

VEHICLE SAFETY POLICY REVIEW CHECKLIST

EMPLOYEE'S NAME: _____ DATE OF REVIEW: _____

DUKE ID #: _____ DEPARTMENT: _____

DATE OF BIRTH : _____ LICENSE #: _____

TOPIC	INITIALS
1) Responsibilities of Duke Drivers under the Policy	
2) Driving History/ Motor Vehicle Record (MVR) Check	
3) Driver's License/ CDL Requirements	
4) Duke Driving Privileges	
5) Inspection & Maintenance of Duke Vehicles	
6) Uses of Duke Vehicles	
7) Safe Operation of Duke Vehicles	
8) Accident Reporting	
9) Training Requirements	
10) Policy Enforcement	

Supervisor:

Employee:

I certify that I have reviewed the Vehicle Safety Policy with this employee and he/she has completed the online Vehicle Safety Policy Training and online Defensive Driving Course as required by the policy.

I certify that my supervisor has reviewed all sections of the Vehicle Safety Policy with me. I have initialed each section of this form to indicate that I understand my responsibilities as a Duke driver.

(Supervisor Signature)

(Employee Signature)

(Date)

(Date)

Instructions: A copy of the Vehicle Safety Policy will be issued to each employee who is required to operate a Duke vehicle as part of his/ her job description. The immediate supervisor will review each section of the policy with the employee before allowing the employee to operate a Duke vehicle. The employee will indicate an understanding of the policy by initialing the form opposite the topic discussed. When completed, both the supervisor and employee will sign and date the form. The original will be placed in the employee's personnel file within the department.

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