PHYSICAL PLANT OPERATING POLICY AND PROCEDURE

PP/OP 02.14: Vehicle Accident Reporting

DATE: January 22, 2010

PURPOSE

The purpose of this Physical Plant Operating Policy and Procedure (PP/OP) is to establish the department policy for vehicle accident reporting and provide guidance and procedures in order to inform all personnel of the required and appropriate reporting process.

REVIEW

This PP/OP will be reviewed in August of each odd numbered year (ONY) by the associate director for business office and material resources – physical plant and recommendations forwarded to the managing director – physical plant.

POLICY/PROCEDURES

1. General Policy

   All moving violation vehicle accidents requiring a police report experienced by Physical Plant personnel in a university vehicle will be reported immediately to the safety coordinator. The required paperwork will be processed by and/or through the safety coordinator.

2. Definitions

   a. **Vehicle Accident:** Any moving violation accident requiring a police report involving a Physical Plant vehicle whereby property damage occurs.

   b. **Supervisor:** An employee's immediate supervisor, unit supervisor, foreman, or general supervisor.

   c. **Superintendent/Manager:** Person responsible for supervising and/or directing a group of foremen/supervisors.

   d. **Director:** Either a section head, director, or associate director.

3. Accountability

   a. The managing director – physical plant is responsible for enforcing compliance and reviewing this PP/OP.
b. The director will be responsible for ensuring that all personnel are on the approved operator list prior to operating a state vehicle in their section and report vehicle accidents as established in this procedure and required paperwork is processed accordingly. The director will review required reporting forms and sign in acknowledgment in Section III of the *Vehicle Accident Investigation Form* (Attachment A).

c. The safety coordinator will be responsible for:

   (1) Completing the *Auto Collision Information Form* (Attachment B).

   (2) Assisting employee(s) to complete the *Vehicle Accident Witness Statement* (Attachment C).

   (3) Processing and distributing all forms in the time required by the state. Distribution will include: Employees Health and Safety Record, Department of Risk Management, and Physical Plant Safety Office.

d. Superintendent/managers will review required reporting and investigating forms, make comments and/or recommendations and sign as required in Section III of the *Vehicle Accident Investigation Form* (Attachment A). The superintendents/managers should include photographs to fully explain the accident scene.

e. The Supervisor will be responsible for notifying the Safety Coordinator immediately. Employee(s) involved must accompany Supervisor to the Safety Office unless immediate medical attention is necessary.

   The Supervisor is also responsible for conducting an evaluation of the affected employee to determine if there is reasonable suspicion to conduct post-accident alcohol/drug testing. If reasonable suspicion does exist, the employee must take a breath alcohol test within two hours of the accident and produce a urine sample for drug testing within 32 hours of the accident. For additional information refer to TTU OP 70.35.

   Custodial supervisors will report vehicle accidents directly to the unit manager – custodial services who will then notify the Safety Office immediately.

   Supervisors are also responsible for completing Sections I and II of the *Vehicle Accident Investigation Form* (Attachment A) within one workday. Supervisors are also responsible for obtaining any witness statements on the *Witness Form* (Attachment C). Completed paperwork should be forwarded to the superintendent/manager for processing.
f. The affected employee will be responsible for providing full cooperation to management in order to complete required reporting and investigating forms in the time frame prescribed by the state.

Neglecting to report a vehicle accident as soon as possible could initiate disciplinary action for the employee(s) involved. Severity of this action could range from counseling to possible dismissal.

4. Reporting Procedures - Vehicle Accident

a. When a Physical Plant vehicle is involved in an accident, the following procedures will be used:

(1) On Campus: University Police
    Off Campus: Lubbock Police/local law enforcement agency

(2) The work control operator will notify the immediate supervisor. After hours the emergency maintenance operator will notify the immediate supervisor.

(3) The supervisor will conduct an evaluation of the affected employee to determine if there is reasonable suspicion to conduct post-accident alcohol or drug testing.

(4) The supervisor will notify the Physical Plant Safety Coordinator and their respective section director.

(5) The supervisor will contact Transportation Services located in the garage to obtain an estimate of the damage of the vehicle.

(6) Within one working day, the vehicle operator and his/her immediate supervisor will report to the Safety Office to complete Auto Collision Information Form (Attachment B).

    The custodial manager will forward the completed Auto Collision Information Form (Attachment B) to the safety coordinator within one working day.

(7) A copy of the accident reporting form will be retained by the safety office until completion of the supervisor investigation.

(8) The Vehicle Accident Investigation Form (Attachment A), will be completed by the supervisor and forwarded through the respective/appropriate superintendent/manager to the director within three working days.

Note: Accidents caused by operator carelessness, negligence, or poor judgement should include corrective action that follows the
appropriate progressive disciplinary action for the operator.

(9) The director will review the supervisor's actions and annotate concurrence or additional actions to be taken. The director will complete, sign, and forward the investigation form to the Safety Coordinator for retention.

(10) Safety Coordinator will forward a copy of all vehicle accident reports to the Department of Risk Management.

**RESPONSIBILITIES**

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<thead>
<tr>
<th>Position</th>
<th>Section</th>
<th>Month</th>
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<tbody>
<tr>
<td>Associate Director for Business Office &amp;</td>
<td>Review</td>
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<td>Material Resources - Physical Plant</td>
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Approved: __________________________
Reviewer

Approved: __________________________
Managing Director for Physical Plant