# Vehicle Operations Safety Program

**Policy Statement**

The following states the Name of Company position concerning vehicle collisions and related losses. *(This policy pertains to all use of company vehicles and/or use of personal vehicles when used for company business.)*

Collisions are of considerable concern to us because:

* Any collision involving a company vehicle, even if minor, involves potential serious personal injury and affects the safety and well-being of our employees.
* Collisions are costly and time-consuming. They have a definite impact on our overall operational costs.
* Our insurance costs eventually reflect these losses, deepening the impact on company costs.
* Collision control is good business. It is in keeping with our public relations policies and in support of highway safety.

For these and other important reasons, the control of our vehicle fleet collisions is considered an operational issue. This means personal acceptance of responsibility for the safe operation of the vehicle on the part of each driver, as well as consideration of each driver’s performance by supervision and management.

Because our company has an interest in your safety, and the safety of the general public as well, our established policy provides that vehicles should be operated only:

1. When the vehicle is in good, safe mechanical condition.
2. When the driver feels fully capable of driving safely.
3. In accordance with all traffic laws, signals and markings, with additional consideration for weather and traffic conditions.
4. In accordance with the principles of “defensive driving”; the driver always being on the alert and prepared to compensate for the unpredictable actions of other drivers and pedestrians.
5. Courteously in manner at all times, with consideration for the rights of other drivers and pedestrians.

It is anticipated that each and every person in our organization will do their part toward the success of this program.

Thank you.

Leader Name

**Acknowledgement Form**

I have received and reviewed the Company Name Vehicle Operations Safety Program, and I agree to comply with it as it pertains to my position.

Employee name

Date

Manager Name