ORC: _____
OAC: _____
CPOE:
Board: _____
Other: _____

Next Review Date: 3/24
Last Reviewed: 3/21
Review Responsibility: Board and Administrative Policies Committee
Other Handbooks: Intake 8D

FCCS PROCEDURE

NO.: 3G **SUBJECT: AGENCY VEHICLES**

Approved by: Executive Council 10/20/08
Effective Date: September 11, 2006
Date(s) of Revision: 9/1/06, 10/20/08, 8/31/10, 3/14/11; Dec 10, 2012; Jul 29, 2013; Apr 7, 2015; Apr 24, 2018; Mar 11, 2021
Responsible for Implementation: All Staff, Maintenance Department

FCCS maintains a procedure for the safe use and regular maintenance of agency vehicles.

Procedures:

1) **County owned agency vehicles are provided exclusively for agency business and are never to be used for personal activities.**
2) **Smoking, vaping or tobacco use of any kind is prohibited in agency vehicles.**
3) **Vehicles are never to be taken to an employee's home, unless approved by the Department Director.**
4) **All occupants must wear seatbelts or be in child safety seats. Do not leave car seats in the vehicles after usage. Return the car seat to the support staff manager.**
5) **Keep the vehicle clean. Drivers must be sure the vehicle is clear of all trash or personal property, including those belonging to passengers, before returning the vehicle.**
6) **Staff using vehicles should report any mechanical trouble to the Maintenance Department immediately at facilities@fccs.us or telephone at (614) 275-2548, so that they can make repairs as needed.**
7) **Authorizations Required for use of Agency Vehicles:**
   a) **Regional use of an agency vehicle on the weekend requires written approval from a supervisor.**

b) Out of county use of an agency vehicle requires written approval from a supervisor.

c) Out of state use of an agency vehicle requires written approval from a director.

d) Overnight use of an agency vehicle requires written approval from the Department Director.

8) Fuel – Franklin County Children Services – Fuel Credit Card Policy

a) Required: Fuel Credit Card Users Acknowledgement

i) Prior to FCCS Facilities issuing a personal identification number (PIN), which is required in order to use a fuel credit card, the user must first sign the FCCS Fuel Card User Acknowledgment form. Among other topics, the Acknowledgment form confirms that the individual has a copy of and understands the FCCS Fuel Credit Card Policy, including prohibitions on misuse of the card that can lead to discipline, including termination as well as possible criminal charges and prosecution.

b) County Fuel Card Purchasing Requirements

i) Be certain the FCCS Wright Express (WEX) fuel card is accepted before services are obtained.

ii) The fuel card is for use only with its assigned vehicle, identified by the door number in the lower left corner of the card. The card cannot be used in conjunction with, or in lieu of, another vehicle's card to complete a purchase.

iii) Personal use of the fuel card is prohibited. Cigarettes, tobacco, food and alcohol purchases are prohibited.

iv) Purchase fuel from self-service pumps equipped with card readers, which accept WEX fuel cards.

v) Personnel shall use 87-octane gasoline with all county vehicles, unless the vehicle is authorized for use of a different fuel.

vi) Should you encounter a problem using the fuel card, contact FCCS Facilities Monday through Friday from 8:00 a.m. through 4:30 p.m. at (614) 275-2524 or (614) 275-2746.

vii) Use of the FCCS fuel card for purchasing fuel at a particular location and obtaining a personal benefit is prohibited. Some fuel stations

provide premiums or points to be redeemed for merchandise for purchasing fuel at their locations.

- **An example of this would be Speedway SuperAmerica, LLC, which currently offers Speedy Rewards.**

viii) The fuel credit card should not be placed next to other magnetized items or stored in a manner that may damage the card.

c) Record Keeping/Completion of Fuel Receipt

i) When at the pump to purchase fuel, do the following:

- **Swipe the card**
- **Two prompts will appear. Enter the vehicle's current mileage and driver ID# (employee four-digit PIN number).**
- **Obtain a receipt from the pump or attendant.**
- **Complete receipt accurately and completely. Receipts generated by card readers vary in information printed. Review receipt and add missing information:**
  1. **Date of purchase**
  2. **Vehicle door number**
  3. **Odometer reading**
  4. **Full details of the purchase such as gallons of gas (including tenths) unit price, and total purchase price.**
  5. **Signature of purchaser (also legibly print name)**
  6. **Badge number (if applicable)**
  7. **Name of the issuing state**

ii) Retain and submit the fuel card receipt when you return the keys to the vehicle. Receipts are source documents for verification of purchases in the FCCS Facilities system.

d) Fuel Card Account Assignments

i) Fuel cards are permanently assigned to a motor vehicle by door number. Fuel cards remain with the same vehicle for the life of the vehicle. Drivers will receive the fuel card when keys to the vehicle are issued.

e) Damaged or Worn Card

i) Notify FCCS Facilities by phone at 614-275-2524 or 614-275-2746 or by email to facilities@fccs.us if a fuel card is worn or damaged. Worn or

damaged cards are still valid for purchases but may need to be taken to the service station attendant for processing. Cards are not to be destroyed by users but must be returned to FCCS Facilities upon receipt of replacement.

f) Lost Cards

i) If a fuel card is lost, immediately notify FCCS Facilities by phone at 614-275-2524 or 614-275-2746. Facilities will cancel the fuel card and request a replacement.

9) Accidents and Breakdowns:

a) First aid kits are available under the passenger seats or in glove box.

b) A fire extinguisher is located on the side between the driver's seat and the door.

c) A spare tire is located under the vehicle.

d) In the case of an accident notify your direct supervisor, as well as Facilities personnel as listed below. Please be sure to obtain all necessary information about anyone else involved in the accident. If another vehicle is involved, call police to make an accident report. Complete an Employee Incident Report (refer to SharePoint) on the incident when you return to the office.

e) Insurance: FCCS is self-insured but an insurance agency handles any accident investigations. In the event of an accident, while exchanging information, share the name of the insurance agency listed on the insurance statement found in the glovebox of the vehicle.

f) In the case of an accident or breakdown that renders the vehicle immovable:

i) Do not abandon the vehicle before notifying your supervisor or the staff member responsible for your regional vehicles and request that he or she inform one of the following Emergency Contacts immediately: Title Work Number Cell Number

Building Maintenance Superintendent	**614-275-2548**	**614-257-7403**
Contracts Director	**614-275-2692**	**614-359-5702**
CFO	**614-275-2554**	**614-512-5599**

The individuals must be called in the order on the list until one of them is reached directly. If the individual does not answer, leave a message and call the next person on the list.

ii) **Stay with the vehicle until a tow truck or agency maintenance personnel arrive, except if emergency medical treatment is needed or your safety is at risk.**

iii) **Upon returning to the office after an accident, the driver must complete an Employee Incident Report.**

10) **Vehicle maintenance: the Maintenance Department will review the monthly report listing the mileage of all vehicles. When the mileage of a vehicle reaches approximately the next 4,500 miles, Maintenance staff will perform an oil change and general safety inspection. All other repairs are made as needed. If staff should notice a routine maintenance need, please complete and submit a Facility Dude request indicating the necessary repairs.**

FUEL CARD USER ACKNOWLEDGEMENT

I, _____ (print name), hereby acknowledge and understand the following regarding the use of the Franklin county Children Services (FCCS), Franklin County, Ohio Fleet Management Fuel Cards ("Fuel Cards"):

1. I understand that each Fuel Card has been assigned to a specific FCCS vehicle. I understand that the Fuel Cards are only to be used to purchase fuel, and only to the extent that such fuel is needed for official FCCS business. I understand that each Fuel Card is only to be used to purchase fuel for the Fleet Management vehicle to which it is assigned. When a Fleet vehicle has been assigned to me or is under my control, I will ensure to the best of my abilities that the Fuel Card assigned to that vehicle is protected from loss, damage or theft. If I become aware of any loss, damage, or theft of any Fuel Card, I will immediately report that information to FCCS Facilities at 614-275-2524 or 614-275-2746.

2. I understand that I have been assigned my own, unique Fuel Card Personal Identification Number ("PIN"). ***I will not share my PIN with anyone***, unless expressly authorized by FCCS. If I become aware that my PIN has been compromised or has been used without my authorization, I understand I am to immediately report that information to FCCS Facilities Management. I understand that I am responsible for maintaining receipts of any Fuel Card transactions using my PIN. I understand and acknowledge that my specific Franklin County agency or office has policies and procedures governing the reporting of purchases made with my PIN.

3. I UNDERSTAND THAT A FUEL CARD IS NEVER TO BE USED TO PURCHASE FUEL FOR A PERSONAL VEHICLE, OR TO PURCHASE FUEL FOR PERSONAL USE. I UNDERSTAND THAT A FUEL CARD IS NEVER TO BE USED TO PURCHASE ANYTHING OTHER THAN FUEL NEEDED FOR OFFICIAL FRANKLIN COUNTY CHILDREN SERVICES BUSINESS.

4. I understand that this acknowledgement form covers general policies concerning the use of the Fuel Cards and my PIN. I understand that my specific Franklin County agency or office has separate policies and procedures governing the use of Fuel Cards which may contain provisions not expressed in this acknowledgement form. I acknowledge that I have received a copy of my specific Franklin County agency or office policies and procedures governing the use of Fuel Cards.

5. I understand that failure to abide by the policies and procedures listed above, or failure to abide by the policies and procedures of my specific Franklin County agency or office, may result in disciplinary action up to and including termination from employment, as well as possible criminal charges and prosecution.

I have carefully read the foregoing and fully understand and acknowledge its contents.

_____ _____

Employee Signature *Date*

Franklin County Children Services