



TRANSPORTATION GENERAL SURVEY

To assess the need for improvement and to more adequately keep your staff and volunteers safe and secure in the area of transportation, please complete the following survey.

	Yes	No
Do we have a clearly communicated, written transportation policy?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a committee or person who oversees the organization's transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Do we pre-select and screen all drivers?	<input type="checkbox"/>	<input type="checkbox"/>
Do we have drivers provide us with proof of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do we prohibit minors from driving?	<input type="checkbox"/>	<input type="checkbox"/>
Do we conduct pre and post trip inspections on all facility and private owned vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Are trip safety procedures clearly stated to participants prior to each departure?	<input type="checkbox"/>	<input type="checkbox"/>
Are vehicles equipped with seat belts?	<input type="checkbox"/>	<input type="checkbox"/>
Is seat belt use mandatory?	<input type="checkbox"/>	<input type="checkbox"/>
Are vehicles equipped with safety equipment (fire extinguisher and first aid kit)?	<input type="checkbox"/>	<input type="checkbox"/>
Do we have an accident reporting kit in each vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Do we use a cell phone or other method of communication?	<input type="checkbox"/>	<input type="checkbox"/>
Has our insurance agent been consulted about our transportation plans?	<input type="checkbox"/>	<input type="checkbox"/>
Have we discussed the rollover and crash risks associated with 15-passenger vans and considered abandoning their use?	<input type="checkbox"/>	<input type="checkbox"/>

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This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions.

You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



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If you answered "no" to any of the survey questions, corrective action should be taken as soon as possible.

Survey completed by: _____ Date: _____

Corrective Action taken:
