart – Drive Safe" and information sheet on the Catholic Mutual cmgconnect.org website.
- v. Any employed driver who causes an accident in a location owned vehicle or who is cited for two moving violations within a 12 month period will be required to complete an additional defensive driving course. *After 1 year of employment the employer must obtain a copy of employee driver's record (<https://apps.nd.gov/dot/dlts/dlos/welcome.htm>) to validate. If more than 2 citations within one year continue with annual record check. If less than 2 citations check and validate every 3 years.*

c. (additionally) VOLUNTEER DRIVERS

- i. Volunteer drivers must complete the **Volunteer Driver Application** (Appendix B).
- ii. Volunteer operators who are allowed use of location owned vehicles must complete the defensive driving course “Be Smart – Drive Safe” and information sheet on the Catholic Mutual cmgconnect.org website.
- iii. Potential Volunteer drivers may not be utilized if they answered “YES” to part B of the Volunteer Driver Application.
- iv. *The employer must obtain a copy of driver’s record (<https://apps.nd.gov/dot/dlts/dlos/welcome.htm>) on volunteer drivers who drive greater than once per quarter to validate their record. If record reflects a “Yes” to any questions in part B of the volunteer application, the volunteer driver should not be utilized. If record of more than 2 citations within one year and volunteer has attended a defensive driving course then volunteer may be utilized but checks need to be performed annually with the state.*
- v. Effective January 1, 2017 volunteers, who drive more than once per quarter for any location, are recommended to complete the defensive driving course “Be Smart – Drive Save” and information sheet on the Catholic Mutual cmgconnect.org website.

B. USE OF PRIVATE VEHICLES

- a. The private automobile insurance company of the owner of the vehicle will be the primary insurance carrier.
- b. For all privately owned vehicles used on behalf of the diocese or other location the owner must provide proof of insurance with minimum liability \$100,000/\$300,000 and valid registration. Proof of insurance and registration must be provided and updates maintained.
- c. The vehicle must be in safe operating condition.
- d. We recommend that private vehicles be equipped with first-aid / winter survival kit and road safety kit.

C. DIOCESAN, PARISH OR SCHOOL TRANSPORTATION COORDINATOR

- a. A Transportation Coordinator must be identified for each location.
- b. The responsibility of each Transportation Coordinator is to:
 - i. Approve drivers and maintain a list of approved drivers for their location
 - ii. Maintain all location records outlined in this policy required for drivers and vehicles
 - iii. View at least once every 2 years the video “Church Transportation – Is it Necessary and Ministry-Based?” on the Catholic Mutual website.
- c. Pastors and School Administrators must communicate the name of their location transportation coordinator to the diocesan transportation coordinator located in the Fiscal office.

D. VEHICLE (owned) MAINTENANCE and SAFETY

- a. Locations are to maintain their vehicles so they remain in a safe operation condition. We recommend use of a vehicle maintenance log complying with manufacturer's scheduled maintenance and recommended service.
- b. All diocesan, parish and school owned passenger transportation vehicles should be equipped with:
 - i. first-aid / winter survival kit
 - ii. road safety kit

E. ACCIDENT REPORTING

- a. If an accident occurs:
 - i. obtain medical assistance, if needed, **at the scene** as soon as possible.
 - ii. contact local police, sheriff or highway patrol authorities as required.
 - iii. exchange driver, vehicle and insurance information.
 - iv. report the accident/moving violation to the insurance agent.
 - v. report the accident/moving violation to the Chancery office.
 - vi. complete the **Vehicle Accident Report** (Appendix G).

F. RECORD KEEPING (local Transportation Coordinator responsibility)

- a. Records pertaining to driver selection, state driver's record validation(s), and training should be kept on file for a period of three years following termination of their driving privileges.
- b. Private vehicle proof of insurance and registration (have owner provide periodic updates).
- c. All location owned vehicles must be in compliance with ND State requirements and must have, at all times, a current **automobile insurance identification card and registration**.
- d. Retention of Applications, Logs and Other Reports:
 - i. **Driver Application**-retain (Appendix A) for a minimum of 3 years
 - ii. **Volunteer Driver Application** (Appendix B) retain for a minimum of 3 years
 - iii. **Vehicle Maintenance & Service Log** retain for the duration of ownership (Log should reflect manufacturer's recommended maintenance and common sense visual safety checks - Appendix D and F shows examples)
 - iv. **Bus Inspection Log** retain for the duration of ownership (Appendix E shows log example)
 - v. **Vehicle Accident Report** retain for 7 years from date of accident (Appendix G)

G. USE OF 11-15 PASSENGER VEHICLES

- a. The attached policy (Appendix H) must be followed with respect to the use of vehicles that can transport 11-15 passengers.

(Appendix A, B, D, E, F, G, H included below.)

EMPLOYEE DRIVER (APPLICATION) INFORMATION

Church or School Name: _____ City: _____

Applicant Name: _____
(First) (Middle) (Last)

Phone: _____
(Home Phone) (Cell Phone)

Current Address: _____
(City) (State) (Zip Code) How long at this address?: _____

Previous Address: _____

Driver Licenses (past 3 years)

License #	State	Type	Expiration date

Driving Experience (past 3 years)

Class of equipment	Employer name	From	To	Approx. miles

Accident Record (past 3 years)

Date	Nature of accident	Injuries/Fatalities

Moving Violations (past 3 years)

Location (City & State)	Date	Charge	Penalty

Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years?

Yes _____ No _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

Has any license, permit, or privilege ever been suspended, revoked or forfeited?

Yes _____ No _____ Date _____

EMPLOYMENT HISTORY (Employer history to be completed by employee if not included in employment resume)

Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____
Second Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____
Third Last Employer: Company: _____ Supervisor: _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____ Salary: _____
Reasons for leaving: _____

Special training related to transportation: _____

Safe driving awards and from whom: _____

PHYSICAL HISTORY

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing) _____
Use corrective lenses? <input type="checkbox"/> YES <input type="checkbox"/> NO Use hearing aid? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of last physical examination: _____
Doctor's name and address: _____

To Be Read and Signed by Applicant	
It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.	
Applicant's Signature: _____	Date: _____

RETAIN THIS FORM IN EMPLOYMENT FILES UNTIL TERMINATION

VOLUNTEER DRIVER APPLICATION

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

A.

Name: _____	Date of birth: _____	
Address: _____	City/State/Zip: _____	
Phone: _____	Cell Phone: _____	
License number: _____	Expiration date: _____	State where issued: _____

B.

Have you had any of the following citations or convictions in the past THREE years:

	Yes	No
Driving under the influence of alcohol or drugs	_____	_____
Hit and run	_____	_____
Failure to report an accident	_____	_____
Negligent homicide arising out of the use of a motor vehicle	_____	_____
Using a motor vehicle for the commission of a felony	_____	_____
Permitting an unlicensed person to drive	_____	_____
Reckless driving	_____	_____
Are you currently taking any medication that may make you drowsy?	_____	_____

It is expected that all passengers will adhere to the State of North Dakota safety belt laws and regulations.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer's Signature

Date

Thank you for helping us with our transportation needs!

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 3 YEARS

VEHICLE ACCIDENT REPORT

Driver: _____ Date of birth: _____ License #: _____

Vehicle: _____
 Year Make Model

Vehicle Identification Number: _____

Accident Information	Date: _____ Time: _____ City: _____ State: _____
	Street location: _____
	Description: _____ _____
Use reverse side if necessary.	

Other Vehicle	Year/Make/Model: _____ License plate #: _____ State: _____
	Owner's name and address: _____
	Driver's name and address: _____
	Driver's license #: _____ State: _____ Expiration date: _____
	Relationship to owner: _____
	Description of damage: _____ _____
	Insurance company: _____
Phone #: _____ Policy #: _____ Expiration date: _____	

Injuries	Name _____ Address _____
	Extent of injuries _____
	Use the reverse side if necessary.

Witness / Passengers	Name _____ Address _____
	Extent of injuries _____
	Use the reverse side if necessary.

Other Property Damage	Owner's name _____ Address _____
	Extent of damage _____
	Use the reverse side if necessary.

USE REVERSE SIDE TO PROVIDE A DIAGRAM OF THE SCENE ⇨ ⇨

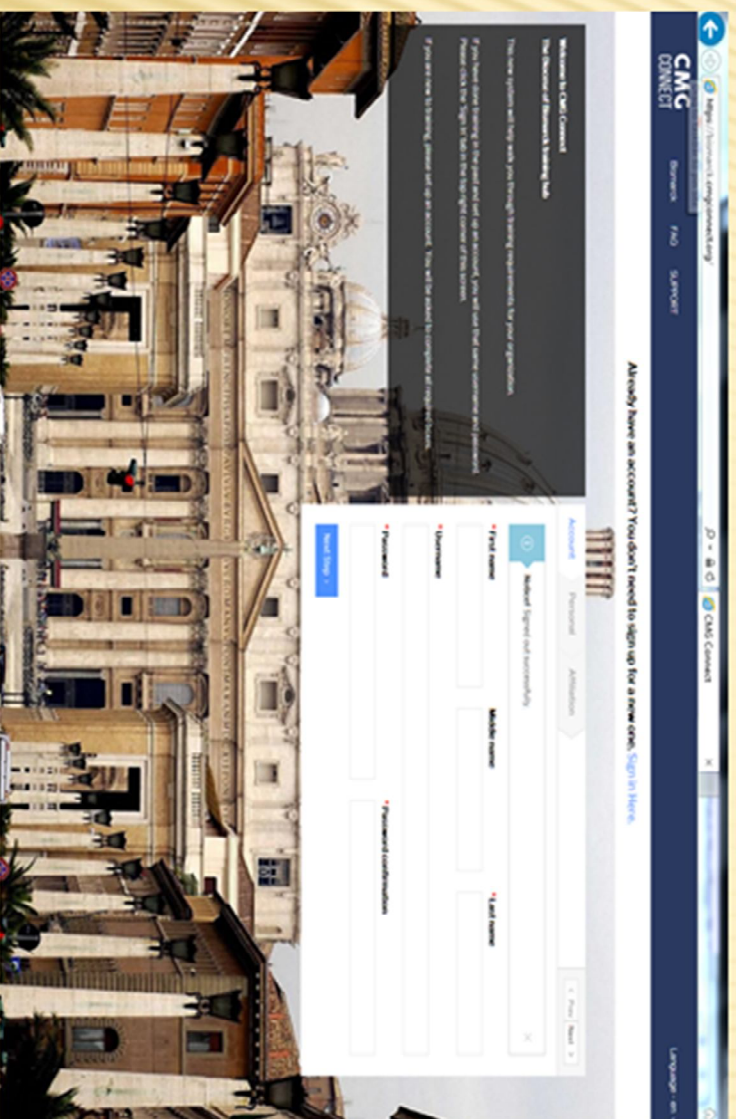
Driver Signature: _____ Date: _____

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 7 YEARS FROM THE ACCIDENT

CMG Connect Training

WEBSITE - <https://bismarck.cmgconnect.org/>

Access website, establish account as diocese location employee, access training



Defensive Driving Curriculum

Never Expires

Includes: Be Smart - Drive Safe video; Volunteer Driver Questions

▷ Start Curriculum

Training – Be Smart – Drive Safe