



LDH State Vehicle Policy Training: Driver Safety Coordinator Specific




DIVISION OF SAFETY/SECURITY &
ADMINISTRATIVE SERVICES

LDH State Vehicle Policy #60.2

It is the policy of the Louisiana Department of Health (LDH) to establish and administer a Vehicle Management Control Program that will provide a uniform procedure for management and control of state vehicles, which complies with the Louisiana State Driver Safety Program, LDH General Safety and Loss Prevention Program, and Louisiana Revised Statute 39:361-363.

<https://ldh.la.gov/assets/docs/SafetySecurity/AuditSection2/StateVehiclePolicy.pdf>

State Vehicles

	Louisiana Department of Health (LDH)	
	Policy Number	60.2
	Content	Vehicle Management Control Program for State Vehicles
	Effective Date	September 12, 2023

RESPONSIBILITIES

LDH SECRETARY - is responsible for Departmental adherence to Louisiana Register, Vol. 13, No. 1, January 20, 1987, with all revisions. He/she may delegate this authority to the LDH Safety Director.

LDH ASSISTANT SECRETARY/MEDICAID DIRECTOR - is responsible for agency adherence to LDH policy for State Vehicles. He/she shall designate, in writing, his/her Agency Transportation Coordinator and/or Agency Driver Safety Coordinator for his/her agency. Each LDH agency may establish additional internal management procedures and guidelines for the handling of state vehicles within the guidelines of this policy. Any updates to the Agency Transportation Coordinator and/or Driver Safety Coordinator shall be submitted to the LDH Safety Director.

RESPONSIBILITIES (CONT.)

AGENCY TRANSPORTATION COORDINATOR - serves as primary liaison for the agency with DOA, Louisiana Property Assistance, and LDH Safety Director including:

- Responsibility for dissemination of LDH and DOA policies and procedures regarding the use of state vehicles among agency employees.
- Responsibility for submission of accurate and timely information/reports regarding state vehicles as required/requested by DOA and/or mandated by legislation.
- Responsibility for responding to inquiries from DOA or the LDH Safety Director regarding particular situations involving the possible misuse of state vehicles assigned to his/her agency or operated by their agency's employees.
- Reporting to DOA and the LDH Safety Director any improper use of state vehicles that comes to his/her attention, along with corrective/disciplinary actions taken, as appropriate.
- Reporting to DOA and the LDH Safety Director any accident involving a state vehicle or plans to dispose of or transfer a state vehicle.
- Reviews and monitors monthly vehicle usage and maintenance reports, investigates irregularities or have them investigated, and provides explanations to DOA as requested.
- Maintains current and complete files on each state vehicle assigned to, owned by, or used by the agency, to include information detailed elsewhere in these regulations.
- Assists in administering the Driver Safety Program for the agency.
- Coordinates and approves agency requests for replacement or new state vehicles before such requests are submitted to the DOA Budget Office, first ensuring that under-utilized vehicles are not available within the agency for transfer. (Each case will also be reviewed and approved by the DOA Fleet Manager prior to Budget Office approval.) The Agency Transportation Coordinator should have sufficient authority to reassign agency vehicles within the agency.
- Ensures that each state vehicle under his/her supervision has minimum preventive maintenance performed at appropriate intervals. Ensures that each vehicle is inspected monthly and that documentation is maintained for the annual ORM audit.
- Obtains license plates and property tag numbers.
- Performs such duties as necessary to monitor the use of state vehicles assigned and ensure the most efficient and effective operation.
- Maintains copies of signed ORM Hold Harmless Agreements and approvals that shall be provided by agency employees that utilize fleet/rentals/personal vehicles for the transporting of non-state employees while conducting official state business. Note: Appointing Authority approval is required prior to any non-state employee or facility client is transported.

RESPONSIBILITIES (CONT.)



AGENCY DRIVER SAFETY COORDINATOR - serves as primary liaison between the agency Assistant Secretary/Medicaid Director and the LDH Safety Director including:

- Responsible for ensuring all agency-authorized driver's complete ORM Defensive Driver course via Success Factors (SF).
- Maintains all agency employee drivers training records, ODRs, and appointing authority approval(s) for the annual ORM audit.
- Maintains a list of agency employees authorized and not authorized to drive a state vehicle.
- Ensures that all agency-authorized drivers have completed the DA2054 -Authorization and Driving History Form.
- Ensures that procedures specified by the ORM and/or the LDH Safety Director have been followed when any accident occurs involving a state vehicle.
- Ensures that there are no flags on Official Driving Record (ODR) that would prohibit an agency employee from being an authorized driver

RESPONSIBILITIES (Cont.)

SUPERVISORS/APPOINTING AUTHORITY OR DESIGNEE – are responsible for:


- Fulfilling responsibilities set out in the Driver Safety Program.
- Notifying the Agency Driver Safety Coordinator immediately when an employee reports a citation or moving violation.
- Reviewing driving records of agency employees to determine eligibility to drive state vehicles.
- Identifying agency authorized and non-authorized drivers and forwarding to the Agency Driver Safety Coordinator.
- Signing and forwarding required forms in a timely manner to the Agency Driver Safety Coordinator.
- Notifying the Agency Driver Safety Coordinator of any new employees to their agency.

RESPONSIBILTIES (Cont.)

EMPLOYEE – shall be responsible for:

- The safe operation of state vehicles in accordance with all Louisiana laws, including but not limited to use of seat belts by all occupants, and obeying posted speed limits.
- No driver shall make use of any instrument designed to detect the presence of police radar for monitoring vehicular speed.
- Must maintain minimum liability coverage, as required by Louisiana law, if operating their personal vehicle for official state business.
- Shall report any unsafe vehicle condition immediately to their Agency Transportation Coordinator.
- Report any on duty accidents or citations for moving violations to their supervisor the day it occurs.
- Must report to their supervisors the revocation or suspension of their driver's license or dropping of liability insurance coverage, no later than their next scheduled workday.
- Must notify their supervisor of the final disposition of any citation or court decision.
- Ensures that procedures specified by the ORM and/or the LDH Safety Director have been followed when any accident occurs involving a state vehicle.
- Ensures written approval is received from the agency appointing authority prior to any transport of a non-state employee in a state vehicle (fleet, rental, or personal) while conducting official state business. Once approval is received, the ORM Hold Harmless Agreement Form shall be signed by the non-state employee passenger and submitted, along with a printed copy of the agency appointing authority approval, to the agency transportation coordinator.

CONTRACTOR OR PASSENGER

Office of Risk Management State of Louisiana Division of Administration		JAY DARDENNE COMMISSIONER OF ADMINISTRATION
<div style="display: flex; justify-content: space-between;"><div>JOHN BEL EDWARDS GOVERNOR</div><div></div><div></div></div>		
<p><small>This form is to be used in lieu of the previously issued hold harmless agreement. It is to be completed by non-state employees who will be drivers of <u>or</u> passengers in state vehicles. Agency will retain the completed form, making it available in the event of an accident or claim.</small></p>		
<p style="text-align: center;"><u>ACKNOWLEDGMENT</u></p>		
<p>By signing this document, I acknowledge that I will be operating, or will be a passenger in, a state-owned vehicle or a vehicle rented to the State of Louisiana (or to a Department, Agency, Board, Commission, other entity or official thereof). I acknowledge that operating, or being transported in, a vehicle is a potentially dangerous activity. I fully realize the physical risks involved, and further acknowledge that this risk, and the danger associated with this activity, is obvious to all persons. I nevertheless willingly and voluntarily elect to operate, or be transported in, said vehicle and expressly accept the risks inherent therein.</p>		
<p>For purposes of operating said vehicle, I declare and certify that I have received training regarding the operation of motor vehicles, and that I currently possess a valid driver's license. Moreover, I certify that I am physically and mentally capable of operating, or being transported in, said vehicle, and suffer from no physical or mental condition that would prevent my safe and responsible operation of said vehicle. I affirmatively declare that the vehicle may be safely entrusted to me. Further, I certify that the State of Louisiana may rely on the representations made herein, which are true and correct to the best of my knowledge.</p>		
<p>I hereby agree to indemnify and hold the State of Louisiana harmless from any injury or damage to myself that is sustained as a result of the fault of any third person or entity.</p>		
<p>Print Name _____</p>		
<p>Signature _____</p>		
<p>Date _____</p>		

Should a contractor operate a state owned fleet vehicle (rental) or should a state employee transport a non-state employee in a state vehicle (state fleet, rentals, and personal vehicle) when conducting official state business, prior written approval must be granted by the agency appointing authority and the attached form **MUST** be signed and a copy submitted by the state employee to the agency transportation coordinator **BEFORE** operating or transporting.

<https://www.doa.la.gov/media/4srnk0pa/nonstateemployeeuseofstatevehicleacknowledgement6-21-16.pdf>

STATE VEHICLE

Any licensed vehicle owned, leased and/or rented by the State, or any privately owned vehicle used to conduct official state business.

- Note: In all cases involving an employee's personal vehicle - the employees liability insurer is the primary insurer of the accident.



Defensive Driver Course

All State authorized drivers MUST complete the ORM Defensive Driver course via Success Factors (SF) within 90 days of hire and every 3 years thereafter.

- Contractors that drive to conduct official state business for the agency must adhere to the same requirements as a standard state employee. Those contractor can take the training on the Office of Risk Management Training Site and must print out their completion certificate, it is recommended that LDH contractors obtain a P# and complete required trainings via SF.
 - https://wwwprd.doa.louisiana.gov/orm/Online_Courses/Defensive_Driving_2019/presentation_html5.html



<https://ldh.la.gov/assets/docs/SafetySecurity/AuditSection2/vehicledamagereport.pdf>

[illegible]

AUTHORIZED vs. NON-AUTHORIZED

AUTHORIZED DRIVER

- An individual who is authorized to drive in the course and scope of his/her employment on a frequent basis to conduct official state business.

NON-AUTHORIZED DRIVER

- An individual who is NOT authorized to drive in the course and scope of his/her employment on a frequent basis for any of the following reasons:
 - Did not meet the minimum driving requirements,
 - Did not complete/pass the ORM Defensive Driver course within the allowed time period,
 - Driving privileges are suspended after notification of an accident or citation,
 - The Authorization and Driving History Form (DA 2054) has not been completed and/or signed by the Appointing Authority, or
 - Does not renew a driver's license by the expiration date.

DRIVER AUTHORIZATION FORM (DA 2054)

STATE OF LOUISIANA DRIVER AUTHORIZATION FORM	
TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING RESTRICTION CHANGE	
Agency: _____ Employee Name: _____ Immediate Supervisor: _____ Drivers License Number: _____	Employee Number: _____ Driver Training Course (MM/DD/YY): _____ State of Issuance: _____
AGENCY HEAD OR DESIGNEE AUTHORIZATION	
By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.	
My signature authorizes the aforementioned employee to drive the following on state business as required (check all that apply):	
<input type="checkbox"/> STATE VEHICLE <input type="checkbox"/> RENTAL VEHICLE <input type="checkbox"/> PERSONAL VEHICLE	
_____ AGENCY HEAD (or designated individual)	_____ DATE OF AUTHORIZATION
EMPLOYEE ACKNOWLEDGEMENT/AUTHORIZATION	
This is to certify that, as a condition of and if authorized to drive my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by LA. R.S. 32:900 (B) (2).	
I understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.	
Further, by signing this document, I agree to notify my agency in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License or Driving Restrictions.	
I authorize my agency to obtain access to my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.	
I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and my employer's instructions. In the event such operation results in my being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 or 14:98.1, I acknowledge and understand that such would constitute evidence of: (1) my violating the terms and conditions of my use of said vehicle, (2) my violating the direction of my employer, and (3) my acting beyond the course and scope of my employment with the State of Louisiana. I further affirmatively acknowledge and understand that personal use of a state-owned, state-rented or state-leased vehicle is not permitted.	
My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.	
_____ EMPLOYEE SIGNATURE	_____ DATE
07/01/2012 DA 2054	

ANNUAL SUPPLEMENTAL SIGNATURE PAGE	
EMPLOYEE NAME: _____	
DRIVERS LICENSE NUMBER: _____	
DEPARTMENT/AGENCY: _____	
AGENCY HEAD OR DESIGNEE STATEMENT	
By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:	
Official Driving Record Drivers Training Course	
Further, my signature allows the aforementioned employee to drive a state vehicle, rental vehicle or personal vehicle on state business.	
_____ Agency Head (or designated individual)	_____ Date of Authorization
_____ Agency Head (or designated individual)	_____ Date of Authorization
_____ Agency Head (or designated individual)	_____ Date of Authorization
_____ Agency Head (or designated individual)	_____ Date of Authorization
_____ Agency Head (or designated individual)	_____ Date of Authorization
_____ Agency Head (or designated individual)	_____ Date of Authorization
(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)	
07/01/2011 DA 2054 Supp.-1	

Employee shall read, complete, and sign Authorization and Driving History Form (DA 2054) by completing all of the employee identification information at the top of the form. (Name, employee number, supervisor name, defensive driver training date, driver's license number, and state of issuance)

The Agency Driver Safety Coordinator verifies that the employee has passed the ORM Defensive Driver course within ninety (90) days of hire and every three (3) years thereafter.

<https://www.doa.la.gov/media/c4jp4uai/da2054.pdf>

CONTRACT DRIVER AUTHORIZATION FORM (DA 2055)

Contractor shall read, complete, and sign Authorization and Driving History Form (DA 2054) by completing all of the identification information at the top of the form. (Name,, defensive driver training date, driver's license number, and state of issuance)

The Agency Driver Safety Coordinator verifies that the contractor has completed (passed) the ORM Defensive Driver course within ninety (90) days of hire and every three (3) years thereafter.

<https://www.doa.la.gov/media/k2zljpdo/da2055.pdf>

STATE OF LOUISIANA CONTRACTOR DRIVER AUTHORIZATION FORM	
TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING RESTRICTION CHANGE	
Agency: _____	Drivers License Number: _____
Driver Name: _____	State of Issuance: _____
AGENCY HEAD OR DESIGNEE AUTHORIZATION	
By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.	
My signature authorizes the aforementioned contractor to drive the following on state business as required (check all that apply):	
<input type="checkbox"/> STATE OWNED VEHICLE <input type="checkbox"/> STATE-RENTED VEHICLE <input type="checkbox"/> STATE-LEASED VEHICLE	
DEPARTMENT HEAD (or designated individual)	DATE OF AUTHORIZATION
CONTRACTOR ACKNOWLEDGEMENT/AUTHORIZATION	
I understand that the use of a state-owned/rented/leased vehicle on state business requires prior written authorization from the Department Head or his/her designee.	
Further, by signing this document, I agree to notify the Department Head in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License, or Driving Restrictions.	
I authorize the above agency to obtain my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.	
I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and the agency's instructions.	
My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.	
CONTRACTOR SIGNATURE	DATE
07/01/2012 DA 2055	

ANNUAL SUPPLEMENTAL SIGNATURE PAGE	
CONTRACTOR NAME: _____	
DRIVERS LICENSE NUMBER: _____	
DEPARTMENT/AGENCY: _____	
AGENCY HEAD OR DESIGNEE STATEMENT	
By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirement:	
Official Driving Record	
Further, my signature allows the aforementioned contractor to drive a state-owned, rented, or leased vehicle on state business.	
Agency Head (or designated individual)	Date of Authorization
Agency Head (or designated individual)	Date of Authorization
Agency Head (or designated individual)	Date of Authorization
Agency Head (or designated individual)	Date of Authorization
Agency Head (or designated individual)	Date of Authorization
Agency Head (or designated individual)	Date of Authorization
Agency Head (or designated individual)	Date of Authorization
(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)	
07/01/2012 DA 2055 Supp.-1	

REQUEST OFFICIAL DRIVING RECORD

Agency Driver Safety Coordinator requests the ODR from the Department of Public Safety and ensures the employee does not meet the high-risk driver definition. An ODR shall be obtained annually (i.e. no longer than every twelve (12) months between records). Agency Driver Safety Coordinator shall “flag” any instances of high-risk drivers.

Employees with out-of-state drivers' licenses are responsible for obtaining a certified copy of their ODR and provide it to their Agency Driver Safety Coordinator.

We recommend pulling all records on the same annual schedule.

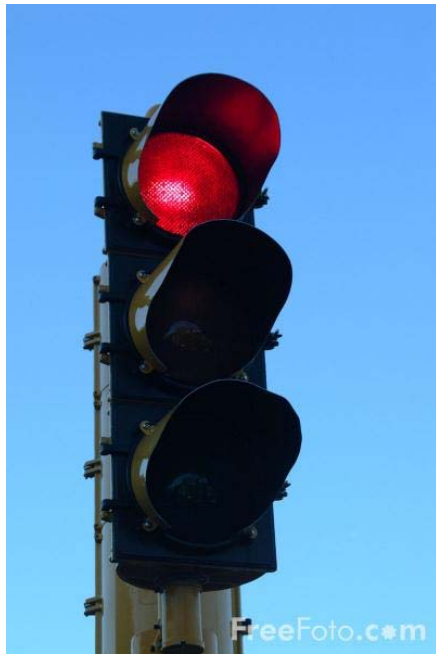
EXAMPLE: If John Doe was hired in January and you run ODR's for your agency in May every year. You will run John's ODR in January as a new hire and obtain signatures within 45 days. You will run John's ODR again in May so he can get on the same scheduled rotation with the rest of your agency.



<https://ldh.la.gov/assets/docs/SafetySecurity/AuditSection2/AuthorizationandDrivingHistoryLog.xls>

THIS FORM DOES NOT REPLACE THE REQUIRED DA2054. IF USED FOR TRAINING AND OOR TRACKING, THE FORM MUST BE SIGNED BY THE AGENCY HEAD OR HIS/HER DESIGNEE

MOVING VIOLATION



A moving violation occurs whenever a vehicle is in motion. Examples of moving violations include speeding, running a stop sign or a red light, driving without a license, making a left turn from the right hand lane.

HIGH RISK DRIVER

A driver is considered high risk if any of the following situations occur on or off duty:

- Having three or more convictions, guilty convictions, guilty pleas and/or nolo contendere pleas for moving violations within the previous twelve (12) month period or;
- Having a single conviction, guilty plea or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation, within the previous twelve (12) month period.

HOW TO REVIEW AN OFFICIAL DRIVING RECORD (ODR)

- Verify that the employee name and license number match the information on the Driver Authorization Form (DA 2054).
- Check the license expiration date.
- Check the license class and any restrictions that may affect the employee's ability to drive.
- Verify any violations that were received in the past twelve (12) months and whether these violations meet the high-risk driver definition within this policy.
- Make sure the following flags are not noted on the record above the violations section:
 - NI = No Insurance (i.e. No Liability Security Coverage on Personal Vehicle)
 - SUS = Suspended REV =
 - Revoked AF = Affidavit outstanding
 - PUL = Pull notice for license
- If an employee is not authorized to drive, the Agency Driver Safety Coordinator shall notify the employee and his/her direct supervisor, agency safety coordinator, and Agency Assistant Secretary/Medicaid Director in writing that the employee shall not drive to conduct official state business noting the reason why and their name shall be added to the agency non-authorized driver list

LOOK FOR CONVICTIONS/VIOLATIONS

As you are reviewing the ODRs look for the convictions/violations and flag them.

NO INSURANCE – NI

- Employees are required to maintain liability insurance at all times and contractors are not exempt either.
- Employee/Contractor needs to get it taken care of immediately but cannot drive personal vehicle to conduct official state business, but can drive fleet.

SUSPENDED – SUS

- Employees/Contractor cannot drive personal or state fleet for official state business with a suspended license, its against the law.

REVOKED– REV

- Employees/Contractors must have a drivers license to drive any vehicle.

Affidavit Outstanding– AF

- There is a warrant or something issued and the employee must get it taken care immediately.
- Typically you will see SUS/AF or REV/AF



Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
P.O. Box 64886
Baton Rouge, Louisiana 70896

OFFICIAL CERTIFICATION OF DRIVING RECORD

Accident involvement indicated does NOT mean the individual was at fault or given a citation.

This document is for official agency use only.

This Official Online Driving Record was issued: Date: 7/20/2020 Time: 11:23 AM

DATE	BIRTH DATE	SEX	LICENSE NO	CLASS	EXP D	RESTRICTIONS
07202020				E	015	NO RESTRICTIONS
NAME/ADDRESS						
ENDR: NONE						
PER STATUS: SUS/DI /NI						
DRC:						
N/C	07-10-18	DEFAULT OF INSTALLMENT PLAN	07-10-18			
PRIVATE VEHICLE						
FEE						\$60.00
06-10-19	DEFAULT OF INSTALLMENT PLAN	06-10-19				
PRIVATE VEHICLE						
FEE						\$60.00
NUMBER OF ACCD: 0 NUMBER OF CONVS: 2 NUMBER OF RECORDS: 2						
0222						

FLAGGED CONVICTION/VIOLATIONS

Check the date of the moving violation(s) is it within the past year?

Check with the supervisor to see if they were made aware of the moving violation.

Check to see if the employee retook ODR Defensive Driver Course within 90 days of the moving violation?

Are there three or more convictions, guilty pleas, and/or nolo contender pleas for moving violations?

Is there a single conviction, guilty plea or nolo contender plea for driving while intoxicated, hit and run driving, vehicular negligent injury, reckless operation within the 12 months?

WHAT HAPPENS AFTER I REVIEW THE ODR

Agency Driver Safety Coordinator forwards all DA 2054 forms along with the ODR to appointing authority. Only the appointing authority or his/her designee may review and authorize an employee to drive on state business. The DA 2054 authorization form shall be signed and dated within 45 days of obtaining the ODR.



Remember: If an employee is not authorized to drive, the Agency Driver Safety Coordinator shall notify the employee and his/her direct supervisor, agency safety coordinator, and Agency Assistant Secretary/Medicaid Director in writing that the employee shall not drive to conduct official state business noting the reason why and their name shall be added to the agency non-authorized driver list

NOW THAT I RECEIVED SIGNED DA2054's

Appointing Authority forwards the authorized and/or non-authorized drivers to the Agency Driver Safety Coordinator who shall maintain two lists of employees, those that are authorized to drive and those that are non-authorized (aka: high risk drivers). Both lists must be kept, available at each audited location, and available for the LDH Safety Director and/or ORM upon request.



REMEMBER



Those drivers who do not possess current drivers' licenses or who are classified as "high risk drivers," will not be authorized to drive state vehicles to conduct official state business for a period of 12 months after the date of the last citation or, if the supervisors are not notified, then 12 months from the date of discovery of the citation.

Employees must immediately report to their supervisor revocation of their drivers' licenses, cessation of insurance coverage, and all moving violation citations.

No person(s) may be transported in a state vehicle unless said person is a state employee or has written approval from the agency appointing authority and a signed ORM Hold Harmless Agreement Form on file with the agency transportation coordinator.

Employees shall report any moving violation to their supervisor by the next business day, so that they are made aware and that ORM Defensive Driver course is retaken and certificate provided to agency Driver Safety Coordinator.

*“Two wrongs don’t make a right,
but three lefts do.”*

- HAROLD LERCH, SR.