**Massachusetts Department Of Correction**

### POLICY

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<td>9/1/2020</td>
<td>Deputy Commissioner, Prison Division</td>
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**Policy Name**

103 DOC 122

VEHICLE USAGE AND CONTROL

**M.G.L. Reference:**

M.G.L. Chapter 90 § 7A; M.G.L. Chapter 124, § 1 (c), & (g).

**DOC Policy Reference:**

103 DOC 502
103 DOC 530

**ACA/PREA Standards:**

**Attachments**

Yes ☒ No ☐

**Inmate Library**

Yes ☒ No ☐

**Applicability:**

Staff

**Public Access**

Yes ☒ No ☐

**Location:**

Department Central Policy File
Each Institution’s Policy File
Central Transportation Unit’s Policy File

**PURPOSE:**

To establish Department of Correction (“Department”) Policy concerning the use and control of motor vehicles owned or operated by the Department.

**RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:**

Director of the Central Transportation Unit
Superintendents

**CANCELLATION:**

103 DOC 122.00 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules and regulations regarding vehicle usage; to the extent they are inconsistent with this policy.

**SEVERABILITY CLAUSE:**

If any part of 103 DOC 122.00 is for any reason held to be in excess of the authority of the Commissioner such decisions shall not affect the validity of any part of this policy.
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122.01 Definitions

**Commissioner**: The Commissioner of Correction.

**Confidential Registration**: State vehicle with a private state plate issued by the Department of Motor Vehicles to protect the identification of the operator.

**Department Duty Station**: The station within the Department through which all significant occurrences shall be reported twenty-four (24) hours per day, seven (7) days per week. The Duty Officer Station is located at Milford Headquarters.

**Director of Administrative Services**: The unit director who reports directly to the Deputy Commissioner of the Administrative Services Division whose responsibilities include the oversight of Fiscal Services.

**Director of State Transportation**: The unit director who reports directly to the Deputy Commissioner of the Prison Division whose responsibilities include, but are not limited to, the management of the Central Transportation Unit (“CTU”) and the Vehicle Maintenance Program.

**Duty Officer**: Those individuals designated as Department Duty Officer who shall ordinarily be responsible to work approximately fourteen (14) calendar days or two tours of duty per year in this capacity as designated by the Deputy Commissioner of the Prison Division. These individuals during their tour of duty evaluate information provided by an institution to the department duty station of an incident that occurred during non-business hours. The Duty Officer coordinates and ensures appropriate action has been taken and directs any follow-up that may be needed.

**General Issue Keys**: Any key ring with no designated restriction in accordance with 502.02 and issue requirements in accordance with 502.04. They are coded white on the main key board and can be issued to any staff member.

**Head Farmer**: The staff member who oversees growth, harvest, and production of food stuffs at institutions who have such operations.

**Institution Duty Officer**: The staff person assigned by the Superintendent who is responsible to evaluate information received from the institution during off duty hours, coordinate and ensure appropriate action has been taken, and direct any follow-up that may be needed.

**Operational Services Division (OSD) Fleet Administrator**: Manager within the OSD assigned to procure, manage and maintain all vehicles for state agencies with/in the Commonwealth of Massachusetts.

**Superintendent**: The chief administrative officer of a state correctional institution.

**Special Unit Director**: Staff members responsible for the administration and daily operation of the various divisions throughout the Department.
Central Transportation Unit Dispatcher: Staff member assigned to send, receive and record all radio communications at the CTU.

Security Vehicles: Any Department vehicle equipped with a secure inmate containment system.

Motor Pool: Vehicles available for all Department employees for the performance of their duties if their work assignment for the day calls them away from their permanent work location.

Department Gassing Facilities: Fueling stations owned and operated by the Department located at North Central Correctional Institution (NCCI), the MCI-Concord Warehouse, CTU in Norfolk, the Bridgewater Complex Storehouse, MCI-Cedar Junction and Milford Headquarters.

1-800 “How am I Driving” Program: A sticker displayed on the left rear bumper of all unmarked Department vehicles that display a State Plate, with the exception of security vehicles utilized to transport inmates and surveillance vehicles, to encourage citizens to dial the 1-800 number to provide positive and negative comments on the driving of any state employee.

122.02 Operators of State Vehicles

1. With the exception of certain vehicles intended for use in growing, harvesting or production of food stuffs, or in conjunction with vehicles maintenance activities, state vehicles may only be operated by an employee. The employee must possess a valid license of the correct type and class to operate a motor vehicle.

2. The Head Farmer at a Department institution containing facilities or land to grow, harvest or produce food stuffs, may make recommendations to the Superintendent concerning those inmates whom the Head Farmer believes should have the authority to operate certain farm vehicles. The Superintendent, or his/her designee, shall designate in writing those inmates who may be permitted to operate such vehicles. The Head Farmer or the employee in charge of the vehicle maintenance activities for the institution or division shall ensure that documented training is conducted in the safe operation of such vehicles. State vehicles shall not be operated on the public ways of the Commonwealth by inmates.

3. Superintendents and Special Unit Directors shall develop written procedures detailing those occasions under which inmates may be permitted to operate state vehicles in conjunction with vehicle maintenance procedures. The Superintendent or Special Unit Director, or their respective designees, shall periodically review the listing of such inmates and shall indicate their approval of the listing in writing at least on an annual basis. Inmates allowed to test drive vehicles may not operate state vehicles on public ways of the Commonwealth, nor shall they be permitted to leave the confines of state
correctional institution property.

122.03 State Vehicles

State vehicles shall only be used by employees to conduct Department business. Operator employees must possess a valid driver’s license. Due to liability considerations, consultants or intern contractors are prohibited from using state vehicles unless a waiver is granted by the Operational Services Division (OSD), Fleet Administrator. A state owned, leased or rented vehicle may never be used for personal reasons.

All receipts for fuel received when using State issued gas cards shall be forwarded to the respective fiscal office on a monthly basis. If receipts are not available then the users with the card issued shall sign an attestation that the fuel was received by them in their official course of business.

The use of a state vehicle to commute between work site and personal dwelling shall only be allowed in those situations outlined in 103 DOC 122.13, Overnight Travel or 103 DOC 122.14, Domicile Travel. Employees may not at any time carry any passenger not affiliated with the employee's Department business use of the vehicle.

Superintendents and Special Unit Directors shall develop written procedures to ensure that prior to a vehicle being utilized, the vehicle is inspected for security issues, and mechanical issues i.e. lights and gas, and proper documentation.

All security vehicles provided to transport inmates that are medium or maximum security level shall require that the rear side windows be disengaged to remain in the up position.

Security Bars should be attached to rear side windows to prevent inmate passengers from kicking glass out of the door.

All security vehicles provided for medium or maximum security level inmate passengers shall have a security screen between front and rear seats that is ventilated at least by half.

122.04 Private Vehicles

1. **Authorized Use** - Employees may obtain prior authorization from Department Heads, the Director of the CTU, Superintendents or their designees to use privately owned vehicles for official business, subject to the following conditions:

   a. **Motor Pool** – Employees must first attempt to obtain a vehicle from the Department Motor Pool.
b. **Transportation of Inmates** - Under no circumstance shall a private vehicle be used for inmate transportation.

c. **Insurance Liabilities** - Any use of private vehicles for official business shall be strictly at the risk of the operator of the vehicle. The Department shall assume no liability for damages to the vehicle or other related costs, if any, in connection with the use of private vehicles other than any liability occurring to the Commonwealth pursuant to the Tort Claims Act, M.G.L., Chapter 258, or the Workmen's Compensation Laws, M.G.L., Chapter 152, § 26 and 69. In the event of an accident using a private vehicle on official state business, the accident shall be reported to the individual who authorized the use of the private vehicle.

d. **Travel Expense Reimbursement** – If an employee has verified a motor pool vehicle is unavailable and has received prior approval, they shall be reimbursed for expenses incurred for authorized use of their private motor vehicles at the approved rate of their respective bargaining agreement. Management Employees shall be reimbursed for authorized use of their private motor vehicles in accordance with the Rules Governing Paid Leave and Other Benefits for Managers and Confidential Employees (Red Book). The employee must complete a Reimbursement Form and submit the form to the appropriate fiscal office for payment. Employee Reimbursement Forms shall be completed and submitted in accordance with procedures issued by the Director of Administrative Services and must be submitted on a monthly basis. Employee Reimbursement form can be found on the Department intranet page under applications on line forms.

**122.05 Seat Belts**

Pursuant to Executive Order 241, (Attachment #1), all state employees and their passengers must use seat belts when traveling in state vehicles. Exceptions may be granted for the transportation of those persons who would be unable to release themselves from any form of passenger restraint due to physical disability or those persons being transported under the provisions of 103 DOC 530, **Inmate Transportation**, where it would be reasonable to assume that they would be unable to release themselves from passenger restraints. All inmates in a state vehicle that are not in restraints must use the seatbelts.

The operator of the state vehicle shall visually confirm that unrestrained inmates have the seatbelt engaged prior to moving the vehicle.

All inmates traveling in vehicles equipped with the officer safety belt system must be
secured with the seat belt system prior to moving the vehicle.

122.06 Documentation

Superintendents and Special Unit Directors shall develop written procedures to ensure that all Department vehicles have the following documents in the vehicles at all times:

1. State registration
2. Driver log
3. OSD Policy and Procedures Manual
4. Blank accident report

If applicable, the vehicle must also carry:

1. A completed overnight travel authorization form, OSD-10 (Attachment #3)
2. Confidential registration (if applicable)
3. Standard state plate (if confidential registration authorized)

122.07 Accidents

1. If physically able, any employee involved in an accident while operating a state vehicle, whether or not the state vehicle was damaged, shall fill out an accident report. In addition, the employee shall contact the Superintendent, Special Unit Director, or their respective designee as soon as possible, unless the operator is incapacitated due to injury. In the event the accident occurs during other than business hours, the operator shall contact the Department Duty Station or Institution Duty Officer as appropriate, unless incapacitated due to injury.

2. At the scene of the accident, the employee shall:

   a. Call for medical assistance if necessary, using the Department security radio network mobile radio, if available, or by telephone;
   b. Call for additional security assistance in the event inmates are being transported, using the Department security network mobile radio, if available, or by telephone;
   c. Notify the institution or the CTU dispatcher via the Department security network mobile radio, if available, and request that state or local police be notified as appropriate;
   d. Obtain all information necessary to fully complete the accident report;
   e. If towing is required for the state vehicle, the Director of the CTU, or his/her designee, shall be notified.
3. At the scene of the accident, the employee shall not:
   a. Argue, make accusations or admit guilt;
   b. Sign anything, or make any promises.

4. Any inmate passengers are to be examined by appropriate Department medical personnel following any accident, whether or not they reported any injuries. Copies of the medical reports shall be attached to any accident or incident reports filed.

5. The Superintendent or Special Unit Director, or their respective designee, shall ensure that the Director, Administrative Services, and the Director of the CTU, or their respective designee are telephonically notified within one (1) business day of any accident involving a state vehicle.

6. The Superintendent or Special Unit Director shall develop written procedures to ensure that an original copy of all accident reports, employee incident reports regarding the accident, and medical examinations of inmates following the accident, are submitted to the Director of the CTU within five (5) business days. Any and all correspondence received by a Superintendent or Special Unit from insurance companies regarding any accident involving a state vehicle shall be forwarded by the Superintendent or Special Unit Director, to the Director of the Central Transportation Unit within five (5) business days. The Director of the CTU or his/her designee shall ensure that copies of all accident reports involving an excess of $1,000 property damage to a state vehicle, injury or death to any party, or potential claim against the Commonwealth, are forwarded to the Deputy Commissioner of the Administrative Services and the Department’s General Counsel as soon as possible.

122.08 Out Of State Travel

Out of state travel in a state vehicle is permitted only with a pre-approved Travel Authorization Form (hereinafter “Form TAF”) which is available on intranet forms. For out of state travel for the purpose of attending a conference or training, a completed Form TAF must be submitted to the Director of Administrative Services at least forty-five (45) days before planned travel. Those vehicles assigned to members of the Department's Investigations/Apprehension Unit and the CTU shall be exempt from the advanced notification requirements only of this section. The Chief, Investigations/Apprehension Unit, and the Director of the CTU or their respective designees shall ensure that notification is provided to the Director of Administrative Services as soon as practicable in the event a vehicle assigned to their Unit or Division has been required to travel out of state. All submissions of Form TAF for out of state travel shall be made in accordance with procedures issued by the Director.
Stolen Vehicles

1. Stolen vehicles shall be reported immediately. During business hours, the report shall be made to the Superintendent, Special Unit Director or their respective designee. During other than normal business hours, the report shall be made to the Department Duty Station or institution duty officer, as appropriate. The Superintendent, Special Unit Director, or their designee shall ensure that appropriate law enforcement agencies have been notified to include the Governor's Anti-Theft Unit at 781-393-1200.

2. No later than the next business day, the Superintendent, Special Unit Director or their designee shall ensure that the Director of the CTU is notified of the theft of any vehicle. The Director of the CTU or his/her designee shall ensure that the Fleet Administrator, OSD is notified of the theft within two (2) business days of the theft.

3. In the event the vehicle is recovered, the same notifications shall be made, utilizing the same time frames.

State and Local Motor Vehicle Law and Regulations

1. Operating under the influence: Any employee arrested for, or charged with, operating a vehicle, whether a state vehicle or not, under the influence of alcohol or other illegal substances and subsequently temporarily loses his/her driver’s license, shall lose all privileges to operate a state vehicle pending the outcome of the trial. In the event the operator is convicted of operating under the influence of alcohol or other illegal substances, and the operator was driving a state vehicle at the time of the offense, the employee shall permanently lose his/her privileges to drive a state vehicle. This policy statement is not subject to appeal and there shall be no exceptions. Additionally, any employee convicted of operating a state vehicle under the influence of alcohol or other illegal substance may be subject to disciplinary actions, up to and including termination.

2. Traffic violations including speeding tickets: The Department does not pay nor reimburse the payment of traffic violations incurred by operator employees of state vehicles or operators of non-state vehicles being used for state business. These monetary penalties are the personal responsibility of the employee. Employees are responsible for promptly paying any fines.

3. Annual Safety Inspection: Superintendents and Special Unit Directors shall develop written procedures to ensure all motor vehicles undergo an annual safety inspection by qualified individuals as required Pursuant to M.G.L.
chapter 90, § 7A.

4. **Tolls:** Superintendents and Special Unit Directors shall develop written procedures for issuance and tracking of E-ZPASS MA. E-ZPASS MA shall be used in all state vehicles traveling along the Massachusetts Turnpike to avoid toll violation.

5. Unless authorized by the Superintendent/Director, vehicle emergency equipment shall not be used, except in cases of emergency. Employees utilizing vehicle emergency equipment are subject to provisions M.G.L.c.89, § 7B. All uses of emergency equipment shall be documented in an incident report.

122.11 **Parking Tickets**

The Department does not pay nor reimburse the payment of parking violations incurred by operator employees of state vehicles or operators of non-state vehicles being used for state business. These monetary penalties are the personal responsibility of the employee. Employees are responsible for promptly paying any fines.

122.12 **Preventative Maintenance**

1. Each Superintendent and Special Unit Director shall develop procedures to ensure that preventative maintenance is performed on all Department vehicles in accordance with the following schedule, (Attachment #3): Superintendents and Special Unit Director shall be responsible to monitor vehicles utilizing the Fleet Management database and ensure that the service is performed.

2. Every Four(4) months or 5,000 miles:
   a. change engine oil and filter;
   b. lubricate chassis.

3. Every 10,000 miles:
   a. Inspect tires and rotate if needed;
   b. check charging system;
   c. check and clean battery.

4. Every 15,000 miles:
   a. inspect automatic transmission fluid;
   b. inspect brake pads/shoes/rotors/drums/brake lines and hoses, and parking brake system;
   c. inspect engine cooling system and hose;
d. inspect steering linkage, suspension and if equipped drive shaft and ball joints;
e. replace cabin air filter, if equipped.

5. Every 30,000 miles:
   a. inspect exhaust system and shields;
   b. replace engine air filter;
   c. replace fuel filter.

6. Every 50,000 miles:
   a. change transmission fluid and filter;
   b. change PCV valve.

7. Every 100,000 miles:
   a. complete tune up;
   b. replace spark plugs;
   c. replace plug wires, if needed;
   d. inspect ignition system.

8. Documentation of completion of preventative maintenance as well as of immediate completion of safety repairs shall be maintained in the Fleet Management database and a hard copy shall be maintained on file at the Norfolk garage site. Superintendents and Special Unit Directors shall develop written procedures to ensure that vehicles are not used again until safety repairs are made.

122.13 Overnight Travel

1. An employee may be permitted to drive a state vehicle home on a given day if the Department business of the employee requires that he attend a meeting or perform other work outside the office either after regular hours on the given day, or before regular office hours the following morning.

2. The use of state vehicles for occasional overnight travel requires the prior written approval of the Superintendent, Special Unit Director, or their respective designee, using form OSD-10 (Attachment #2). The approved form shall be held by the Superintendent, or Special Unit Director. A copy of the form shall be kept with the vehicle during the relevant period.

122.14 Domicile Travel

In limited situations, an employee may be authorized to use a state vehicle for domicile travel when the nature of an individual's duties requires it. The Superintendent or Special Unit Director shall submit a request in writing to the Department of Correction Fleet Administrator stating in detail the reason that an
employee requires the use of a state vehicle for domicile travel. The Fleet Administrator shall forward the request to the Deputy Commissioner of the Prison Division who shall make a recommendation to the Commissioner. The Commissioner shall be the sole authority to approve or disapprove such requests.

122.15 Internal Revenue Service Reporting

1. Federal law requires employers, including the Commonwealth of Massachusetts, to include "fringe benefit income" on annual W-2 forms submitted to the IRS for each employee. Such fringe benefit income includes an amount reflecting an employee's use of any "employer provided vehicle for commuting".

2. Employer provided vehicles include state owned or leased vehicles or those provided to state employees by a contractor in connection with a state contract. The Internal Revenue Service provides exemptions for use of employer provided vehicles; it defines as a "qualified non-personal use vehicle". Employees who have questions regarding these exemptions are advised to contact their tax advisor. Two (2) specific exemptions include law enforcement and fire vehicles.

3. All state employees who have used an employer provided vehicle to commute a minimum of fifteen (15) commutes, either as a driver or passenger, at any time during the calendar year must be listed on the Certification of Motor Vehicles Use form OSD-IRS, (Attachment #4).

The certificate shall be submitted to the Director, Administrative Services, who shall forward it to OSD by the OSD due date. A copy of the “Summary Certification for Department of Employee Motor Vehicle Use” shall be forwarded to the Department’s Division of Human Resources Payroll Director in order for payroll earnings to be adjusted via the Human Resources Computer Management System.

122.16 Confidential Registration

1. Each Superintendent or Special Unit Director may request that a vehicle assigned to his/her unit be supplied with confidential plates and registration. Requests for such plates will only be considered if they are necessary for undercover investigatory work or to protect the physical safety of personnel using the vehicle. The request must be submitted to the Director of the CTU, using form OSD -CC (Attachment #5). The Director of the CTU shall forward such request to the Deputy Commissioner of the Prison Division. Upon approval by the Commissioner and the Under Secretary of Public Safety, the Director of the CTU or his designee shall ensure that the form is
processed by the OSD, Fleet Administrator. The Director of the CTU shall ensure the pick up and delivery of confidential plates and registration when received from the Registry of Motor Vehicles.

2. The confidential registration shall be valid for two (2) years. If the Superintendent or Special Unit Director wishes to renew the confidential registration, they shall submit a request at least thirty (30) days before the expiration date. The procedures shall be followed in order to renew a registration. In the event the confidential registration should expire before the renewal process has been completed, the confidential plate shall be removed and replaced with the standard state plate until the renewal has been received.

3. All vehicles with confidential registration shall simultaneously have state registration and state plate. The state registration and state plate shall be carried in the vehicle at all times.

122.17 Inventory

1. Each Superintendent or Special Unit Director shall ensure that vehicles which are excess to needs or no longer serviceable are quickly removed from the institution’s property. The Superintendent or Special Unit Director shall utilize attachment #9 to notify the Director of the CTU. The Director of the CTU shall be responsible for the removal of the vehicle and for transfer or disposal in accordance with the OSD Procedure.

2. The Director of the CTU shall send a monthly report to OSD of all vehicles assigned to the Department.

122.18 Purchase of Vehicles

All purchases of vehicles shall be approved in advance by the Director of the CTU. All purchase documents shall state that delivery is to be made to the CTU Fleet Maintenance Facility at MCI-Norfolk. The Director of the CTU, or his designee, shall ensure that a vehicle inspection is completed prior to acceptance by the Department.

122.19 Vehicle Control

Each Superintendent or Special Unit Director shall develop procedures for and designate one (1) employee to be the Vehicle Control Officer. This employee shall be responsible to:

1. Keep a record of all vehicles assigned to the institution or division. This record shall identify each vehicle and shall indicate the name of any employee using the vehicle, the date and time of issue, the date and time of return, the outgoing mileage, and the return miles as well as the purpose of the trip.
(Maintain on File for three (3) years);

2. Ensure that an inventory and mileage of all vehicles assigned to the institution or unit is completed on a monthly basis and reported by the fifth day of each month. The Director of the CTU shall develop reporting mechanisms for this process.

   a. For those Institutions/Divisions that are online with the Fleet Management database, the Vehicle Control Officer shall be responsible for entering odometer readings online.
   b. For those Institutions/Divisions not currently online, the Vehicle Control Officer shall be responsible for submitting odometer readings to the CTU Service manager.

3. Ensure that all security vehicles have roof decal numbers that reflect the plate number of that vehicle.

4. Inspect all vehicles at least weekly and document.

5. Ensure that all proper paperwork is in each vehicle.

6. Ensure the preventative maintenance schedule is followed.

7. Develop and maintain a cleaning schedule for all vehicles.

122.20 Motor Pool

1. The Director of the CTU shall be responsible to maintain regional motor pools for the Department. Motor pools shall be located at:

   a. Old Colony Correctional Center for the Bridgewater Complex
   b. Milford Headquarters;
   c. MCI-Concord for the MCI-Concord/Northeastern Correctional Center Area;
   d. Souza Baranowski Correctional Center for the Shirley Complex

2. The motor pool shall be available for all Department employees for the performance of their duties. The motor pool shall not be utilized by staff as a means to commute back and forth from a permanent work location. An employee is only authorized to utilize a motor pool vehicle if his/her work assignment for the day calls them away from his/her permanent work location.
3. Prior to a vehicle being assigned to a motor pool, a Vehicle Inspection Sheet (Attachment #6) shall be completed by the staff member accepting the vehicle.

4. The vehicle shall then be serviced to ensure proper maintenance of the vehicle is completed. The completed vehicle inspection sheet shall be forwarded to the Director of the CTU.

5. The keys for the vehicle shall be turned over to the locksmith for the area and a key ring shall be made and placed on a separate and distinct key board which provides easy viewing to determine whether Motor Pool vehicles are currently available.

4. Staff should contact the institution and give a seventy-two (72) hour advanced notice to request a vehicle. Superintendents of institutions with Motor Pools shall develop written procedures for staff to reserve a vehicle in advance.

5. Each Institution is responsible for maintaining an Outer Control Motor Vehicle Log Book, which shall contain at a minimum the following information of the Staff Member requesting the vehicle:

   a. Operators Name;
   b. Vehicle number;
   c. Destination;
   d. Time Out;
   e. Time In;
   f. Signature of Operator;
   g. Signature of issuing officer.

6. The driver of the vehicle shall be responsible to complete a Vehicle Driver’s Log (Attachment #7). The log shall contain:

   a. Start Date and Time;
   b. End Date and Time;
   c. Odometer Reading Start;
   d. Odometer Reading End;
   e. Beginning Location;
   f. Destination; and
   g. Driver.

7. When a staff member has temporary approval for overnight travel in accordance with 103 DOC 122.13 a copy of the form shall be submitted prior to taking the vehicle.
8. A vehicle gas card shall be available in the glove compartment of all motor pool vehicles. Staff utilizing the vehicles shall use the Department’s gassing facilities as their primary source for gas.

9. The Vehicle Control Officer at each designated site shall be responsible to complete an inspection of all motor pool vehicles monthly utilizing the “Motor Pool Monthly Vehicle Inspection Sheet (Attachment #8). The completed form shall be forwarded to the Director of the CTU.

10. The Director of the CTU shall review the use of all vehicles to ensure the proper distribution of vehicles to the different regions.

11. The Director of the CTU shall ensure an audit is conducted on all motor pool vehicles on an annual basis.

122.21 Designated Vehicles

The Commissioner of Correction may authorize certain staff members or Divisions access to “designated vehicles” for official business only. These vehicles shall be assigned to a particular employee or Division for official business only. Employees or Divisions with “designated vehicle” authorization shall allow other staff members within the agency or division to utilize the vehicle when not in use for official business only. These vehicles should be located at the permanent work site of the employee or at the Division offices. Employees may request from the Commissioner of Correction in writing to locate the vehicle at an alternative site for easy access purposes if their work duties routinely call them away from their permanent work location.

122.22 1-800 “How am I Driving” Program

1. In accordance with the OSD’s Policy and Procedures, all Department vehicles that display a State Plate, with the exception of security vehicles utilized to transport inmates and surveillance vehicles, shall display the State’s “How am I Driving”, 1-800 telephone number. The sticker shall be displayed on the left rear bumper. This sticker encourages citizens to dial the 1-800 number to provide positive and negative comments on the driving of any state employee. The OSD shall monitor all calls as outlined in the OSD Policy and Procedures.

2. When notified by the OSD, the Director of the CTU shall have ten (10) business days to investigate, identify the driver, and respond to the OSD.

3. If complaints continue to occur after this initial warning within the same fiscal year, the OSD’s Fleet Administrator shall direct the Director of the
CTU to revoke the driving privileges of the driver.

122.23 Emergencies

Whenever, in the opinion of the Commissioner, Deputy Commissioner or Superintendent of a state correctional institution, an emergency exists which requires suspension of all or part of these regulations, he/she may order such suspension provided that any suspension lasting beyond forty-eight (48) hours must be authorized by the Commissioner.
AN EXECUTIVE ORDER REGARDING THE USE OF SEAT BELTS
BY STATE EMPLOYEES AND THEIR PASSENGERS
IN STATE VEHICLES.

WHEREAS, the Commonwealth was founded upon the collective desire of her people to protect and preserve the
lives of her citizens, and

WHEREAS, our society has grown to rely upon the automobile as a means of economic and recreational
transportation, and

WHEREAS, national statistics demonstrate that one out of every five deaths occurring on the job are motor
vehicle-related, and

WHEREAS, three out of four deaths occurring off the job are motor vehicle related, as are half of all serious
injuries, and

WHEREAS, lap safety belts have been proven to reduce the likelihood of fatal injury for adults by 40% and
lap/shoulder safety belts reduce the chance of death by more than 60%, and

WHEREAS, the chances of avoiding moderate or critical injuries in a crash improve 31% if a lap belt is worn
and by at least 57% where a lap/shoulder belt is worn, and

WHEREAS, state employees who serve the Commonwealth are responsible individuals who pride themselves in
maintaining the highest standards of personal concern for themselves and others, and

WHEREAS, the actions of employees of the Commonwealth exemplify a standard of personal behavior for the
public at large;

NOW, THEREFORE, I, Michael S. Dukakis, Governor of the Commonwealth of Massachusetts, by virtue of the
authority vested in me as Supreme Executive Magistrate, do hereby issue this Order as a necessary step to insure the
safety of state employees and to set an example for the people throughout the state to travel safely upon the public
ways.

ARTICLE I

It is the policy of the Commonwealth to require the use of safety belts by all state employees and their
passengers when they are traveling in state-owned vehicles.

ARTICLE II

It is the policy of the Commonwealth to require the immediate report of the malfunction or absence of safety
belts in state vehicles to the Director of Motor Vehicle Management for the Commonwealth.

ARTICLE III

The Secretary of Administration and Finance, in consultation with the Secretary of Public Safety, shall
promulgate such regulations, including appropriate sanctions, as shall be deemed necessary to fulfill the purposes
of this executive order.

This Order shall take effect immediately.

Given at the Executive Chamber in Boston this 21st day of June in the year of our Lord one thousand nine hundred and
eighty-four, and of the Independence of the United States of America two hundred and nine.

MICHAEL S. DUKAKIS
GOVERNOR
Commonwealth of Massachusetts

MICHAEL JOSEPH CONNOLLY
SECRETARY OF THE COMMONWEALTH

GOD SAVE THE COMMONWEALTH OF MASSACHUSETTS
<table>
<thead>
<tr>
<th>Driver Responsible for Vehicle (First and Last Name):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Agency:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Check One</td>
</tr>
<tr>
<td>State/Rental:</td>
</tr>
<tr>
<td>Travel</td>
</tr>
<tr>
<td>Dates of Travel:</td>
</tr>
</tbody>
</table>

Justification for Overnight Use:

If typing in Word, this text box will expand (please attach additional documentation if necessary).

The vehicle will be parked during off-duty periods at the Following Location (address, city, state):

| Check one: | Garage | Driveway | Street |

☐ By signing below I hereby certify that I have read and agree to abide by the OVM Policies & Procedures Manual.

Driver ________________________________ Signature: ________________________________ Date: __________________

☐ By signing below I hereby certify that use of this vehicle outside of normal business hours is required for official state business.

Agency Head ________________________________ Signature: ________________________________ Date: __________________

☐ By signing below I hereby certify that the driver of this vehicle has been provided with a copy of the OVM Policies & Procedures Manual, that the driver possesses a valid driver’s license and that the individual complies with OVM’s Safe Driver Program.

Agency Fleet Manager ________________________________ Signature: ________________________________ Date: __________________

The original Overnight Travel form must be kept on file with the Agency Fleet Manager. In addition, a copy of the approved form must be sent to the Office of Vehicle Management, and a copy must be kept in the vehicle at all times.

FOR OVM USE ONLY

OVM Fleet Director: ________________________________ Date Received: __________________

OVERNIGHT TRAVEL – Revised 12/15
From OVM Policies & Procedures Manual:

**Overnight Travel**

1) An Employee may be permitted to drive a State Vehicle home on a given day if the employee is conducting official state business before and/or after Normal Business Hours*.

2) **Short-Term Rentals:** An Employee may be permitted to drive a Vehicle rented for State business home on a given day if the employee is conducting official state business before and/or after Normal Business Hours*.

3) If a State vehicle has been assigned to a Department and an employee will be using the vehicle for Overnight Travel where it will be housed away from a State facility or the employee's residence then, the operator must fill out an OVM-10 Form and have prior approval of the Department Head. The approved form must be initialed and held by the Department Fleet Manager and a copy must be kept with the vehicle during the relevant time period. In addition, a copy shall be forwarded onto OVM for the Fleet Administrator's file.

4) Any Employee found using a vehicle outside of normal business hours without the proper authorization as specified in this section will automatically lose his/her privilege to drive a State vehicle for not less than three months. In addition, if the vehicle has been assigned to a Department, the vehicle will be permanently returned to OVM and the Department will not be issued a replacement vehicle.

5) OVM will randomly audit vehicles to determine if employees have the proper authorization to use a vehicle after Normal Business Hours.

**Instructions:** Complete the form in its entirety.

**Driver Responsible for Vehicle** – Provide the first and last name of employee that will be responsible for the vehicle

**Driver Type:** Check the box which best describes the Driver identified above:
- Regular Employee
- Contractor
- Contracted Employee
- Seasonal Employee

**Driver’s License Number:** Provide the Driver’s license number of the driver responsible for the vehicle.

**Agency:** Provide the complete name of the Agency to which the vehicle is assigned.

**Org Code:** Provide the Organizational Code for the Agency.

**Email:** Provide the Email address of the driver of the vehicle.

**Telephone:** Provide phone number (including area code) of the driver of the vehicle.

**Check One box for Either A State Vehicle or a Rental Vehicle**

If **State Vehicle** is checked: provide the State Vehicle License Plate No. issued by the Registry of Motor Vehicles and assigned to the vehicle.

**Travel Destination:** Provide the street address city and state for the destination which the vehicle will be traveling to.

**Dates of Travel:** Provide the month date and year (m/d/y) for the dates that the vehicle will require the Overnight Travel Authorization.

**Justification for Overnight Use:** Provide a validation for the need to utilize a state vehicle for overnight travel.

**The vehicle will be parked during off-duty periods at the Following Location (address, city, state):** Provide the complete address including street and city where vehicle will parked when not in use.

**Check one:** check one Garage, Driveway or Street for item which best describes the location where the vehicle will be parked during off duty periods.

**Provide Signatures and dates as listed for:**

**Driver:** Identified as Driver Responsible for Vehicle above. Must check off box indicating he/she has read and agrees to abide by the OVM Policies and Procedures Manual.

**Agency Head:** Must check off box certifying that use of this vehicle outside of normal business hours* is required for official state business.

**Agency Fleet Manager:** Must check off box to certify that the driver of the vehicle has been provided with a copy of the OVM Policies and Procedures Manual, possess a valid driver’s license and that the individual complies with OVM's Safe Driver Program.

**Check** the box to affirm that the Agency will file the proper documentation in accordance per the OVM Policies and Procedures, original signed OVM-10 at the agency, copies sent to OVM and kept with the vehicle during the dates of travel.

Return completed form to the Office of Vehicle Management via email to alex.giannantonio@massmail.state.ma.us. OVM will accept the signed form in Word or via Adobe pdf format.

*Normal Business Hours are defined as* Monday through Friday from 7:00 a.m. to 5:00 p.m. EST, excluding Commonwealth holidays.

September 2020
# Vehicle Maintenance Record

|                      | 5 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 1 |
| Vehicle Number ______|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Year & Make _________|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Model ________________|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lube Oil & Filter     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5,000                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Check for Tire Rotation|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Charging & Start Systems Check |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Battery Clean & Check |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Check Breaks          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 15,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Check Cooling System  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 15,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Change Fuel Filter    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 30,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Change Air Filter     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 30,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| PVC Valve             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 50,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Transmission Fluid & Filter |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 50,000                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Major Tune up         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 100,000               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
The Commonwealth of Massachusetts
Department of Procurement and General Services’
Office of Vehicle Management
CERTIFICATE OF MOTOR VEHICLE USE
Form OSD-IRS

Part A*-Usage

I hereby certify that, during the period from November 1, 200___ to October 31, 200___, I used a non-exempt vehicle provided in connection with my employment by the Commonwealth of Massachusetts for no more than:
___________________ One-way Commuting Trips

Part B - Exemption:

Check One: ________________ All______________ Some

of my continuing use of my employer - provided vehicle in 200___ was exempt from IRS reporting requirement because of:

______________________________
______________________________
______________________________

(Refer to the IRS Publication - Business Use of a Car, for authorized exemptions.)

Signature of Employee:

______________________________

Signed under the pains and penalties of perjury this_______________day of______________________, 200___

This form must be returned by November 15, 200___ to: Operational Services Division, One Ashburton Place, Room 1017, Boston, MA 02108

FAILURE TO RETURN THIS FORM BY THE DEADLINE WILL AFFECT YOUR INCOME AS REPORTED TO THE IRS FOR 200_____.

* Everyone should fill out Part A of this certification. If you made no commutes in employer-provided vehicles, or if all of your commutes are exempt, please place a zero in the blank. Otherwise, list the number of non-exempt commutes you have made in employer-provided vehicles. Your W-2 will reflect this number multiplied by $1.50.
### Confidential Registration Request

*Must be renewed every two years*

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Org Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Fleet Manager:</th>
<th>Name &amp; Title</th>
<th>Phone &amp; Email:</th>
</tr>
</thead>
</table>

**Employee** - Confidential registrations are issued on an individual basis for the sole use of the approved employee.

<table>
<thead>
<tr>
<th>Name &amp; Title of Employee</th>
<th>Phone &amp; Email:</th>
</tr>
</thead>
</table>

**Choose One:**
- [ ] Law Enforcement Use
- [x] Non-Law Enforcement Use*

**Garage Location (city/town):**

**Confidential Registration**

<table>
<thead>
<tr>
<th>Request for:</th>
<th>New</th>
<th>Renewal</th>
<th>Transfer (Vehicle)</th>
<th>Transfer (Employee)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates requested From (MM/DD/YY):</th>
<th>Vehicle Identification Number (VIN):</th>
<th>Year/Make/Model:</th>
</tr>
</thead>
</table>

**Justification for Confidential Registration:**

*If typing in Word, this text box will expand (please attach additional documentation if necessary).*

**Required Signatures:**

Agency Fleet Manager: ___________________________ Date: __________________

Agency Head: ___________________________ Date: __________________

Cabinet Secretary: ___________________________ Date: __________________

**FOR OVM USE ONLY - Received on:**

- [ ] Approved  - [ ] Denied  
  Comments: ___________________________

OVM Fleet Director: ___________________________ Date: __________________

OVM Plate No. (used in fleet inventory database): ___________________________

*ANF Approval Needed for Non Enforcement Vehicles*

ANF Approval Date: __________________

---

**CONFIDENTIAL REGISTRATION REQUEST - Revised 12/15**
From OVM Policies & Procedures Manual:

Confidential Registration

State vehicles may be issued a confidential registration if such vehicles are in the possession of law enforcement personnel or have received a waiver through the Executive Office of Administration and Finance and such registration is necessary either for undercover investigatory work or to protect the physical safety of law enforcement personnel using the vehicle. Such registrations will be issued on an individual basis for the sole use of the approved employee.

- Each request for a confidential registration must be submitted on an OVM-Confidential Registration Form at least thirty days before the proposed effective date of the registration. The form must be filled out in its entirety and signed by the Cabinet Secretary and Agency Head, and must be approved by the OVM Fleet Administrator.
- Once submitted, OVM will review the request. If a request is denied, OVM will return the application to the requesting Agency with the reason for denial. An Agency may resubmit a denied request for reconsideration if the re-submission responds to the issues raised in the OVM denial.
- The confidential registration will be valid for a two-year period from the date of the original registration. If the Agency wishes to renew the confidential registration, it must submit a new request to OVM at least thirty (30) days prior to the expiration date. If the Agency does not renew the confidential registration, it must immediately return the license plate to OVM; request a new registration and attach a State license plate.

Instructions:

- Agency - Provide the complete name of the Agency possessing the vehicle confidential registration is being requested for.
- Org Code - Provide the Organizational Code for the Agency listed.
- Address – Provide complete address of the Agency listed, including city and zip code.
- Agency Fleet Manager – Provide the first and last name, and title of the Employee designated as Fleet Manager for the Agency.
- Telephone and Email – Provide phone number (including area code) and email address of Agency Fleet Manager.

Employee

Confidential registrations are issued on an individual basis for the sole use of the approved employee.

- Name and Title of Employee: Provide the name and title of the employee who will be using the confidential registration
- Telephone & Email: Provide Telephone number and email for the employee who will be using the confidential registration

Choose One: Check box to indicate if Confidential Registration is requested for a Law Enforcement Use or a Non-Law Enforcement Use. If Non Enforcement Use box is checked, OSD will need to secure ANF Approval.

Confidential Plate

- Request for: Check one:
  - New: if request is for a new, previously unassigned confidential registration
  - Renewal: if request is for the renewal of an existing confidential registration. Renewal request must be submitted at least thirty days prior to the expiration date
  - Transfer (Vehicle): if request is for the transfer of an existing confidential registration to a different vehicle from the one on which it is currently in use.
  - Transfer (Employee): if request is for the transfer of an existing confidential registration to a different employee from the individual to whom it was originally assigned.
- Dates requested:
  - From – Provide requested start date (month/day/year) of the two year period confidential registration will be needed.
  - To – Provide the end date (month/day/year) (with a maximum of two years) the confidential registration will be needed.
- Vehicle Identification Number (VIN): Provide the VIN for the vehicle the Confidential Registration will be assigned to.
- Make: Provide the make (such as Ford) of the vehicle the Confidential Registration will be assigned to.
- Model: Provide the model of the vehicle (such as Taurus) the Confidential Registration will be assigned to.
- Year: Provide the year of the vehicle the Confidential Registration will be assigned to.

Required Signatures: Signatures and dates are needed for the following:

- Agency Fleet Manager
- Agency Head
- Cabinet Secretary
<table>
<thead>
<tr>
<th>Date: ____________________________</th>
<th>Location: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Plate #: __________________</td>
<td>Registration: ☐ yes ☐ no</td>
</tr>
<tr>
<td>Confidential Plate #: ____________</td>
<td>Registration: ☐ yes ☐ no</td>
</tr>
<tr>
<td>Mileage: _______________</td>
<td># Keys: __________</td>
</tr>
<tr>
<td>Make: _______ Type: _______ Year: __________ VIN#: ______________</td>
<td></td>
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<tr>
<td>Vehicle Operation Manual Policy and Procedures: ☐ yes ☐ no</td>
<td></td>
</tr>
<tr>
<td>Accident Reports: ☐ yes ☐ no</td>
<td></td>
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<tr>
<td>Daily Use Logs: ☐ yes ☐ no</td>
<td></td>
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<tr>
<td>Gas Card: ☐ yes ☐ no</td>
<td></td>
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<tr>
<td>Tires (condition): ☐ Excellent ☐ Good ☐ Needs replacing</td>
<td></td>
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<tr>
<td>Clean: ____________________________________________________________________</td>
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<tr>
<td>Damage: ____________________________________________________________________</td>
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<tr>
<td>What service was done: ____________________________________________________________________</td>
<td></td>
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<tr>
<td>Date services were completed: ________________</td>
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<tr>
<td>Staff Signature ______________________ Date ________________</td>
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Note: Submit a copy of this form (Vehicle Inspection Sheet) with the confidential plate and registration and any E-ZPASS MA found in the vehicle to the Central Transportation Unit in Norfolk.

Investigations: Vehicles will keep confidential plate on vehicle
Vehicle Driver’s Log

Plate #: _____________
VIN: ____________________
Agency Assigned: __________________

<table>
<thead>
<tr>
<th>Start Date/Time</th>
<th>End Date/Time</th>
<th>Odometer Reading Start</th>
<th>Odometer Reading End</th>
<th>Beginning Location</th>
<th>Destination</th>
<th>Driver</th>
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This form must remain in the vehicle at all times.
Motor Pool
Monthly Vehicle Inspection Sheet

Location: ____________________________ Date: __________________

<table>
<thead>
<tr>
<th>Plate #</th>
<th>Mileage</th>
<th>First Aid Kit</th>
<th>Fire Extinguisher</th>
<th>OSD Policy</th>
<th>Vehicle Driver’s Log</th>
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</thead>
<tbody>
<tr>
<td>Make:</td>
<td>Model:</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
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<td>Year:</td>
<td>VIN:</td>
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<td>Service completed during month:</td>
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Vehicle Control Officer: ____________________________

Signature

Forward to Director of CTU monthly upon completion.
DEPARTMENT OF CORRECTION
CENTRAL TRANSPORTATION UNIT

Request for Disposal/Turn in of Vehicle

From: ____________________________________________

Institution/Division

Authorized by, Superintendent or Fiscal Officer Only

Date: ____________________________________________

I request authorization to dispose of/turn in the below listed vehicle. It has been determined that the vehicle is:

____ No longer serviceable, due to excessive maintenance cost

____ Excess to institution or division needs

<table>
<thead>
<tr>
<th>PLATE</th>
<th>MAKE/MODEL/TYPE/YEAR</th>
<th>VIN NUMBER</th>
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Approved:

Fleet Manager

Disposition:

____ Auctioned: ________________________________

____ Transferred To: ________________________________

Date: ________________________________

Approved ____________________________________________

Superintendent ____________________________ Date

September 2020 122 - 29
Master Institution Trip Log

Institution: _________________________________ Week Ending: ________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESTINATION</th>
<th>TIME OUT</th>
<th>TIME IN</th>
<th># OF COS</th>
<th>CO’S NAMES</th>
<th>TRIP TYPE (1)</th>
<th># OF INMATES</th>
<th>ORIG.INST.</th>
<th>VEH.REG.</th>
<th>VEH. TYPE (2)</th>
<th>MILAGE OUT</th>
<th>MILAGE IN</th>
<th>O.T. PER C.O.</th>
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SUMMARY FOR THE WEEK

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OVERTIME SUMMARY

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REQUESTED BY C.T.U.

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(1) TYPE OF TRIP   (2) TYPE OF VEHICLE

PREPARED BY: _________________________________

SUPERINTENDENT’S REVIEW & SIGNATURE ________________________________