

**DEPARTMENT OF
FACILITIES**

**MOTOR POOL
PROCEDURES
MANUAL**

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I. Introduction

- A. The Motor Pool, under the Facilities department, is responsible for the rental, service, maintenance, and surplus of the Motor Pool vehicle fleet. The Motor Pool provides vehicles at economic rates for individuals authorized to travel on official district business. The Motor Pool can also provide assistance with vehicles designed for people with limited mobility. The Facilities department main Motor Pool is located at Signal Peak Campus (SPC), with additional motor pools at Aravaipa (AVC) and Superstition Mountain Campus (SMC).
- B. The *Motor Pool Procedures Manual* (MPPM) provides the procedures applicable to the authorized use of Central Arizona College (CAC) vehicles for official district business. It also includes procedures for the proper documentation of student trip information and emergency contact requirements. CAC Motor Pool vehicles are provided and maintained for district-related business only. All drivers are required to adhere to the procedures in this manual. The MPPM reflects CAC's commitment to:
1. Providing and monitoring appropriate operator authorizations;
 2. Determining specific safety requirements and recommendations;
 3. Defining effective driving standards, consequences and corrective actions;
 4. Developing and implementing related training programs; and
 5. The safety and well-being of our students and staff.

The MPPM is available online for downloading on the Facilities department web page and in the district's shared drive.

II. General Driver and Department Responsibilities

- A. All drivers shall:
1. Be age 25 or older.
 2. Complete the Basic Driver's Safety Course, plus the 15-Passenger Van course if operating a van. This training is available from the Human Resources department.
 3. Read and comply with all Motor Pool procedures as listed in this document.
 4. Maintain and carry a valid U.S. driver's license when operating district vehicles.
 5. Operate vehicles in accordance with federal, state, and local regulations, traffic laws, and ordinances.
 6. Use safe driving practices at all times.
 7. Ensure all safety devices, including seat belts, are used by all passengers.
 8. Report unsafe vehicle conditions to the appropriate Motor Pool.
 9. Immediately report all accidents involving district vehicles to the appropriate law enforcement agency, and request a report number.
 10. Report all accidents, suspension of driver's license, and traffic citations (tickets) to the driver's department supervisor and the Motor Pool as soon as possible.

11. Not smoke, chew tobacco, consume or possess alcoholic beverages (empty or full), or possess weapons in district vehicles.
12. Not allow unauthorized passengers in district vehicles.
13. Lock the vehicle when leaving it unattended.
14. Notify the Motor Pool office at 520-494-5460 (or Campus Police at 520-836-9655 if after business hours) if the vehicle cannot be returned on time. Late return of SMC/AVC vehicles should be reported to the security or maintenance department. If no contact can be made, report it to Campus Police.
15. Return the vehicle to the Motor Pool in a clean and presentable condition upon completion of trip.
16. Obtain and carry a Commercial Driver License (CDL), with appropriate endorsements (as required by the State of Arizona, irrespective of whether driving is an Incidental or Primary Duty) if operating a vehicle that requires such endorsements.

B. All District Departments shall:

1. Allow only authorized drivers, identified in each department's authorized driver roster, to operate district vehicles.
2. Ensure drivers have a properly completed and approved CAC Travel Request form and a driver authorization form (MP form #1) that is submitted to the Motor Pool at least five (5) business days in advance of the trip.
3. Comply with procedures listed in this manual.

C. Each Motor Pool office shall:

1. Maintain a serviceable fleet of vehicles for district business use.
2. Verify the status of any driver's license, by routing and receiving the MP form #1 to CACPD, before issuing vehicle keys to any driver (fax is acceptable).
3. Notify CACPD of any accidents involving district vehicles to facilitate maintaining a record of drivers/accidents.
4. Ensure keys, and instructions for drivers leaving during those hours the SPC Motor Pool is closed, are available to be issued by Campus Police.

D. The Campus Police Department shall:

1. Verify the license status via a Motor Vehicle Division computer check, upon receipt of a copy of MP form #1 from a motor pool. This service is only available Monday-Friday 7:00 a.m. - 3:30 p.m. The form may be faxed back to the motor pool to expedite the process.
2. Issue keys to drivers leaving for trips during those hours the SPC motor pool is closed.
3. Review the district's driver safety training program periodically, in cooperation with the Human Resources department, and make recommendations for improvement.

E. Human Resources Training Unit shall:

1. Maintain a record of personnel completing the above training and verify the training has occurred on MP form #1.
2. Develop and provide regularly scheduled driver safety training classes, to include the 15-passenger van training.

F. Only drivers with acceptable driving records may operate Motor Pool vehicles. If a driver has been involved in an accident with a Motor Pool vehicle, the driver's past driving history shall be reviewed by the CACPD Chief for other accidents and violations to determine if the driver's driving privileges should be maintained or revoked.

III. Other Procedures

A. A minimum number of drivers are required for long trips involving district vehicles:

1. Any trip exceeding 300 miles (one way) requires two qualified drivers, who must trade driving responsibilities every two hours.
2. On trips exceeding 400 miles (one way), drivers shall be limited to 6 hours driving time, per day.

B. Each Motor Pool vehicle shall be equipped with:

1. First aid kit
2. Reflectors
3. Flashlight
4. Fire Extinguisher
5. Certificate of insurance
6. Laminated card with Motor Pool and emergency contact phone numbers

These items are for use in or on the vehicle in which they are stored and for the safety of users of the vehicle. Removal for non-authorized use results in an inconvenience to other users, increased costs of operation and reduced safety for the users. Use of first aid kit supplies, or fire extinguisher should be reported to the appropriate Motor Pool, using MP form #2, upon completion of the trip in order to replace the items.

C. To reserve a motor pool vehicle, drivers should call the appropriate motor pool:

1. SPC – (520) 494-5460 or Ext. 5460
2. AVC – (520) 357-2800 or Ext. 2810
3. SMC – (480) 677-7701 or Ext. 7701
4. Vehicles can be reserved by email, but it is best to ensure confirmation with a follow up phone call. Send emails to barbara.savage@centralaz.edu for SPC, elissa.craig@centralaz.edu for AVC, tracy.lambrecht@centralaz.edu for SMC, with the following information:
 - a. Departure - Month, Day & Time
 - b. Return - Month, Day & Time

- c. Destination - City & State
- d. Purpose of travel
- e. Number of passengers
- f. Driver(s) Name(s)
- g. Phone Number
- h. Email Address
- i. Department Name
- j. Vehicle preference

D. If a Motor Pool vehicle breaks down during a trip, the driver will contact the appropriate Motor Pool as follows:

- 1. SPC – (520) 494-5460
- 2. AVC – (520) 357-2810
- 3. SMC – (480) 677-7748 or Security at (480) 748-3138
- 4. Campus Police- (520) 836-9655 if unable to contact Motor Pool

E. If the vehicle cannot be operated safely, the Motor Pool will arrange for the repair and/or removal of the vehicle. If the Motor Pool vehicle can be legally and safely driven, it shall be taken directly to the Motor Pool. If the vehicle cannot be operated and Motor Pool personnel are not available, the driver shall contact the Campus Police Department at (520) 836-9655 for instructions.

IV. Vehicle Maintenance

A. Before the vehicle is operated for the first time each day, at a minimum the following components must be inspected by the Facilities department and their satisfactory working condition verified:

- 1. all interior and exterior lamps
- 2. tires, wheels, and lug nuts
- 3. windows
- 4. windshield
- 5. windshield wipers
- 6. instrument panel and gauges
- 7. brakes/parking brake
- 8. bumpers
- 9. horn
- 10. mirrors
- 11. emergency equipment

V. Emergency Equipment

A. In the event of an accident, injury, or other emergency, district vehicles are equipped with a fire extinguisher and adequate first-aid equipment. Emergency equipment is mounted in the driver's compartment or near it. The presence and contents of this equipment should be checked before each trip.

- B. The following emergency equipment shall be carried in all district vehicles:
1. a fire extinguisher: at least one 10-pound pressurized dry chemical fire extinguisher, rated not less than 1A-10-BC by the National Fire Protection Association
 2. reflective triangle road-warning devices: at least three
 3. a first-aid kit

VI. Fifteen-Passenger Vans

- A. Arizona state law prohibits fifteen-passenger vans from being used in the regular transport of students. Fifteen-passenger vans may only be used for non-regularly scheduled transportation of students.
- B. No district personnel shall be permitted to operate a 15-passenger van until the appropriate van training has been successfully completed. Furthermore, the driver shall:
1. Ensure that seat belts are worn at all times.
 2. Stay within the stated passenger capacity of the van.
 3. Communicate safety and emergency procedures to all passengers.
 4. Fill front seats first.
 5. Avoid pulling trailers.
 6. Avoid loading items on the roof of the vehicle.
 7. Drive conservatively and defensively, remembering at all times the van is a heavier vehicle than the family car.
 8. Obey the posted speed limit.
 9. Keep the gas tank as full as possible in order to lower the van's center of gravity.
 10. Ensure that passengers and cargo should be placed forward of the rear axle whenever possible.

VII. Accidents

- A. An appropriate response to accidents involving district vehicles begins immediately after the accident, and may extend for months or even years after the fact, as the district monitors subsequent driver performance. Proper accident reporting helps with the evaluation of each accident by providing timely, consistent, and accurate information. The evaluation of this information allows the district to:
1. determine accountability
 2. identify at-risk drivers
 3. identify training gaps, equipment problems, or other operational defects
 4. identify recurring accident circumstances or patterns
 5. prepare for potential litigation
- B. The Chief of Police shall be responsible for conducting a post-accident review of all accidents involving district vehicles. This review shall include, but is not limited to, the following:

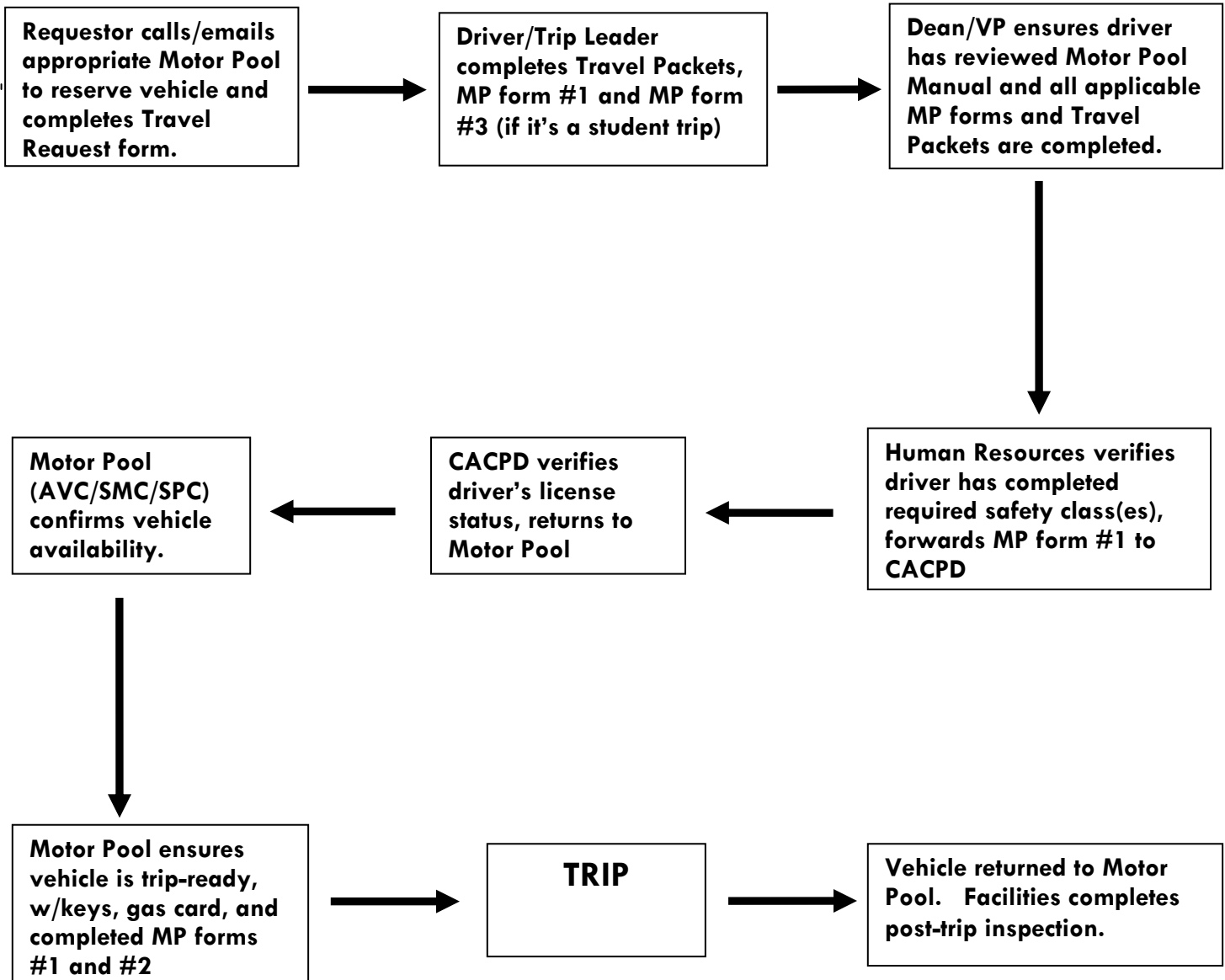
1. determination of the basic cause of the accident (without assigning blame)
2. determination of the appropriateness of the actions taken after the accident by district personnel
3. determination of routing or passenger loading or unloading factors involved in the accident
4. analysis of driver fitness for duty
5. determination of injury severity
6. determination of accident costs
7. identification of lessons learned from the accident, including any necessary procedural changes
8. identification of training needs suggested by the accident
9. determination of records retention requirements associated with the accident
10. submitting a report to the Vice President of Finance and Administration
11. a recommendation, within 30 days of the accident, to the Vice President for Administration, regarding the driver's privilege to continue operating district vehicles.

VIII. Student Trips - Travel Package

- A. Any off-campus trip involving district students requires a "Travel Packet for Off-Campus Activities and Field Trips" packet to be completed. A new travel packet will be completed for every trip. In addition, the designated staff/faculty in charge of the trip will complete Motor Pool forms #1 and #3 to be submitted with the travel packet.
- B. The dean or vice president approving the trip shall review all forms and travel packages for completeness. Any incomplete packages should be returned for completion.
- C. The Human Resources training office will, upon receipt of MP form #1, verify that the driver has completed the driver safety course and, if traveling by 15-passenger van, ensure the driver(s) has/have completed that training block, and forwards the form to CACPD.
- D. The travel packet and MP form #3 will be forwarded to the Campus Police Department after administration approval. The police department will ensure all forms are completed and no information is missing. Should any form be incomplete, the police department will contact the "Staff in charge" designated in MP form #3 to obtain missing information. The forms will be filed and available in the Campus Police Department.
- E. The police department will verify the designated drivers have a valid driver's license, and record this information on MP form #1. If the license check shows a valid license, the form will be forwarded to the appropriate Motor Pool. If the license check shows a suspended or revoked license, the police department will return the form to the appropriate Vice President or Dean, to begin the process with a new driver.

- F. The Motor Pool will verify a vehicle is available, that the driver's license verification has been completed, and that keys, gas card and all necessary forms and equipment are in the vehicle.

DISTRICT VEHICLE RESERVATION AND USE FLOW CHART



**CENTRAL ARIZONA COLLEGE
DRIVER AUTHORIZATION - MOTOR POOL VEHICLE REQUEST
MP Form #1**

Please Check Status Below:

Faculty **Staff** **Student** **Volunteer**

Last Name _____ First Name _____ M.I. _____

Driver's License No. _____ Issuing State _____ Expiration Date _____

Phone # (Work) _____ Phone # (Cell) _____

Dept/Division _____ Driver's Supervisor _____ Phone # (Work) _____

Driver's Safety Training Course Completed? YES NO

15-Passenger Van Safety Training Course Completed? YES NO

Trip Date(s) _____ Overnight? YES NO

Purpose of trip(s): (check one) Type of Vehicle Requested: 15-PASS. VAN OTHER

General Department Business

Specific Purpose _____

ATTACH A COPY OF YOUR DRIVER'S LICENSE. BE SURE TO INCLUDE THE FRONT AND BACK OF THE LICENSE.

As the driver, I have read and am familiar with the **Motor Pool Procedures Manual** governing the use of district vehicles. I have a valid U.S. driver's license and have not been convicted of a major traffic offense within the previous 12 months.

Driver's Signature

Date

I HEREBY AUTHORIZE THE ABOVE PERSON TO OPERATE A DISTRICT MOTOR VEHICLE FOR THE TRIP LISTED ABOVE. I HAVE REVIEWED AND APPROVED THE LIST OF PASSENGERS IN THE ATTACHED MP FORM #3.

Printed Name of Supervisor

Signature

Date

DO NOT WRITE BELOW THIS BOX

HUMAN RESOURCES

Training Completed: YES NO _____
Verified by Date

CAMPUS POLICE

Driver License Status: VALID NOT VALID _____
Verified by Date

FACILITIES DEPARTMENT

VEHICLE RESERVED
VEHICLE NOT AVAILABLE _____
Verified by Date

**CENTRAL ARIZONA COLLEGE
STUDENT TRIP EMERGENCY INFORMATION
MP Form #3**

Event _____ Location _____

CAC Staff in charge _____ Cell Phone _____

Other Staff _____ Cell Phone _____

Other Staff _____ Cell Phone _____

Passengers _____ Cell Phone _____

_____ Cell Phone _____

_____ Cell Phone _____

_____ Cell Phone _____

_____ Cell Phone _____

_____ Cell Phone _____

_____ Cell Phone _____

Destination Address _____ Phone # _____

Campus departure date _____ Time _____

Event arrival date _____ Time _____

If road trip, any planned deviations from most direct route, leaving or returning, must be listed below:

Estimated event departure date _____ Time _____

Estimated campus arrival date _____ Time _____

If traveling by air, provide both outgoing and incoming flight numbers, airlines, and arrival/departure times:

DO NOT WRITE BELOW THIS BOX

CACPD personnel will check this form, and travel package, to ensure completeness, before allowing the person turning in the forms to leave. Verification shall be made that every person traveling has completed a package and it is included.

Package checked by: _____ Name _____ Signature _____ Date _____



**Central
Arizona
College**

**Advisor Travel Packet for
Off-Campus Activities
and
Field Trips**

**Office of Student Engagement and Activities
Rosemary Ramirez (520) 494-5125
Christopher Braybrooks (520) 494-5995**



-Advisor Instructions-

This Travel packet is required when traveling with any student(s). Advisors are responsible for ensuring that all documents are completed and submitted in a timely manner to the appropriate Dean. A lead time of two weeks is necessary to ensure the appropriate notifications and processing of the documentation.

Staff member, Faculty member, and/or Advisor must:

- Complete and attach the Travel Information Form (enclosed).
- Complete the Advisor Emergency Contact, Information, Advisor Agreement Form.
- Attach a completed Travel Request Form (obtained at the Business Office).
- Ensure each student submits a completed Travel packet to the Advisor for each distinct trip.
- Make a photocopy of each student Emergency Contact Form to be in possession of Staff/Instructor/Advisor on the college trip.
- Submit all forms, together, to the Dean at least two weeks prior to travel.
- Ensure all students who leave on the trip also return with the group.
- Follow the Motor Pool Procedures Manual guidelines.

Note: Advisors should not coordinate individuals carpooling in their personal vehicles.

Travel request forms will not be signed until all Student Travel packets have been reviewed by the Dean or designee.



Travel Information Form

To be completed by the Advisor

Travel Information

Name of Activity _____ Date _____

Name of Student Organization/Group _____ Department _____

Departure Information Date: _____ Time: _____ Return Information Date: _____ Time: _____

Event Location (Where are you traveling to?)

How will the group be traveling?

College Car/Van Driver Name(s): _____

Driver Cell Phone(s): _____

College Bus Charter Bus Name of Charter Company: _____

Airline Name: _____ Flight Number: _____

Advisor Name: _____

Insurance Company Name: _____

Phone Number: _____

Policy Number: _____

Flight Departure (date/time): _____ Flight Return (date/time): _____

Hotel Name: _____

Hotel Address: _____

Hotel Phone: _____

Advisor Contact information while on the trip

Cell phone number: _____ Room Number: _____



Advisor Emergency Contact, Information,
 Advisor Agreement Form
 To be completed by the Advisor

Advisor Emergency Contact Information

Physician _____

Address _____ Phone _____

Preferred Hospital _____ Phone _____

Medical Insurance _____ Phone _____

Policy Number _____

Emergency Contact Information

Name of Emergency Contact _____

Relationship to the Advisor _____

Address _____

Home Phone _____ Business Phone _____

Advisor Agreement Form

This Advisor Agreement form outlines the responsibilities of the advisor and all students traveling for the aforementioned college program/event. Please initial each item below indicating you have:

- _____ Explained to the group their responsibility to uphold the Student Code of Conduct.
- _____ No drugs or alcohol are permitted while on the College sponsored trip.
- _____ Have compiled and submitted a complete Travel Packet for Off-campus Activities and Field Trips for each person traveling, along with the College Travel Request Form.

 Advisor Signature

 Date



**Central
Arizona
College**

**Student/Volunteer Travel Packet
For
Off-Campus Activities
and
Field Trips**

**Office of Student Engagement and Activities
Rosemary Ramirez (520) 494-5125
Christopher Braybrooks (520) 494-5995**



**Central
Arizona
College**

-Student/Volunteer Instructions-

All students attending programs/events/functions representing Central Arizona College must read and complete the following documents:

- Student/Volunteer Medical and Emergency Contact Information Form
- Travel Assumption of Risk and Release of Liability
- Student Code of Conduct and Behavior Agreement Form
- Student Driver Information and Agreement Form

Students/Volunteers must complete a new packet for each trip. All forms must be submitted to the Advisor and reviewed by the appropriate Dean at least two weeks prior to the travel date. Students are responsible for ensuring the accuracy of all information provided on each form.



Student/Volunteer Medical and Emergency Contact Information Form

Name of Activity	_____	Date	_____
Student's Name	_____	Age	_____
Name of Emergency Contact	_____	Relationship to the Student	_____
Address	_____		
Home Phone	_____	Business Phone	_____
Family Physician	_____		
Address	_____	Phone	_____
Preferred Hospital	_____	Phone	_____
Medical Insurance	_____	Phone	_____
Policy Number	_____		
Date of Last Physical Examination	_____		

History of Diabetes or Epilepsy? Yes No

Allergies to Sulfa, Penicillin, etc.?. Yes No

Permission to Administer Anesthetic? Yes No

Any medical conditions or accommodations needed?

I further authorize Central Arizona College to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

Signature of Student

Printed Name

Parent Signature (if participant is under age 18)

Signature of Parent

Printed Name



Travel Assumption of Risk and Release of Liability

Caution: This is a release of legal rights. Read and understand before signing.

Central Arizona College is a public educational institution. References to the College (“College”) refers to all of the Colleges within the Pinal County Community College District (“PCCCD”), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____ freely choose to participate in the _____ (henceforth referred to as the “Program”). In consideration of my participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF TRAVEL: (Specific dangers endemic in this Program’s area of travel.)

INSTITUTIONAL ARRANGEMENTS: I understand that the College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that the College is providing these services only as a convenience to participants and that accordingly, the College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that the College is not responsible for matters that are beyond its control. I acknowledge that the College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by the College.

INDEPENDENT ACTIVITY: I understand that the College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunization, if any.

I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representatives of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any actions.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend the College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date

Purpose of Agreement:

This agreement outlines and responsibilities of all students attending programs/events/functions representing Central Arizona College.

Leadership behaviors that are expected:

- Treat everyone with respect and dignity.
- Be team oriented.
- Help others when requested.
- Treat the environment and facility appropriately.
- Maintain a positive attitude.

Students are expected to adhere to Central Arizona College's Student Code of Conduct (Policy 589 in the College Catalog). The code outlines students' rights and responsibilities and the College's expectations with respect thereto. Every student is expected to be aware of the obligations and responsibilities imposed by the Code and comply with it.

I have received and read a copy of this Agreement, and I understand what is and is not expected of me for the duration of this trip. I also understand that if I have any concerns or problems while I am on this trip, I will locate my college advisor/faculty member/coach for immediate assistance.

I understand that any Code of Conduct violation may lead to my dismissal from the trip, at my own expense if deemed necessary by my college advisor/faculty member/coach.

Signature of Student

Date

Parent Signature (if participant is under age 18)

Signature of Parent

Printed Name

Student Driver Information and Agreement Form

This form must be completed and verified for any Student electing to drive a college vehicle. Please note that the students must meet all the requirements and be approved by the Dean of Students Life.

Students driving college vehicles need to follow the guidelines provided by our College Police Department, be over the age of 25, and have completed the appropriate training. No exceptions will be permitted. Under emergency situations, students and staff may drive other students in their own vehicles if it is deemed necessary following the process outlined above, but the first preference is a college vehicle.

Student Driving College Vehicle

_____ I am at least 25 years old.

_____ I have completed the Vehicle Drivers Safety Certification with the Department of Campus Police.

_____ I have submitted a copy of my valid Driver's License to the Department of Campus Police.

_____ I assume responsibility for driving and transporting passengers in a College vehicle.

Signature of Student

Printed Name