

MANAGEMENT DIRECTIVE

COUNTY VEHICLE POLICY

Management Directive #12-01

Date Issued: **01/30/12**

New Management Directive Release

Revision of existing Management Directive dated

Revision Made: **NOTE:** Current Revisions are Highlighted

Cancels: None

POLICY/BACKGROUND STATEMENT

The Department continues to focus on the three priority outcomes. We have identified improved safety for children, reduced reliance on out-of-home care, and improved timelines to permanency. Timely permanency is achieved, with the first permanency option being reunification, followed by adoption and legal guardianship with a relative followed by legal guardianship with an unrelated caregiver.

APPLICABLE TO

This Management Directive is applicable to all DCFS employees who operate County owned vehicles on County business.

OPERATIONAL IMPACT

This Management Directive is derived from and in accordance with the CEO issued County Vehicle Policy that goes into effect on July 1, 2011. Additional information contained in this policy was taken from MD #09-03, MD #08-05 and current practices.

PURPOSE

The purpose of this Management Directive is to establish procedures for the acquisition and usage of County provided vehicles. It is also to provide guidelines to authorized DCFS employees who operate these vehicles.

POLICY

It is the policy of the County of Los Angeles that County vehicles, leased or owned, should only be used while conducting County business. Exceptions must be expressly justified and authorized by the Department Head and/or designee based upon a business need as set forth in the Departmental Vehicle Policy.

- All DCFS employees, who operate County owned vehicles on County business must comply with all the rules and procedures outlined in this Departmental Vehicle Policy. All employees/drivers must maintain a valid, appropriate class California Driver's License (CDL).
- County vehicles are not intended for personal use or for transporting of unauthorized passengers, including family members, except as may occur on an incidental basis or with a business justification and appropriate approval authorization. Further, no employee shall make a County vehicle available to an immediate family member except in the case of a medical emergency.
- A County Vehicle Mileage and Safety Check log shall be completed whenever a County vehicle is driven, including after-hours usage. Based upon vehicle type and usage (e.g., pool vs. home-garaged vehicles), record-keeping requirements may vary. Public safety or confidentiality issues may also impact record-keeping as it pertains to logs. Logs should be retained consistent with Board-approved records retention schedules.
- No employee shall take a County-owned vehicle outside the County of Los Angeles boundaries except as provided in Sections 5.40.120, 5.40.310, 5.40.320 of the Los Angeles County Code.
- With the exception of Home-Assigned Vehicles, defined below, County vehicles shall not be used to supplement, whether in whole or in part, the regular commute between an employee's residence and work location. A business justification and appropriate approval authorization is required for any employee to be allowed to drive a County vehicle to or from a County worksite which is not the employee's normal work location, but which is more proximate to the employee's residence, as part of that employee's regular commute to or from work.
- Department Head may approve the issuance of County vehicles consistent with the CEO's County Vehicle Policy and this policy. The granting of County vehicles should be based on individual business justifications, and not be determined solely on the hierarchy or seniority within the Department.
- The Department shall comply with procedures stated in the Auditor-Controller's Handbook for the Reporting of the Personal Use of County-Provided Vehicles for reporting employee assignments and usage of County vehicles. Annually,

the Auditor-Controller shall calculate the taxable imputed taxable income for an employee's personal use of a Home-Assigned Vehicle. Exceptions to this requirement for public safety or confidentiality purposes must be justified.

Procedures

A. COUNTY VEHICLE CATEGORIES, CRITERIA, AND REQUIREMENTS

Home-Assigned Vehicles

- Home-Assigned Vehicles, which are predominantly passenger vehicles, are assigned to specific employees and are typically garaged at employee's residence overnight.
- The issuance of Home-Assigned Vehicles shall adhere to the following criteria:
- Annual usage of such vehicle to conduct County business, excluding commuting mileage between the employee's residence and reporting location, is expected to exceed 5,000 miles per calendar year, OR
- The employee needs special non-portable equipment/instrument or material to perform primary emergency response duties, and such equipment/instrument or material cannot be conveniently carried in employee's personal vehicle, OR
- The employee has primary emergency response duties, and the reporting locations are deemed dangerous or inaccessible using a regular passenger vehicle or light truck, OR
- The employee's assignment involves frequent activities conducted during non-business hours at various locations throughout the County, OR
- Other Department-specific written justifications authorized by CEO.
- Each employee shall sign a Home-Assigned County Vehicle Agreement form, acknowledging that he/she has read, understood, and will comply with all County and departmental vehicle usage policies.
- Each employee shall submit the signed Home Assigned County Vehicle Certification form containing the justification for vehicle issuance by March 31st of each year. The form shall subsequently be approved by Department Head to obtain renewal authorization for continued use of such vehicle.

Pool Vehicles

- Pool Vehicles are generally garaged at County facilities and used by more than one County employee on a regular basis to conduct a variety of County business. These are used mainly for the purpose of transporting employees and typically do not have specialty equipment installed.
- Pool Vehicles may include regular passenger vehicles, mini-vans, off-road vehicles, and buses.
- Pool Vehicles may not be assigned to the same employee for more than ten (10) consecutive business days, without written justification and approval by the Department Head or Chief Deputy.

Field-Use Vehicles

- Field-Use Vehicles are generally garaged at County facilities and normally have specialized, non-portable equipment or instruments installed, or are built or modified to carry special materials, to perform a specific job function for the Department. Some field-use vehicles may be assigned based on a high volume of field work required for a specific position and may not have specialized equipment. These vehicles may be assigned to a specific individual, but are garaged at County/government facilities, designated by the Department Head or Chief Deputy.

B. ASSIGNMENT CRITERIA/APPROVAL AUTHORITY AND ANNUAL CERTIFICATION PROCESS

County vehicles will be equally assigned based on availability and program needs. Priority will be given to programs that require the transport of children. Vehicles are to be requested on a DCFS 250, Procurement Request with the appropriate approval signatures (e.g. Regional Administrator/Deputy Director – RA/DD). Each request to transfer a vehicle between facilities must also be approved by the RA or DD. All requests should then be submitted to the Department Vehicle Coordinator at Procurement Services.

The RA or designee must complete an annual certification process for any employee with a business need to drive a county vehicle. The manager must meet with the employee, complete the Home Assigned County Vehicle Certification form, and make a copy of the current valid CDL, noting any restrictions.

C. SAFE DRIVING GUIDELINES

Every employee/driver must be familiar with and observe all State of California Vehicle Codes, local traffic rules and ordinances, including traffic control signs, posted speed limits, parking restrictions, and County and departmental rules and regulations governing vehicle operation. The law requires employees/drivers and

passengers to use available safety equipment, including safety belts, at all times when driving on County business. All employees should refrain from getting distracted while driving. Hands-Free Driving is a State law, which prohibits texting and cellular phone use without a hands-free device while driving. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11, for more detailed information.) Vehicles must be driven in a safe, responsible manner. Driving under the influence of alcohol or drugs is prohibited and subject to disciplinary action.

D. ACCIDENT REPORTING AND INVESTIGATION PROCEDURES

The employee/driver must provide a copy of the Notice of Self Insurance form to the parties involved in the accident and submit a completed County of Los Angeles Report of Vehicle Collision or Incident form, and supporting documentation to the Office Vehicle Coordinator within three (3) business days of an accident. The employee/driver shall notify Carl Warren and Company of the accident at (818) 247-2206 immediately and the Office Vehicle Coordinator within 24 hrs. of the accident. The Office Vehicle Coordinator will review the County of Los Angeles Report of Vehicle Collision or Incident form, and supporting documentation for completeness and accuracy. The Office Vehicle Coordinator is responsible for conducting a preliminary investigation and will take pictures, whenever possible of the damage to the County vehicle. The Office Vehicle Coordinator must complete a DCFS Vehicle Accident/Incident Preliminary Checklist. This form, along with the County of Los Angeles Report of Vehicle Collision or Incident form, and other required and/or supporting documentation must be submitted to the RA or Division Chief for approval and signature within 10 business days from the date of the accident. Office of Health and Safety Management (OHSM) must receive all the completed paperwork with appropriate signatures within 30 business days from the date of the accident/incident. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11 and Management Directive #08-05, Damage To Personal Vehicles And Third Party Liability Coverage, dated 11/07/11 for more detailed information.) Vehicle Accident investigations will be conducted by Juvenile Court management, in conjunction with OHSM and Human Resource sections for the purpose of determining and instituting appropriate interventions, to address accident prevention, reinforcement of driving laws and practices, individual liability, and corrective performance actions.

E. NOTICE OF LICENSE SUSPENSION

Designated employees/drivers are prohibited from driving County vehicles without a valid/appropriate CDL. The employee/driver must immediately notify the Office Vehicle Coordinator if his/her CDL has expired, been suspended, or revoked. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11 for more detailed information.) Failure to comply with this policy can result in disciplinary action.

F. HANDLING OF MOVING AND NON-MOVING VIOLATIONS

The employee/driver of a County vehicle is personally responsible for any moving or non-moving violations received during the time the vehicle is assigned to him/her. Failure to pay such tickets can result in disciplinary action. An employee/driver receiving a moving violation while driving a County vehicle must notify his/her Office Vehicle Coordinator within one (1) workday. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11 for more detailed information.)

G. FUELING OPTIONS

Fuel is to be obtained by either utilizing any of the ISD fuel sites or the Voyager Fuel Card. (See attachment titled "Currently Accepting Voyager" for locations.)

ISD Fuel Sites –

- Eastern Ave. Complex (1104 N. Eastern Ave., Los Angeles, CA)
- Alameda (1055 N. Alameda St., Los Angeles, CA)

All authorized fuel users will be required to establish a Personal Identification (PIN) as part of their authentication before fueling. The PIN must be set up through Customer Assistance Center (CAC). To set up or reset a Fuel Focus PIN, call the ISD's CAC at (562) 940-3305. (Refer to ISD memo on Enhanced Fuel Management Requirements, dated April 6, 2010 for more detailed information.)

H. VEHICLE MAINTENANCE REQUIREMENT

Vehicles can be serviced at any of the Los Angeles County Internal Services Department's (ISD) designated service locations listed on the attachment titled "ISD Fleet Services-Facility Listing." If a flat tire or other problem occurs during the time the vehicle is checked out, the towing service contracted with the County of Los Angeles should be contacted. The vendor is City Terrace Towing and their contact number is (800) 262-8059. The information needed by the towing company is as follows:

- L.A. County vehicle number
- Vehicle license plate number
- Vehicle location/address
- Contact name and phone number

Vehicles must receive regular servicing and be washed at least once a month. County vehicles shall be on a routine preventive maintenance schedule for servicing and checking of safety-related equipment with the manufacturer's recommendations. Employees/drivers of County vehicles are required to properly conduct daily vehicle inspections to help prevent accidents and minimize

mechanical difficulties. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11, for more detailed information.)

I. GARAGING CRITERIA

A designated parking space will be assigned at the office location for the County vehicle. If parking is unavailable or not secure at office location, parking may be sought at other department facilities. In the event that overnight parking is unavailable at an office facility, another County facility can be used. In no event shall a County vehicle be garaged at a private residence or a non-County facility without prior approval.

J. APPROVED BUMPER STICKERS AND LOGOS

Non-County bumper stickers, window signs, and placards in and/or on County vehicles are prohibited. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11 for more detailed information.) Approval from Department Vehicle Coordinator or ISD must be requested before placing bumper stickers/logos on a County vehicle.

K. REQUIRED LICENSURE

All employees/drivers must maintain a valid appropriate Class, CDL designated to drive any County vehicle. A Class C driver's license is required for any employee/driver who is driving a County vehicle while performing County business. However, the class of license may vary based on the type of vehicle being driven. The Office Vehicle Coordinator is responsible for maintaining employees'/drivers' CDLs and all related documents, including tracking forms and policies.

L. HOW AM I DRIVING PROCEDURES

The purpose of this program is to:

- Promote and enhance employee/driver awareness of the need for safe driving;
- Demonstrate to the public that employees/drivers exemplify the Department's concern for public safety by driving in a cautious, courteous, and lawful manner;
- Identify employee/driver training needs; and
- Improve the safety record of the Department's employees/drivers, thereby improving employee safety and reducing equipment damage and liability claims.

DCFS employees who are required to drive a County vehicle must drive in a cautious, courteous and lawful manner at all times. Each County vehicle shall be equipped with a "HOW AM I DRIVING? (213) 351-3269" bumper sticker. Removing or altering a "How Am I Driving?" bumper sticker is prohibited and can result in disciplinary action based on existing County and departmental policies and procedures.

The OHSM is responsible for reviewing and researching all compliments/complaints regarding employees driving a County vehicle and for completing the "How Am I Driving?" Program Incident Form.

Calls are answered by OHSM personnel who record the caller's message including location and the vehicle's license or identification number, the date and time of the alleged incident, whether the employee/driver is demonstrating good or bad driving skills, and the name and telephone number (optional) of the caller, if reported. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11, for more detailed information.)

M. USAGE TRACKING AND MONITOR PROCEDURES INCLUDING AFTER-HOUR USAGE

Each employee/driver is responsible for completing a County Vehicle Mileage and Safety Check log on a daily basis or for each work assignment, whenever a County Vehicle is driven. The log shall include the date an employee checks out the County vehicle, time, location, odometer reading, total miles driven and the purpose of the trip, in addition to the Safety Check List. The employee will route the completed log to the Office Vehicle Coordinator at the end of each work assignment or by the end of the workday. The Office Vehicle Coordinator must approve the form ensuring all sections are completed accurately. After hour usage will have to be approved by the Office Vehicle Coordinator or Manager and will also be reported on the County Vehicle Mileage and Safety Check log. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11 for more detailed information.)

N. ANNUAL REPORTING PROCEDURES TO CEO AND AUDITOR-CONTROLLER

The Department Vehicle Coordinator completes the Vehicle and Fleet Safety Performance (Section 4) of the Risk Exposure Cost Avoidance Plan (RECAP) for each fiscal year. (For more information, see CEO Memo, dated 06/02/10 – Subject: Reminder of Risk Exposure Cost Avoidance Plan Status Report.) The data is retrieved from the inventory report (updated on Excel) and the information is sent from ISD on vehicle accidents.

1. EMPLOYEE'S/DRIVER'S RESPONSIBILITIES

- a. Comply with all State and local laws and regulations governing the operation of a motor vehicle, including possession of a motor vehicle, and possession of a valid CDL for the type of vehicle being driven:

Class C – is a basic license required to operate automobiles and other light vehicles. This license allows employees/drivers to operate any two-axle vehicle weighing less than 26,001 pounds gross vehicle weight (GVW) and any three-axle motor home.

Class B – is the first of two levels of commercial employee's/driver's license and allows employees/drivers to operate any Class C vehicle, a bus (except a trailer bus) designated to carry ten (10) or more passengers including the employee/driver, a vehicle with three or more axles, or a vehicle weighing 26,001 pounds or more (GVW).

Class A – is the second level of commercial employee's/driver's license which allows a employee/driver to operate any Class B or C vehicle and two trailers over 6,000 pounds GVW or double trailers.

- b. Immediately notify the Office Vehicle Coordinator if CDL has expired, been suspended or revoked.
- c. Notify Office Vehicle Coordinator within one (1) workday of receiving a moving violation. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11, for more detailed information.)
- d. Comply with all departmental policies and procedures regarding the operation, maintenance and management of the vehicle.
- e. Inspect vehicle every day prior to using vehicle. Complete Vehicle Pre-Trip Daily Safety Inspection Report and submit to Office Vehicle Coordinator on same day inspection is completed. (Refer to Management Directive #09-03, Vehicle Loss Control Program, dated 11/07/11, for more detailed information.)
- f. Inspect the vehicle for oil and water each time the vehicle is fueled and replenish if needed or inform Office Vehicle Coordinator; serviceable spare tire and changing tools are available at all times, otherwise inform Office Vehicle Coordinator.
- g. Report any mechanical malfunctions or indications of the need for servicing to the Office Vehicle Coordinator, who shall, in turn, contact the Department Vehicle Coordinator and report the vehicle number and problem.
- h. Record the odometer reading at the start and finish of the vehicle's use and identify the destination, vehicle time out/in and register odometer readings on the County Vehicle Mileage and Safety Check log. Complete Safety Checklist at bottom of form prior to driving County vehicle. Give the completed log to the

Office Vehicle Coordinator at the end of each work assignment or by the end of the workday.

- i. Secure the vehicle to prevent unauthorized entry/use.
- j. Ensure that the vehicle has no less than one half (1/2) tank of fuel when returned to checkout station and remove all debris from the vehicle. Only unleaded regular fuel shall be used for County vehicles unless otherwise specified in Vehicle Manual. Fuel is to be obtained by either utilizing any of the ISD fuel sites or the Voyager Fuel Card. Review/sign Cardholder/Fuel Card User Agreement when issued a fuel card. All lost/stolen fuel cards must be reported immediately to Voyager at (800) 987-6591 and to the Procurement Section Manager at (213) 351-7257. Report all lost or stolen fuel cards to the Office Vehicle Coordinator as soon as possible. Protocols for lost/stolen fuel cards are specified in the Fuel Card User Agreement.
- k. Ensure that the vehicle is equipped with the County issued emergency equipment (e.g., fire extinguisher, disaster supplies, emergency first aid equipment). Inform the Office Vehicle Coordinator when replacement equipment is needed.

2. OFFICE VEHICLE COORDINATOR'S RESPONSIBILITIES

- a. Control and maintain County vehicles assigned to that particular facility.
- b. Maintain a current listing of persons authorized to drive County vehicles with their employee's/driver's license numbers, expiration date of employee's/driver's license, license class numbers, and any restrictions. Submit all changes to the Department Vehicle Coordinator, including license cancellations, renewals, employee/driver restrictions or moving violations.
- c. Ensure that the County of Los Angeles Report of Vehicle Collision or Incident form, Information and Instructions for Permittee Drivers, Notice of Self Insurance, and the list of Automated Fuel Site Locations are in the glove compartment of the car. Also, ensure that employee/driver signs the Certification of Receipt, and files the original copy in the personnel file.
- d. Control and review all County Vehicle Mileage and Safety Check logs of vehicle trips, including identification of authorized user, vehicle odometer readings before and after each trip; date and time of vehicle out/in; and destination of all trips. Review Safety Checklist at bottom of form. Approve logs, ensuring all sections are completed accurately. Retain logs for five (5) years.
- e. Complete DCFS Vehicle Mileage Report each month from the information on the County Vehicle Mileage and Safety Check logs and forward all reports on the 10th business day of the following month by mail or fax. (Procurement Services/Forms Management Section, 501 Shatto Place, Suite 301, Los Angeles, CA 90020, Attn: Department Vehicle Coordinator – Fax # (213) 738-6514.)

- f. Secure keys and fuel cards to prevent unauthorized use of County vehicles and fuel cards.
- g. Ensure that all assigned vehicles receive regular servicing and that each vehicle is washed at least once a month. Vehicles can be scheduled for car washes at three locations: Alameda Garage, Eastern Avenue Garage, and Mall Garage. If these are not convenient locations, Procurement Services can issue car wash coupons via a DCFS 250. A DCFS 250 request must be submitted to Procurement Services for car detailing.
- h. Require employees/drivers to review/sign the Cardholder/Fuel Card User Agreement when a fuel card is issued. A copy of the agreement is given to the employee/driver. Receive reports of all lost, stolen or damaged fuel cards. Protocols for lost /stolen fuel cards are specified in the Fuel Card User Agreement.

NOTE: RA designee (e.g. Staff Assistant) will be responsible for reconciliation of fuel card receipts and invoices.

- i. Review completed Vehicle Pre-Trip Daily Safety Inspection Reports.
- j. Report all vehicles needing servicing to the Department Vehicle Coordinator, including mechanical problems, thefts, body damage, tire wear and/or problems of any other sort. Provide the vehicle number and a description of the problem.
- k. Call to reserve a vehicle if the County vehicle is being repaired and a loaner vehicle is required. Loaner vehicles are only available at the service location on Eastern Avenue.
- l. Instruct all authorized employees/drivers regarding the procedures for emergency towing service, repairs and accidents, and ensure they receive updated policies and procedures for County vehicles.
- m. Receive a monthly Preventative Maintenance (PM) report from the Department Vehicle Coordinator. This report will list all vehicles that are projected to be due for service, and will be utilized as a tool for coordinators to schedule routine service checks. It is the responsibility of the coordinator to ensure that this service is scheduled promptly. All issues/concerns with maintenance/service should be reported to the Department Vehicle Coordinator.
- n. Establish and enforce procedures and responsibilities to ensure compliance with requirements of local regulations. Provide County Vehicle Mileage and Safety Check Instructions to all employees who will be driving a County vehicle. Also, give the Home-Assigned County Vehicle Agreement, Home Assigned County Vehicle Certification, if applicable, Card User Agreement and County Vehicle

Mileage and Safety Check logs to employees to complete and sign prior to an employee driving the County vehicle.

- o. Notify the Department Vehicle Coordinator if the vehicle needs to be reassigned from one office to another or salvaged. Also, notify the Department Vehicle Coordinator to request items needed for vehicle (e.g. running board, spotlights, wheel chair access).
- p. Conduct routine vehicle inspections to ensure the physical condition and maintenance of County vehicles.

3. DEPARTMENT VEHICLE COORDINATOR'S RESPONSIBILITIES

- a. Maintain the Department's inventory of vehicles, which shall include all DCFS vehicle numbers, year, make and model, location, office vehicle coordinator's name and contact number. Also, data on events such as repairs, accidents, and transfers.
- b. Maintain the Department's inventory of authorized employees/drivers, employee's/driver's license numbers, license class numbers, and any restrictions, including license cancellations, renewals or moving violations.
- c. Receive and review DCFS Vehicle Mileage Report from each individual DCFS Office Vehicle Coordinator by the 10th of each month.
- d. Complete monthly Department DCFS Vehicle Mileage Report on excel spreadsheet. Maintain and update this report, so that County vehicles can be tracked and monitored, as necessary.
- e. Prepare Department's Inventory of Fuel Cards on excel spreadsheet. Maintain and update this report, as necessary.
- f. Ensure each Office Vehicle Coordinator is provided with updated policies and procedures for County vehicles.
- g. Serve as a liaison between DCFS and other County Departments, and vendors in regards to the vehicles.
- h. Assist departmental staff in resolving issues concerning County vehicles.
- i. Oversee and assist in the enforcement of safety violations/unsafe actions of vehicle employees/drivers.
- j. Coordinate all vehicle transfers and repairs.
- k. Ensure that appropriate forms are completed and filed for all vehicle transactions, repairs, and accidents for County vehicle.

- l. Distribute ISD's Monthly Preventative Maintenance (PM) Service Report to Office Vehicle Coordinators.
- m. Receive calls from Office Vehicle Coordinators requesting items needed for vehicle (e.g. running board, spotlights, wheel chair access). Inform Office Vehicle Coordinators that requests must be in writing with approval signature from RA or appropriate manager.
- n. Receive service estimate from ISD for approval on repairs that need to be done to vehicle. Normal maintenance can be done without approval.
- o. Receive County of Los Angeles Report of Vehicle Collision or Incident if there is damage to the vehicle. A copy is also forwarded to OHSM.
- p. Approve all necessary repairs that are needed to vehicle.
- q. Complete annual fiscal report, which is sent to the CEO and Auditor Controller.

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
COUNTY VEHICLE MILEAGE AND SAFETY CHECK
INSTRUCTIONS**

1. Must be completed by anyone who drives a DCFS County vehicle
 2. Must log all trips/miles in County vehicle, including to/from home, to job site, lunch stops, log fuel stops/fill-ups, call back and/or non-routine work days/hours.
 3. If employee/driver carries other County passengers, not in "Comments" on each day when passengers are present.
 4. Purpose/Comments – If fuel stop, list gallons pumped.
 5. If vehicle use is other than normal workweek hours/days, note in "Comments". Reminder: Vehicle not to be used for personal business.
 6. Employee must keep the form current, i.e., completed each day as destination/miles are occurring and turned in to your Supervisor as follows:
 - Everyday or the next workday if not returning the same day.
 - At any time vehicle is sent in for repair and/or garaging/assignment changes due to vacation, work assignment change, etc.
 - At the end of the day's use, if less than a workday.
 7. Indicate the total number of miles driven for the day/assignment in the "TOTAL MILES DRIVEN" section.
 8. Safety Check List must be completed. If any areas are not checked "YES", employee and/or supervisor must take immediate action to get the problem fixed prior to continued vehicle use.
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COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CARDHOLDER / FUEL CARD USER AGREEMENT

I hereby acknowledge that I have received and understand my responsibilities under the provisions and requirements of the Department of Children and Family Services Internal Control Plan for the State Fuel Card Program. I shall treat this fuel card with the same level of care and responsibility that I use with my personal credit cards. I agree to comply with the following provisions and requirements:

- Ensure the fuel card is used only for official County business purposes.
- Keep the fuel card secured at all times.
- Not allow other individuals to use the fuel card without the authorization of the Approving Official or Regional Administrator.
- Obtain all appropriate documentation (sales slips, register receipts, etc.).
- Ensure that the card is used only for the assigned County vehicle(s) or purpose to which it is assigned; and not use this card to purchase fuel for any other vehicle or equipment.

I am aware that the use of a State fuel card to purchase fuel for personal use is strictly prohibited.

I agree to surrender the card immediately upon retirement, termination, transfer out of the Section, or upon request of the Approving Official. I understand that the use of the fuel card after privileges are withdrawn is prohibited.

If the card is lost or stolen, I will immediately notify the issuing bank by telephone and record the date, time, and the name of the bank representative who took the report. I will also notify the Section Manager and Approving Official within one (1) working day after discovery. I understand that failure to promptly notify the issuing bank of the theft, loss, or misplacement of the fuel card could make me responsible for any fraudulent use of the card.

I further understand that failure to comply with the Internal Control Plan and this Cardholder/Card User Agreement will result in disciplinary action, up to and including discharge from County service.

LOST OR STOLEN CARDS: Report immediately to VOYAGER @ 1-800-987-6591 and Procurement Section Manager (213) 351-7257

Office Location: _____

Voyager Card Number (last four numbers) _____ Vehicle # _____

Cardholder/Card User Name _____ Employee Number _____

Cardholder/Card User Signature _____ Date _____

Regional Administrator/Section Manager Name _____

Regional Administrator/Section Manager Signature _____ Date _____

DCFS Vehicle Accident/Incident Preliminary Checklist

Submit simultaneously with the County of Los Angeles Report of Vehicle Collision or Incident

Supervisor of the involved employee is responsible for conducting a preliminary investigation which includes completion of this checklist and verifying the following:

Date of Accident/Incident: _____ Name of Employee/driver: _____

- | | <u>Circle</u> |
|--|---------------|
| 1. Was the "County of Los Angeles Report of Vehicle Accident or Incident" completely filled out (based on the available information at the time)? | Yes/No |
| 2. Did a police agency respond? If so, note it on the Accident Report and/or attach any paperwork received. | Yes/No |
| 3. Was anyone injured (County employee or public citizen)? | Yes/No |
| 4. Did vehicle equipment failure occur? | Yes/No |
| 5. If equipment failure occurred in a LA County vehicle (such as brakes, etc.), was the vehicle immediately removed from service and a repair facility notified? | Yes/No |
| 6. Was the physical damage to County/Permittee vehicle viewed by supervisor and noted accordingly on the accident report (Attachment C)?* | Yes/No |

* Note to Supervisor: Take photographs (whenever possible) of damage to LA County or Mileage Permittee vehicle and attach to this investigation (contact the Office of Health and Safety Management if a camera is not available). Have the appropriate Manager review and sign this investigation report and the County of Los Angeles Report of Vehicle Collision or Incident/

If you have additional facts, comments or information that may be relevant to the accident or incident please add below: (continue on reverse side of the form if necessary)

Supervisor's Signature

Date

Manager's Signature

Date

NOTICE OF SELF INSURANCE

COUNTY OF LOS ANGELES EVIDENCE OF FINANCIAL RESPONSIBILITY

This is to certify that the County of Los Angeles provides automobile liability protection which applies to the employee named below while driving in the course and scope of Los Angeles County employment.

Employee Name:		
Employee Number:		
County Department/ Section:		
California Driver License Number:		
Automobile Make/ Model and License Plate Number:		Year:

In case of accident, contact:
Carl Warren & Company Claims Management and Administration
P.O. Box 116
Glendale, California 91209
Phone: (818) 247-2206

INFORMATION AND INSTRUCTIONS FOR PERMITTEE DRIVERS

If you are involved in an accident while driving on County business, the County will defend and indemnify you for any damages to third parties. To be eligible for such liability protection, you must be driving in the course and scope of your County employment and be designated as a mileage permittee. This protection does not apply if you are driving **to and from work** OR conducting personal business during work hours OR while you are on lunch OR while parked at your assigned headquarters worksite.

Permittee employee/drivers who qualify for this liability protection and who are involved in an automobile accident must comply with the following requirements:

1. Exchange insurance information with the other party by issuing a copy of the Notice of Self Insurance that has been provided to you by the County. **Do not admit to fault or liability, nor discuss the circumstances of the accident with anyone other than an investigating officer.**
2. Within 24 hours of the accident, complete the **County of Los Angeles Report of Vehicle Collision or Incident** form and submit it to your supervisor. Your office will have copies of this form.
3. In the event of fatality or serious injury, immediately contact Carl Warren and Company at (818) 247-2206 to report the incident.

This special liability protection **does not** relieve you of the State of California's requirement to maintain liability insurance and proof of financial responsibility. However, you are not required to disclose this information in connection with an accident occurring in the course and scope of employment. **The Notice of Self-Insurance** serves this purpose.

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION or INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO CARL WARREN & CO. (818) 247-2206

Prepared for County Counsel in defense of the County, Special Districts and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)

Dept Name: _____ Dept. #: _____ COUNTY VEHICLE EMPLOYEE'S VEHICLE CONTRACT CITIES SERVICES
 DIV. or Facility: _____ (Includes Veh. leased or rented by CO.) Insurance Co. _____ YES NO
 SECTION: _____ Equipmt. No. _____ Policy No. _____ If yes, name of contract city _____
 IRMIS Code #: _____ License No. _____ Permittee YES NO _____

POLICE REPORT YES NO POLICE AGENCY REPORTING _____ STATION _____ REPORT # _____

INCIDENT DATE _____ CITY _____ ON _____ AT _____
(Street or Highway) (Intersection or Address)
 HOUR _____ AM _____ PM OR AREA _____

COUNTY DRIVER (1)

DRIVER: _____ Job Title _____ Driver's Lic. No. _____
 Address: Home _____ Phone _____
 Work Location _____ Phone _____ Ext. _____

VEHICLE: Year _____ Make _____ Model or Type _____ Lic No. _____
 Parts Damaged _____

PASSENGER: CO. Employee ? YES NO PASSENGER: CO. Employee ? YES NO
 Name _____ Name _____
 Home Address _____ Home Address _____
(Street) (City) (Street) (City)
 Phone: Work _____ Home _____ Phone: Work _____ Home _____

OTHER DRIVER (2)

DRIVER _____
 DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY # _____

EMPLOYER _____
(Name of Person, Company or Organization) (Address) (City) (State) (Zip Code) (Phone)

VEHICLE _____ Veh. Lic. No.: _____
(Year) (Make) (Model or Type) (Year) (Number) (State)

PARTS DAMAGED _____
 REGISTERED OWNER _____
(Name) (Address) (City) (State) (Zip Code) (Phone)

PASSENGER: PASSENGER:
 Name _____ Name _____
 Home Address _____ Home Address _____
(Street) (City) (Street) (City)
 Phone: Work _____ Home _____ Phone: Work _____ Home _____

OTHER DRIVER (3)

DRIVER _____
 DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY # _____

EMPLOYER _____
(Name of Person, Company or Organization) (Address) (City) (State) (Zip Code) (Phone)

VEHICLE _____ Veh. Lic. No.: _____
(Year) (Make) (Model or Type) (Year) (Number) (State)

PARTS DAMAGED _____
 REGISTERED OWNER _____
(Name) (Address) (City) (State) (Zip Code) (Phone)

PASSENGER: PASSENGER:
 Name _____ Name _____
 Home Address _____ Home Address _____
(Street) (City) (Street) (City)
 Phone: Work _____ Home _____ Phone: Work _____ Home _____

INJURED / WITNESSES

Check one: INJURED WITNESS FATALITY
 NAME _____ PHONE _____ NATURE OF INJURY _____
 ADDRESS _____ TAKEN TO _____

Check one: INJURED WITNESS FATALITY
 NAME _____ PHONE _____ NATURE OF INJURY _____
 ADDRESS _____ TAKEN TO _____

Check one: INJURED WITNESS FATALITY
 NAME _____ PHONE _____ NATURE OF INJURY _____
 ADDRESS _____ TAKEN TO _____

Check one: INJURED WITNESS FATALITY

INJURED / WITNESSES

INSTRUCTIONS: Complete form within 24 hours of vehicle collision and submit to your supervisor.
 If more space is needed to completely answer any category on this form, attach an additional sheet.



DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED
 Show your Vehicle as ← the other Vehicles as ↑, →, etc

SHOW the location and position of Vehicle(s) at point of impact.
 SHOW the name of the street(s) and location of stop signs, signals.
 STATE number of lanes and length of skidmarks.

Co. Vehicles Involved _____

EXPLAIN CLEARLY HOW COLLISION OCCURRED. USE ADDITIONAL SHEETS IF NECESSARY (IF SHERIFF DEPT., STATE IF MTA RELATED?)

DISTRIBUTION:

Department procedure for distribution to be followed; copies must be forwarded to the following:
 ORIG & 1 COPY: CARL WARREN & CO., P.O. Box 116, Glendale, CA 91209-0116
 1 COPY – (If CO. Vehicle damaged) Internal Services Dept., 1100 N. Eastern Ave., Room 210, L.A. 90063
 (Not applicable for Road and Flood Control Vehicles)

(9) WEATHER

Clear _____
 Rain _____
 Fog _____
 Dusty Snow _____
 Heavy Smog _____
 Other _____

(11) EVASIVE ACTION
by CO. Driver

Locked Brakes _____
 Hard Brakes _____
 Slowed/Stopped _____
 Steered Away _____
 Accelerated _____
 None _____
 Other _____

(1) LOCALITY

_____ Rural-Hwy/Roadway
 _____ Residential
 _____ Business/Shopping
 _____ Freeway
 _____ Motor Way (Mtn.)
 _____ Open Field
 _____ Private Road
 _____ Other

(2) MOVEMENT

_____ Straight Ahead
 _____ Lane Change
 _____ Making Right Turn
 _____ Making Left Turn
 _____ Standing
 _____ Parked
 _____ Backing
 _____ Rolling Back
 _____ Moving Unattended

(5) AMOUNT OF TRAFFIC

_____ No Other
 _____ Light
 _____ Medium
 _____ Heavy-Flowing
 _____ Congested

(7) ROAD SURFACE

_____ Concrete
 _____ Asphalt
 _____ Oiled/Gravel
 _____ Unpaved
 _____ Other

(6) TERRAIN

_____ Level
 _____ Upgrade
 _____ Downgrade
 _____ Hill Crest
 _____ Dip

(8) VISIBILITY

_____ Good
 _____ Fair
 _____ Poor
 _____ Very Poor

(10) ROAD

CONDITION

_____ Dry
 _____ Wet
 _____ Muddy
 _____ Snowy or Icy

(12) SAFETY BELTS

Installed, Not Worn _____
 Installed and Worn _____
 Not Installed _____
 Vehicle Unoccupied _____

(2) OPERATING AREA

_____ Non-intersection
 _____ Nearing Intersection
 _____ In Intersection
 _____ Leaving Intersection
 _____ Entering Driveway
 _____ Leaving Driveway
 _____ Construction Zone
 _____ Parking/Bus. Lot
 _____ Other

(4) TRAFFIC CONTROLS

_____ None Present
 _____ Green Signal
 _____ Yellow Signal
 _____ Red Signal
 _____ Flashing Signal
 _____ Stop Sign
 _____ Warning Sign
 _____ Construction Sign
 _____ Other

(13) EMERGENCY RESPONSE

(Applies to Vehicle driven by employee)

Were red lights and siren activated? Yes No

County Driver's Item No. _____ Employee No. _____ Age _____
 Total Yrs. Driv. _____ Total Yrs. Driv. for CO. _____ Total Yrs. this type Veh. _____

 SIGNATURE OF EMPLOYEE DATE

 SIGNATURE OF SUPERVISOR DATE

 SIGNATURE OF DEPT. HEAD OR AUTH. REPRESENTATIVE DATE

CERTIFICATION OF RECEIPT

This is to certify that I have read and received a copy of the document entitled, Information and Instructions for Permittee Drivers, and a copy of the County of Los Angeles: Evidence of Financial Responsibility. By signing this Certification, I also agree that:

- I will notify my supervisor of any change in my driver's license status which would preclude me from driving on County business (e.g. suspended, restricted, or revoked license).
- I am not allowed to claim or receive reimbursement for damages both from the County and also from my own private auto liability policy, nor from any other source, including any third party who caused the accident or that party's insurance company.
- In the event I receive reimbursement for damages from another source, including from my own personal auto insurance policy or from a third party or that party's insurance company, that I will return one hundred percent of any County reimbursement I received for the same damage.

MILEAGE PERMITTEE (Print Name)

MILEAGE PERMITTEE (Signature)

DATE

Currently Accepting
Voyager...

Admiral	Exxon Aviation	Kum & Go*	Speedway
A to Z Tire	Fina	Kwik Trip	Speedy Auto
Glass			
Amoco	Flynn's Tires	Kwikfill	Sprint
BP	Food Chief	Lil' Champ	Sunoco
BP Procure	Freedom Value Center	Marathon	SuperAmerica
Cel Oil	Gasman	McKnight	Tesoro Alaska
Cenex/			
Farmland Industries	Gasmat	MFA Oil	Texaco
Chevron	Gate Petroleum	Mobil	Texaco
Aviation			
Chevron Aviation	Getty	Mustang	Texaco
Xpress Lube			
Circle K	Giant	Oil Changer	The Pantry
Citgo	Grease Monkey	Phillips 66	Thriftway
Clark	(Company Owned)	Phillips 66 Aviation	Total
Coastal	Gulf	Phoenix Oil	Trade Oil
Conoco	HandyWay	Plateau	Uni-Mart
Dash-N	Hess (Company Owned)	QuickStop	Union 76
Depot	Holiday	Rich	United States
Auto Club			
Eastern Aviation			
Fuels Inc.	Independent Locations*t	Sheetz	US Oil
Etna	Jiffy Lube	Shell	Wilco
Express Stop	Kangaroo	Sinclair	ZipMart
Exxon	Keystone	Smokers Express	

HOME ASSIGNED COUNTY VEHICLE CERTIFICATION – YEAR 20____
VEHICLE ID NO. _____

A. ORGANIZATION:

DEPARTMENT: _____

Vehicle License No.: _____

DIVISION NAME: _____

Make/Year: _____

ASSIGNED ORG No.: _____

Model: _____

B. VEHICLE INFORMATION:

Annual Cert.

New – Effective Date: _____

Correction

Disposed

Replaced

Transferred

C. REQUEST:

D. AFTER HOURS VEHICLE PARKING/GARAGING INFORMATION (Parked/Garaged at):
(Please check and complete one only.)

Headquarters Home Other Facility - Specify: _____

Address: _____

City & Zip Code: _____

E. RESPONSIBLE OR ASSIGNED EMPLOYEE:

The above vehicle has been assigned to:

Employee Name _____

Employee No. _____

Job Title _____

Phone No. _____

F. VEHICLE ASSIGNMENT JUSTIFICATION

G. REVIEWED AND APPROVED BY:

Supervisor (Print Name): _____

Employee No.: _____

Signature: _____

Phone No.: _____

Date: _____

Department Head (Print Name): _____

Signature: _____

Date: _____

COUNTY OF LOS ANGELES
 DEPARTMENT OF CHILDREN & FAMILY SERVICES
PROCUREMENT REQUEST

SERVICE BUREAU	DIVISION	REGION / SECTION
CONTACT PERSON FOR THIS REQUEST	DELIVERY ADDRESS	
TELEPHONE # / EMAIL		
ATTN:		

FUND CODE	DEPT CODE	UNIT CODE	OBJ. CODE	DEPT. OBJ. CODE	FUNCTION CODE	REQUEST AMOUNT
A01	CH					

REQUEST -- Include complete DESCRIPTION and PROVIDE JUSTIFICATION (Include additional pages, if necessary)

NAME OF REQUESTOR	SIGNATURE OF REQUESTOR	DATE:
NAME / TITLE OF APPROVER	SIGNATURE OF APPROVER	DATE:

DO NOT WRITE BELOW THIS LINE (FOR PROCUREMENT SECTION USE ONLY)

ACTION TAKEN: DENIED APPROVED PRIORITY HOLD RETAINED FOR ANALYSIS OTHER

PROCUREMENT SERVICES SECTION CONTROL NUMBER:.

CONTACT PERSON IN PROCUREMENT: _____ PHONE NO.: _____

DATE OF COMPLETED: _____

