

Risk Management Notification Form

As a NWESD employee, I understand there may be opportunities/expectations for me to use a personal or NWESD vehicle to perform certain job-related functions.

Employees who use personal automobiles for NWESD business must:

- 1) complete this form and provide it to Human Resources,
- 2) receive prior written approval from the NWESD, and
- 3) notify Human Resources of any changes that could affect NWESD approval.

To maintain appropriate risk management procedures, the NWESD has a right to review my driving abstract, and to be made aware of any new moving infractions, and/or the lapse of my license. New employees; please provide the NWESD with a copy of your current Washington State drivers license.

Driver Screening/Insurance Requirements:

Name: _____

Position: _____ Worksite: _____

Primary Vehicle (Make/Model): _____ License Plate # _____

Please check Yes or No for each of the following statements:

Yes No

- I am older than twenty one (21) years of age.
- I have a valid Washington State driver’s license
License # _____ Exp. Date: _____
- I have had no moving violations or at-fault accidents within the last three years.
If the answer is “No”, please list them here: _____

- I carry minimum auto liability limits with Company _____
Policy # _____
a. \$100,000 per occurrence and \$300,000 aggregate combined single limit of liability **or**
\$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage, **and**
b. automobile medical payments or Personal Injury Protection Coverage, **and**
c. underinsured motorist coverage
- I am aware that, in the event of an accident while on NWESD business or related activity in a private vehicle, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.
- In my vehicle, there is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all riders.
- My vehicle’s brakes, including the emergency brake, are in good working order.
- My vehicle’s tires have legal tread depth (at least 3/32”).

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- My vehicle’s brake lights, turn indicators, and headlights are in good working order.
- My vehicle’s windows are clear and provide an unobstructed view for the driver.
- My vehicle has functioning rear view mirrors (center and left side).
- My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
- My vehicle has a rated capacity of ten passengers or less.
- If the vehicle has dual airbags, I will not seat children under twelve (12) years of age or small persons in the front passenger seat.
- I will not transport students or other work-related passengers in a motor home, fifth-wheel trailer, cargo compartment of a van, truck bed, or on a motorcycle.
- I agree to use booster seats/car seats when required by Washington State law.
- I understand that if job-related activities require me to transport NWESD property or equipment, I am responsible for taking reasonable steps to protect it. This includes not leaving NWESD property/equipment in a vehicle unless I am present (e.g., store in locked home, make room for safe keeping if necessary to transport).
- I agree not to text, email, or engage on social media while driving.
- I agree to inform the NWESD Superintendent, or designee, within forty-eight (48) hours of the occurrence of any of the following:
 - receipt of a citation for any moving violation;
 - suspension/revocation of my Washington State drivers license; and
 - failure to maintain a valid Washington State drivers license.
 - reduction of coverage to my automobile insurance which fall under minimum limits

The above information is true and accurate to the best of my knowledge. I have read and agree to the expectations noted above as a condition of continued employment with the NWESD.

Signature of Employee Driver

Date

Administrative Review:

- Dept of Licensing drivers abstract has been obtained, reviewed and Meets Does not meet NWESD approval.
 - If abstract does not meet NWESD approval, restriction from driving agency vehicles letter has been sent to notify employee (CC: supervisor) _____ (Initials)
 - All “No” responses have been addressed satisfactorily Yes No N/A (zero “No” responses)
- Comments: _____

I have reviewed the above information and this employee and vehicle are approved for driving a personal vehicle on NWESD Business.

Signature of Administrator/Designee

Date