



Policy

Title:	Use of University Vehicles
Effective Date:	July 15, 2019
Approved By:	President's Counsel
Responsible Party:	Director of Facilities
History:	
Related Documents: Use of Personal Vehicle Policy; Travel Policy	

I. PURPOSE

To establish guidelines for the use of University Vehicles for University Business.

II. DEFINITION

Authorized Driver: Salus University (SU) personnel authorized to operate University Vehicles pursuant to this policy.

University Vehicle: A vehicle that is owned, leased or rented by SU.

Personal Use: Use of a University Vehicle other than for University Business.

University Business: An activity connected to an approved academic or other University-organized activity or that is otherwise approved by a member of President's counsel.

Valid Driver's License: An official driver's license issued by any state which currently allows the holder to legally operate a motor vehicle. A driver's license issued in a country outside the United States is considered valid for purposes of this policy if it is sufficient to allow the person to legally operate a motor vehicle within the Commonwealth of Pennsylvania.

III. POLICY

All University personnel desiring to operate a University Vehicle must be authorized to do so pursuant to this policy.

University Vehicles may only be used for University Business, unless the Director of Facilities authorizes, in writing, the Personal Use of a University Vehicle.

IV. PROCEDURE

Driver Authorization

- A. Prior to operating a University Vehicle, a driver must present his/her Valid Driver's License to the Facilities Department representative.
- B. Qualifications for authorization:
 - 1. License: Possession of a Valid Driver's License
 - 2. Experience: At least five (5) years driving experience is required.
 - 3. Motor Vehicle Report: An acceptable driving record for the previous 120 months. Each applicant is required to authorize SU to obtain Motor Vehicle Report(s), as deemed necessary.
- C. Driver Authorization is valid for 1-year or until expiration of a Driver's license, whichever comes first.
- D. SU has the right to refuse authorization and or revoke authorization to operate University Vehicles for any or no reason.

NOTE: *The operation of a University Vehicle may be a job requirement. The failure to obtain or maintain authorization may affect an individual's employment status.*
- E. The Facilities Department will notify individuals of their status (approved/denied/revoked).

Documentation

- A. Once an individual has been authorized, and annually thereafter, he/she must complete the Vehicle Agreement form.
- B. Any Authorized Driver whose Driver's License is subsequently suspended or revoked must promptly report such information to the Facilities Department.
- C. Any Authorized Driver who experiences a license restriction must report same to the Facilities Department within two (2) business days of such occurrence.
- D. Any Authorized Driver who receives a motor vehicle or parking violation while operating a University Vehicle is to report the incident to the Facilities Department upon return of vehicle and shall be personally responsible for the payment of any fines associated therewith.

II. SAFETY RULES

- A. All University Vehicles are to be operated in a safe manner at all times, including obeying all traffic laws and speed limits.
- B. There is a strict **NO SMOKING** policy in all University Vehicles.
- C. Non Authorized Drivers may not operate a University Vehicle, except in case of emergency.
- D. Authorized Drivers may not operate a University Vehicle while under the influence of drugs (legal or not), alcohol or any other substances (legal or not) that would impair or inhibit their ability to operate the vehicle in a safe manner.
- E. Authorized Drivers are prohibited from using any hand-held electronic device (including a cell phone) while operating a University Vehicle.

- F. All University Vehicles must be locked when not in use. SU is not responsible for any personnel items that are stolen from, or damaged while within, a University Vehicle.
- G. Seat belts must be worn by all individuals in a moving University Vehicle.
- H. All seats must be in an upright position (no more than 2 settings from the 90 degree position) while the University Vehicle is moving.

III. Vehicle Request

- A. Requests for the use of a University Vehicle are to be completed through the My Salus web portal under the facilities tabs.
- B. Request should be submitted as soon as the need for a vehicle is determined.
- C. Request status and approval will be communicated via e-mail.

IV. Vehicle Pick Up

- A. Authorized Driver must report to the security officer at the main entrance desk to pick up the Vehicle Pouch that contains keys, vehicle information and a Vehicle Usage Form prior to use. Only the designated Authorized Driver can pick up the Vehicle Pouch.

V. Vehicle Return

- A. Authorized Drivers are responsible for ensuring that the vehicle has at least a 3/4 filled tank of fuel upon return. A credit card for fuel purchases is kept in the Vehicle Pouch. Please place the fuel receipt in the Vehicle Pouch if fuel is purchased using the credit card.
- B. The University Vehicle shall be cleaned of all trash and all windows shall be closed.
- C. All drivers are to return the Vehicle Pouch and a completed Vehicle Usage Form to the Security Officer on duty at the main entrance desk.

VI. Reporting Accidents, Damage or Theft (not involving injury or towing)

Authorized Drivers are to report such incidents to the Director of Facilities within twenty-four (24) hours of the return of the University Vehicle. A University Incident Report will be completed by a Security Officer based upon information reported by Authorized Driver.

VII. Reporting Accidents (involving injury or towing)

- A. Authorized Drivers are first to report such incidents to local law enforcement.
- B. Authorized Drivers shall also notify the Security Department as soon as reasonably possible by calling 215-780-1401.
- C. Authorized Drivers must remain at the scene of the accident until authorized to leave by local law enforcement.
- D. Upon return to campus, a University Incident Report shall also be completed by a Security Officer based on information provided by Authorized Driver.



**AUTHORIZED DRIVER APPLICANT
DECLARATION OF ACCIDENTS/SUSPENSIONS/VIOLATIONS**

I certify that the following is a true and complete list of accidents, license suspensions or traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the last ten (10) years.

ACCIDENTS IN THE PAST TEN (10) YEARS			
Date	Nature of Accident	Fatalities?	Injuries

TRAFFIC CONVICTIONS OR LICENSE SUSPENSIONS FOR PAST TEN (10) YEARS (OTHER THAN PARKING)			
Date	State/City	Charge/Violation	Penalty

Do you have a valid driver's license? YES NO

State of Issuance: _____ License #: _____

Is your license suspended now or has it ever been suspended in the last ten (10) years? YES NO

Drivers Name: _____ Date: ___/___/___

Drivers Signature: _____

Reviewed by: _____ Date: ___/___/___

Reviewers Signature: _____

Approved: Yes NO

Comments: _____



**AUTHORIZED DRIVER
ANNUAL CERTIFICATION OF ACCIDENTS/SUSPENSIONS/VIOLATIONS**

I certify that the following is a true and complete list of accidents, license suspensions and traffic violations (moving & non-moving) for which I have been convicted or forfeited bond or collateral during the last Fourteen (14) months.

Date	Offense	Location	Points Assigned? If yes, how many?

Is your license suspended now or has it ever been suspended in the last Fourteen (14) months?

YES NO

Drivers Name: _____

Date: ___/___/___

Drivers Signature: _____

Reviewed by: _____

Date: ___/___/___

Reviewers Signature: _____

Approved: Yes NO

Comments: _____



Authorized Driver Acknowledgement

The undersigned is hereby authorized to drive a University Vehicle for University Business only.

This authorization can be rescinded at any time, for any or no reason.

I have received a copy of the Use of University Vehicle Policy and agree to its provisions.

SIGNATURE: _____ DATE: ____/____/____

PRINT NAME: _____ HOME PHONE #: _____

DRIVER'S LICENSE: _____ OFFICE PHONE #: _____

STATE ISSUED: _____ CELL PHONE #: _____

(Note: PA residency of 30-days or more require PA Driver's License)

EXPIRATION: ____/____/____ SU VEHICLE TAG #: _____

AUTHORIZATION(S)

SUPERVISOR: _____ (Print) Department: _____

SUPERVISORS SIGNATURE: _____ DATE: ____/____/____

DIRECTOR OF FACILITIES: _____ (Print) DATE: ____/____/____

DIRECTOR OF FACILITIES SIGNATURE: _____

LIMITATIONS: _____

