



IF YOU ARE PRINTING THIS FROM OUR WEBSITE – this is for all staff at RI, Life Skills and the ICF homes who will be driving vans and buses with clients. Please print, sign and forward to Lynne Keller. I will sign and return a copy to you for your files.

Verification of Transportation Training for Van & Route Drivers

The Elizabeth Richardson Center's (ERC) policy is to provide safe transportation. I have received training, had the opportunity to ask questions and agree to comply with the following as part of my duties when driving a vehicle owned by the ERC.

I, _____ (Your name) agree to and will comply with the following guidelines: **I will:**

1. Follow all ERC Transportation Policies and I state that I have received a copy of these guidelines for my personal use. **These policies specify that I may not use a company vehicle for personal use.**
2. Accurately complete all required transportation documentation that includes:
 - a. Driver's Daily Pre-Trip Inspection Form
 - b. Client Trip Sheets-completed daily
 - c. Accident/Critical Incident forms (as needed)
 - d. Gas receipts
 - e. Other documentation as requested by supervisor
3. Never leave your vehicle at the end of a route with less than ¼ tank of gas. If you are between ½ and ¾ tank of gas – FILL IT UP before you park it so that whoever drives the van next has enough gas.
4. Report all vehicle problems immediately – including missing documentation or missing consumer information! **RI drivers** call 479-872-1800 x216. **LS drivers** call 479-283-5687. **ICF drivers** call 479-871-5439.
5. Report all unsafe conditions to my supervisor immediately – including any difficulties I have with consumers while transporting. **Use same numbers as above.**
6. Notify your supervisor at the above numbers if I am involved in an accident. After I have completed all paperwork at the scene, I will immediately report to the ICF homes for a mandatory drug test as required by ERC policy.
7. Make sure that I have either an ERC cell phone or my own personal cell phone (and that they are charged and ready to use) so I can contact someone in case of an emergency.
9. **ONCE A MONTH** – I will check the fire extinguisher to make sure it is fully charged and I will initial & date the inspection card.
8. **NEVER** leave a consumer's location until I can visually see that they are able to get into their residence or pick-up point vehicle to insure they are not locked out or in potential danger. If the consumer is unable to get into their residence, I will attempt to call the consumer's residence or emergency phone number. If there is no answer I will take the consumer with me and complete the route. I will attempt to call their residence when vehicle is stopped when off-loading another consumer. If there is no answer at the end of my route, I will take the consumer to the ICF-MR for them to contact the family.
9. **NEVER** alter the route or change pick up locations without the approval of your supervisor or designee unless it is an emergency.
10. Make sure the vehicle I am driving is kept free from trash, and not allow smoking, eating or drinking. (I do understand that it is all right for clients to drink water while on the bus.)
11. **NEVER** leave the vehicle unattended while transporting consumers.
12. **NEVER** leave a van unattended when it is running or the keys are in the ignition.
13. **NEVER** leave the van unlocked at any time.
14. I understand it is my responsibility to notify ERC Human Resources if I am ticketed for any moving violation at any time – not just when I am transporting ERC clients – and that this could affect my employment status with ERC.
15. State that I understand that violating the above guidelines could result in personnel action up to and including termination.

I have completed the 6 hours of required training that includes:

- a. Transporting passengers with special needs & Defensive Driving
- b. Vehicle maintenance programs
- c. Emergency procedures for rural route drivers
- d. Vehicle training and on the road test

By signing this form, I attest that I have no medical or physical condition (including vision impairment) that cannot be corrected and that could interfere with safe driving, passenger assistance and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public. I further state that I will notify ERC if my health or physical condition changes to such an extent that it may interfere with my ability to provide safe transportation.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____