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COUNTY SAFE DRIVING PRACTICES POLICY

Policy:
Employees who will be operating motor vehicles for Bladen County shall have a valid North Carolina driver’s license. Employees who have been residents of the State for more than thirty (30) days will be required to obtain a North Carolina Drivers License in accordance with N.C.G.S. 20-7(a).

Safe driving practices of employees are of immediate concern to the County. County employees with driving records containing accidents and serious vehicular traffic violations pose an increased threat to the public safety. County drivers with unacceptable driving records cause a tremendous increase in County automobile insurance premiums. The public loses confidence in the County’s ability to manage its affairs when little or no action is taken to correct County employees who exhibit unsafe driving practices. More importantly, employees with unacceptable driving records could be cause for the County to lose its automobile liability insurance coverage. There possibilities require County department heads to take immediate action to stress safe driving practices to our employees and to identify and remove from driving status those employees with unacceptable driving records.

Therefore, any employee with an unacceptable driving record is prohibited from driving a County motor vehicle or a private motor vehicle on County business. Any employee who violates this policy will be subject to discipline up to and including termination.

Procedure:

I. Each employee shall report to his or her department head any involvement in a vehicle collision resulting in injury to or death of any person or total property damage to an apparent extent of $1000.00 or more not later than three (3) days after the collision. Additionally, the employee shall be responsible for notifying his or her department head of his or her conviction of a moving traffic violation, any temporary or permanent revocation of driving privileges or the determination of fault in an accident not later than three (3) days. Failure to make any such report may result in immediate termination.

II. The department head shall immediately notify and provide a written warning to employees whose driving record is deemed marginal. (*see note) Department heads will be notified of those employees whose records are deemed marginal.

NOTE: A marginal driving record is a driving record that contains either convictions or accidents fewer in number or severity than an unacceptable driving record. It is based on an analysis of all of the facts surrounding the conviction or accident. Further, it is based on a case by case determination of whether it is more likely that the person poses a higher risk than normal of future accidents or injuries. A person may remain in marginal driving status for three years or less, provided there are no intervening accidents or convictions.
Employees will be required to acknowledge receipt of the warning and to take steps to improve their safe driving practices. Department heads will ensure that the acknowledgment is delivered to the Human Resources Director for filing in the employee’s personnel file. The written warning will be removed from the employee’s personnel file when the employee’s driving record is no longer marginal. Attached as Exhibit A is a Written Warning of Marginal Driving Record Form to be used for the purpose of warning the employee and obtaining his/her acknowledgement.

III. The following criteria shall be followed in determining an unacceptable driving record for job applicants and for the evaluation of existing County employees. Any one of the following constitutes an unacceptable driving record:

A. One conviction of driving while intoxicated, impaired, or under the influence of drugs within the last three years.

B. One conviction of reckless driving or racing on streets and highways within the last three years.

C. One conviction of speeding in excess of 25 miles per hour over the posted limit within the last three years.

D. One conviction of manslaughter involving an automobile or death by vehicle within the last three years.

E. A combination of any three or more moving violations or at fault automobile accidents within the last three years.

F. A combination of any two or more moving violations or at fault automobile accidents within the past year.

G. A revocation of driving privilege within the last year.

H. Conviction of furnishing alcohol to minors.

I. DWI while in public vehicle area of gated communities.

IV. The department head shall immediately remove an employee from driving status upon receipt of credible information that the employee has an unacceptable driving record. Department heads will give written notice of non-driving status and will require the employee to acknowledge receipt and understanding that he or she has been removed from driving status. The attached Notification of Non-Driving Status, Exhibit B, is provided for this purpose. Department heads will ensure that a copy of the Non-Driving Status acknowledgement is delivered to the Human Resources Director for filing in the employee’s personnel file. The Notification of Non-Driving Status and Acknowledgement will be removed from
the employee’s personnel file when the employee’s driving record is no longer unacceptable. In those cases where driving constitutes a condition of employment and the department head determines that there is no other suitable position in which the employee may serve, the employee will be processed for termination under the provisions of Bladen County Personnel Ordinance, Article V, Section 8.

V. No applicant shall be employed by the County who has an unacceptable driving record if the position applied for requires driving as a condition of employment.

VI. No employee who has an unacceptable driving record shall be promoted or transferred to a position requiring driving as a condition of employment.

VII. Provided there are no intervening convictions or accidents, an unacceptable driving record will be removed after three years.

VIII. A conviction is based on a decision by a judge or an admission of guilt by signing the backside of the citation and paying the fine. The fact that a plea of nolo contendre was accepted or that a prayer for judgment continued or limited driving privilege granted shall not affect the determination of an unacceptable driving record.

IX. The policies contained herein constitute a written County Disciplinary Policy issued by the county manager for the purposes of Bladen County Personnel Ordinance, Article V, Section 8. Additionally, conviction of a moving traffic violation or determination of an at fault accident shall constitute a violation of a written safety rule or regulation for the purposes of Bladen County Personnel Ordinance, Article V, Section 8.

X. Department heads should take immediate action to notify all employees of this policy and require that each employee acknowledge receipt and understanding of this policy. This acknowledgement on the Safe Driving Practices Acknowledgment Form (Exhibit C) shall be submitted to the Human Resource Director for permanent filing.

This policy is effective May 7, 2001, 90 days after approval from the Bladen County Board of Commissioners. Employees hired before the approval date will be grandfathered for a marginal driving record.
WRITTEN WARNING OF MARGINAL DRIVING RECORD

TO: _______________________________ (Employee Name) _______________________________ (Department)

FROM: _______________________________ (Department Head Name) _______________________________ (Dept. Head Signature)

RE: Written Warning of Marginal Driving Record

Your driving record has been determined marginal. This determination is based on your conviction of moving traffic violation(s) or a finding that you were at fault in an accident. These deficiencies identify you as a person with an increased risk of future violations and/or accidents. You should take immediate action to correct your driving deficiencies and insure that there are no future convictions for a moving traffic violation or that you are not involved in any at fault accidents. Failure to do so may result in your being placed in an unacceptable driving status. If you are placed in an unacceptable driving status, your employment with the County of Bladen could be terminated under certain conditions.

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge receipt and understand this written warning and agree to correct my driving deficiencies and/or any personal problems contributing to my marginal driving record. I understand that future driving convictions or accidents may result in my being placed in an unacceptable driving status and could affect my employment with the County of Bladen.

_________________________________________  _______________________________
Employee Name                             Date

EXHIBIT A, Page 1
Written Warning of Marginal Driving Record

Employee Comments

This section is reserved to give you an opportunity if you desire to express a rebuttal or comments concerning my decision. Your comments will be used to evaluate how best I may assist you in correcting and/or improving your driving record and to give you the opportunity to comment on any inaccurate or misleading information you feel has been provided on your driving record. Your comments will not be used to evaluate the issuance of the Written Warning.

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

cc: Personnel File

EXHIBIT A, Page 2
NOTIFICATION OF NON-DRIVING STATUS

TO: ________________________________                   ________________________________
    (Employee Name)                                           Department

FROM: ________________________________                   ________________________________
       (Department Head Name)                                 (Dept. Head Signature)

RE:    Notification of Non-Driving Status

After careful review of your driving record, it has been determined that your record is unacceptable. This determination was based on the criteria in the County’s Safe Driving Practices Policy, Section III. An unacceptable driving record marks you as an increased driving risk. You are much more likely to have a serious accident and injure yourself or others if you continue to drive a vehicle while performing your County duties. Because of this possibility, you must be removed from driving status.

I have determined that you are to be assigned to a non-driving status effective (date)_____________________ until you are notified otherwise. All other duties of your position where driving a vehicle is not required are to be performed.

EMPLOYEE ACKNOWLEDGMENT

I acknowledge receipt and understand this notification of non-driving status and agree to abide by the conditions of not driving a vehicle on County business while I am in non-driving status.

______________________________
(Employee Name)                   (Date)
Bladen County Safe Driving Practices Policy

Notification of Non-Driving Status

Employee Comments

This section is reserved to give you an opportunity, if you desire, to express a rebuttal or comments concerning my decision. Your comments will not be used to evaluate your non-driving status. It will be used to evaluate how best I may assist you in correcting and/or improving your driving record; and to give you the opportunity to comment on any inaccurate or misleading information you feel has been provided on your driving record.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

cc: Employee Personnel File

EXHIBIT B, Page 2
This “COUNTY SAFE DRIVING PRACTICES POLICY” has been reviewed and approved as indicated.

Approved by Bladen County Safety Committee

______________________________  __________________________
Chairman, Safety Committee       Date

Approved by Bladen County Board of Commissioners

______________________________  __________________________
Chairman, Board of Commissioners  Date

Attest:

______________________________  __________________________
County Manager                   Date
COUNTY OF BLADEN
SAFE DRIVING PRACTICES POLICY

ADKNOWLEDGEMENT

I, ____________________________ an employee of Bladen County ________________________________
Department, hereby certify that I have received, read, and understood the Safe Driving Practices Policy. I understand that a conviction(s) or at fault accident or license revocation within the last three years may result in a non-driving status. I understand that my department head may determine if I can continue employment in my current position where significant duties may still be performed without driving or I may be transferred to another position within my department not requiring driving, provided a vacancy exists and if qualified. I further understand that if there are no other means for which my employment may continue I shall be terminated as a County employee in accordance with the Bladen County Personnel Ordinance Article V, Section 8.

I shall report to my department head any involvement in a vehicle collision resulting in property damage of $1,000.00 or more; personal injury or death; revocation of license; determination of fault; and notification of conviction within three (3) calendar days of specific occurrence.

I understand that my driving record reflects driving convictions while performing my duties on the job and driving convictions on my personal time.

_________________________________________  _______________________________________
Employee Signature                         Employee Title

_________________________________________
Date

EXHIBIT C