



Temporary Delivery Driver Safety Policies

Driver Qualification/Eligibility: _____ Initials

- Drivers must possess a valid driver's license & 3 years driving experience.
- Drivers must have an acceptable motor vehicle record
 - No DUI or DWI in last 5 years.
 - No major violations in the last 3 years.
 - No more than three moving violations and at-fault collisions in the last 3 years.
- Drivers must immediately report new violations, suspensions, revocations & other restrictions.

Employee-Owned Vehicles _____ Initials

- The employee or parent must own the vehicle.
- Proof of vehicle ownership is required (state registration card is adequate)
- Vehicle must remain insured with auto liability limits of at least _____. Notify management if insurance changes.

Vehicle Inspection / Maintenance: _____ Initials

- Vehicles should be in safe operating condition.
- Drivers are required to conduct a daily inspection of their vehicle with special emphasis on lights, turn signals, and tires.
- An annual inspection must be completed by a qualified mechanic.

Distractive Driving _____ Initials

- Drivers are prohibited from making or receiving phone calls, texting, browsing the internet, interacting with social media, etc. while the vehicle is moving.
- Set-up navigation systems, music, etc. before leaving.
- For navigation, secure phone to a sturdy mount.
- Drivers shall limit other distracting activities while vehicle is in motion. This includes eating, reading, reaching for objects & interacting with vehicle infotainment system.

Delivery Stops _____ Initials

- Be extremely cautious in residential neighborhoods; watching for children always.
- Limit the need to back up. Park in a way that you can pull ahead when leaving. At night, park in well-lit areas.
- Walk around your vehicle when leaving to make sure no children have come near the vehicle and are in your blind-spot.
- At night park in well-lit areas. Always lock your vehicle.

Defensive Driving _____ Initials

- Yield to the right-of-way of others, including stopping at intersections & not pulling out in front of others.

- Be extremely cautious around pedestrians and bicyclists.
- Maintain a proper following distance behind the vehicle in front of you; a minimum of three seconds. When the vehicle in front of you passes an object, begin counting. If you pass the same object before three seconds, increase your following distance. Add additional time/distance in poor driving conditions.

Additional Driver Rules _____ Initials

- Driver shall adhere to local, state and federal traffic laws.
- Seatbelt & shoulder harnesses is required.
- Drivers should not work if fatigued, tired or ill.
- Drivers cannot be under the influence of alcohol or illegal drugs. No alcohol four hours prior to driving.
- No passengers except co-workers.
- Drivers are required to report all accidents immediately to their manager.
- Vehicles shall be parked in safe locations, keys removed & locked. Valuable cargo shall be removed or adequately secured from theft.

Non-Driving Related Safety _____ Initials

- Drivers must follow COVID-19 safety procedures as outlined by the Center for Disease Control and local and state regulations.
- Watch for suspicious activity while driving or at the delivery location. Be cautious of addresses that appear to be vacant.
- **A driver should never make a delivery if they do not feel safe doing so.**
- Deliveries to hotel lobbies only; no hotel rooms.
- If dogs or other threatening animals exist, the driver should not leave the vehicle. Call the customer and have them come out to get the order.
- Watch for slip/fall hazards. Wear appropriate footwear.
- Use proper lifting techniques. For larger deliveries make multiple trips.

Delivery of alcohol _____ Initials

- Customers accepting the alcohol must be at least 21 years old. A valid government-issued ID is required.
- If the identification appears to be fake or has evidence of being a forgery, such as cracks or glue lines, the delivery should be cancelled
- If the person accepting the alcohol is visibly intoxicated the delivery should be cancelled.

I have read and understand the procedure & requirements. I agree to adhere to these practices at all times, & I fully understand that failure to follow the prescribed practices & procedures can result in disciplinary measures.

Employee Signature _____ Date _____ Manager Signature _____ Date _____

Driver Safety Orientation Checklist

for Individuals Who Operate Personally Owned Vehicles on Behalf of the Company



Note: All employees who will be operating a personally owned vehicle while performing work on behalf of the company shall complete a documented vehicle safety orientation checklist. The checklist provides a guideline to the fleet safety program. The employee will initial each of the items on the checklist at the time they are reviewed with the supervisor/manager.

Employee's Name: _____

Company Name and Location: _____

Job Title: _____ Date Hired: _____

DRIVER RESPONSIBILITIES:

- Received and signed a safe driving commitment form detailing driver rules and responsibilities
- Reviewed and discussed driver rules and responsibilities with supervisor/manager
- Conducted joint vehicle inspection with supervisor/manager

MOTOR VEHICLE RECORD (MVR) EVALUATION:

- Consented to have employer order MVR (either by signing safe driving commitment form or separate form)
- Reviewed and discussed MVR guidelines with supervisor/manager
- Reviewed and discussed potential actions resulting from negative MVR with supervisor/manager

ACCIDENT REPORTING PROCEDURES:

- Received a written copy of vehicle accident reporting procedures from supervisor/manager
- Reviewed and discussed vehicle accident reporting procedures with supervisor/manager

I have reviewed and discussed the fleet safety program requirements and procedures outlined in this checklist with this new employee.

Supervisor/Manager Signature: _____ Date: _____

I have reviewed and discussed with my supervisor/manager the driving safety requirements and procedures outlined in this checklist and fully understand the requirements, rules and responsibilities.

Employee Signature: _____ Date: _____

Vehicle Inspection Report

The vehicle inspection report is completed on a quarterly basis.



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Date: _____ Mileage: _____

License number: _____ State: _____

Branch location: _____ Driver: _____

Year: _____ Make: _____ Model: _____

	SATISFACTORY	PROBLEM	DATE CORRECTED (Must be completed for ALL "Problem" issues)
Seat belts (accessibility/condition)			
Headlights			
Turn signals			
Brake lights			
Reverse lights			
Instrument panel (dashboard)			
Glass (front and rear windshields)			
Mirrors			
Windshield wipers			
Knobs and handles			
Front/Rear window defrosters			
General condition of tires (tread, visible defects)			
Recent oil change (receipt or window sticker)			
Company required items:			
■ Accident report kit			
■ Flashlight			
■ Warning reflectors/Vest			
■ Spare tire and jack			
Other:			
Miscellaneous:			

Supervisor/Manager Signature: _____ Date: _____

Employee Signature: _____ Date: _____



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Have your drivers pledge their commitment to safety.

Driver distraction is a major factor in many motor vehicle accidents, and cell phones are often the culprit. The National Safety Council estimates that cell phone use was involved in 26% of all U.S. auto collisions in 2014.¹ Plus, damage often increases when there are other triggering factors such as speed, poor weather conditions and driver impairment.

Your responsibility as an employer.

As an employer, it's imperative to define your safety expectations to anyone operating a vehicle on behalf of your business in a clearly worded policy on the use of mobile devices. It's also prudent to provide those employees with training opportunities that educate them on the scope, seriousness and potential consequences of distracted driving. This includes looking into laws and regulations affecting your employees based on vehicle type, operator license and jurisdiction. Several websites can help with your research efforts:

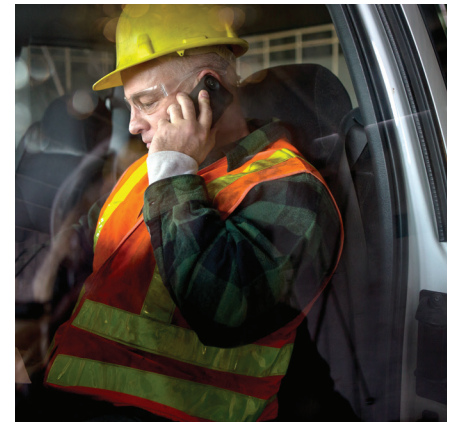
- **Federal Motor Carrier Safety Administration** — fmcsa.dot.gov/driver-safety/distracted-driving
- **Insurance Institute for Highway Safety** — iihs.org/iihs/topics/laws/cellphonelaws/maphandheldcellbans
- **Governors Highway Safety Association** — ghsa.org/html/stateinfo/laws/cellphone_laws.html

Recommendations for better fleet safety management.

- **Driver pledge forms** — Nationwide® recommends that you require your business vehicle operators to sign a pledge to avoid distracted driving and stay focused on the road, thus signifying their buy-in to your company's highway safety policy. **Turn the page to see a sample mobile device policy** you can use as a starting point for your business's pledge form.
- **Lockdown technology** — You may also find it useful to invest in technology to lock down employer-issued smartphones, tablets and other devices that could compromise a driver's vigilance. These systems can even help prevent the driver from receiving calls or texts.

Ask your Nationwide Loss Control Services representative for more information about these and many other ways you can help prevent collisions involving your fleet's drivers and vehicles.

¹ *National Safety Council Injury Facts, 2015 Edition, p. 108.*



It's imperative to define your mobile device safety expectations in a clearly worded policy.

Providing solutions to help our members manage risk.®

For your risk management and safety needs, contact Nationwide Loss Control Services: 1-866-808-2101 or LCS@nationwide.com.

Mobile Device Policy

Your safety is of great concern when driving on company time. Numerous studies have demonstrated how the use of hand-held and hands-free mobile devices (e.g., cell phones, tablets) while driving pose a significant safety risk to motorists, their passengers and others on the road. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails and text messages.

Using a mobile device results in all three major types of driver distraction:

1. **Visual** — Taking your eyes off of the road ahead
2. **Manual** — Taking your hands off of the wheel
3. **Cognitive** — Taking your mind off of the task of driving

To help create a safe driving environment, it's important to stay focused on your driving duties at all times. Your signature on this form serves as your agreement to follow the guidelines set forth below. If you don't understand or are unclear on the expectations, make time to discuss your concerns with your supervisor immediately.

The guidelines below should be followed while operating any vehicle on company time:

- Gather any route plans or updates on road and weather conditions before your trip to avoid making calls for directions while driving
- Turn your cell phone off or put on it silent or vibrate before starting the vehicle
- Allow all incoming calls to go to voicemail
- Modify your voicemail greeting to indicate that you're unavailable to answer or return calls while driving
- Pull over to a safe place, if it is urgently necessary to use your phone, before making calls or responding to text messages

Below is a Statement of Acknowledgement that says you have read and fully understand this policy. Please sign it and return it to your supervisor. If you have any questions regarding this policy, please contact your supervisor before signing it. Violations of this policy may lead to disciplinary action.

I have received a written copy of the Mobile Device Policy. I have been encouraged to ask questions of my supervisor for clarification, and by signing below, I acknowledge that I understand the terms of this policy and agree to abide by them.

Employee Signature: _____ Date: _____

OTHER SOURCES FOR SAMPLE DRIVER PLEDGE FORMS.

There are many similar forms available from organizations such as the National Safety Council (NSC) and government agencies such as the National Highway Traffic Safety Administration (NHTSA). For example:

- **NSC** — safety.nsc.org/cellphonekit
- **NHTSA** — distraction.gov/take-action/downloads.html

Safe Driving Commitment

for Individuals Who Operate Personally Owned Vehicles on Behalf of the Company



Name: _____ Date: _____

I recognize that safe driving is an essential part of my job and will abide by the following safe driving standards as they apply to the use of my vehicle for work performed on behalf of the company.

While driving my car or truck for company-related purposes, I will:

- Maintain an in-force, valid driver's license
- Alert management immediately if my license becomes expired, restricted, suspended or revoked
- Notify the company of any citations I might receive
- Allow the company to access my MVR records by signing a release when requested
- Maintain auto liability insurance limits as required by my employer and notify management if my policy/coverage is no longer in place.
- Drive in a safe and courteous manner, conforming to traffic laws, signals and markings, and take appropriate precautions for adverse weather and traffic conditions
- Not make or receive phone calls, text, browse the internet, interact with social media, etc. while the vehicle is moving. Navigation system set-up will take place while parked.
- Wear a seatbelt and ensure that authorized passengers wear seatbelts
- Ensure my vehicle is in safe operating condition. Vehicle inspected and maintained according to manufacturer's recommendations.
- Be financially responsible for any parking tickets or traffic violations and citations I might receive
- Report all accidents within 24 hours to my manager and designated company fleet administrator
- Reject requests by unauthorized passengers for transport, including hitchhikers
- Always park the vehicle in a secure and legally allowable location
- Abstain from alcohol or controlled substances prior to and during vehicle operation
- Follow appropriate practices, as communicated by management, when transporting any hazardous materials

My signature indicates that I have had an opportunity to read this agreement and ask clarifying questions of my supervisor. I will abide by company safety policies related to driving.

Failure to comply with the above described "Safe Driving Commitment" may result in employee discipline up to and including transfer to a non-driving position or termination.

Employee Signature: _____ Date: _____

Program Administrator Signature: _____ Date: _____

KEEP ORIGINAL IN FILE. GIVE THE EMPLOYEE A COPY. THIS FORM SHOULD BE RENEWED ANNUALLY.

Non-Owned Vehicle Authorization and Operation



Employees will use their personal vehicles in the normal conduct of their job duties, and for the scope of business in general, as directed by their supervisor. The primary insurance on personal vehicles used for business is typically the insurance secured by the vehicle owner. It is the responsibility of the location manager(s) to ensure that the employee-owners of these vehicles have adequate auto insurance coverage. The vehicle owner ought to confirm that his or her insurance will cover losses arising from the anticipated use of the vehicle—whether it is for the occasional business errand to the bank or post office, or something more frequent like delivering pizzas.

No employee is permitted to drive their personal vehicle for business until the following requirements have been met:

- Evaluation of driver's MVR upon hire and again each year; cumulative violations may not exceed our company threshold
- Completion of a driver safety orientation checklist by employee
- Receipt of proof of ownership and registration from driver prior to their vehicle being approved for business use
- Evidence provided by driver of proof of insurance with limits matched to driving duties, or as noted in company fleet program

No employee will be permitted to continue to drive under the following circumstances:

- If their insurance policy lapses, is suspended or revoked for any reason
- If their license is suspended or revoked for any reason
- If in the sole and exclusive opinion of management, their car is deemed to be dangerous or not roadworthy

It is the responsibility of the branch manager to inspect all vehicles and driver documentation at least semiannually. Items to review include: registration, inspection, insurance, license plates and driver's license.

Non-owned vehicles will be operated in accordance with the procedures and requirements applicable to our company's vehicle fleet safety program. Branch managers must verify that all such drivers have reviewed and understand the fleet safety program.

ACKNOWLEDGMENT

I have read and understand the procedures and requirements. I agree to adhere to these practices at all times, and I fully understand that failure to follow the prescribed practices and procedures can result in disciplinary measures.

Employee Signature: _____ Date/Year: _____

Branch Manager Signature: _____ Date/Year: _____