



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.2.18 FLEET VEHICLE OPERATION & MANAGEMENT	
Effective Date:	June 5, 2000	Page 1 of 5 and 6 Attachments
Revision Date(s):	August 22, 2017, November 1, 2019, September 15, 2020	
Reference(s):	DOC Policy 1.2.18	
Signature:	/s/Jim Salmonsens/Warden	
Signature:	/s/Gayle Butler/MCE Administrator	

I. PURPOSE

The purpose of this procedure is to ensure state owned or leased motor vehicles used by Montana State Prison (MSP) to include Montana Correctional Enterprises (MCE) and Riverside Special Needs Unit (RSNU) to conduct Department business, are maintained in accordance with Department Policy and MSP Procedure. It is imperative staff maintain a heightened level of safety awareness and responsible driving behavior which will reduce vehicle accidents, reduce personal injury and property loss claims. Vehicle maintenance and care is the responsibility of every person who operates a vehicle in the course of their job duties.

II. DEFINITIONS

Administrative Deadline – For the purpose of this procedure means taking a vehicle out of service due to its unsafe condition.

Employee – Means any person employed by and acting on behalf of the Department in any official capacity, temporarily or permanently, whether with or without compensation.

Fleet Manager – Means the Associate Warden designated by the Warden, and the Program Director designated by the MCE Division Administrator to administer their respective fleets of state-owned vehicles.

Maintenance Facility – Means the location where the state-owned vehicle is maintained and where the maintenance records and reports are compiled and available for audit purposes. The primary repair facility for MSP and MCE is Motor Vehicle Maintenance (MVM).

Motor Vehicle Maintenance (MVM) – The vehicle maintenance facility located on MSP grounds. that uses inmate labor to service most state-owned vehicles.

Motor Vehicle Maintenance Production Manager – responsible for the management, maintenance and repair of DOC, MSP and MCE vehicles and equipment along with other state agencies that utilize MVM for vehicle maintenance and repair work.

Vehicle – A passenger motor vehicle owned or leased by the state that is designed for travel on maintained public roads and subject to motor vehicle registration, the term includes passenger cars, vans, buses, and light duty trucks.

Wright Express (WEX) – The fuel card company selected by the State to fuel agency-owned and state-owned vehicles.

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III. GENERAL GUIDELINES

A. Authorized Vehicle Use

1. MSP and MCE employees use state owned vehicles or equipment, or who travel on behalf of the Department will follow requirements set forth in *DOC Policy 1.2.18 Fleet Vehicle Operation and Management*.
2. Staff who operate a vehicle must drive defensively, be courteous, and obey all traffic laws and regulations.

B. Vehicle Accident and Driver Reporting

1. MSP and MCE employees involved in an accident will follow requirements set forth in *DOC Policy 1.2.18 Fleet Vehicle Operation and Management*.
2. MSP and MCE employees will also contact Command Post and the appropriate Fleet Manager to notify them of the accident.
3. An MSP or MCE employee who is involved in a vehicle accident or becomes aware of damage or vandalism to a Department-owned vehicle or leased vehicle must complete and submit the *Report of Incident form* (Attachment E) to the appropriate Fleet Manager within 24 hours.
4. The Fleet Manager will send a copy of the *Report of Incident form* (Attachment E) to the MVM Production Manager within 48 hours for entry into the MVM database for agile assets repair. Agile assets is a record keeping system which records accurate labor, equipment, and material usage.
5. The MSP Warden or MCE Administrator will consult DOC Legal prior to filing any claims.

C. Permanent Vehicle Assignment

1. Permanent vehicle assignment shall only be allowed when doing so is clearly consistent with the mission and operational needs of MSP or MCE; and written justification for that assignment is filed with the Administrative Services Division. An employee may request a permanent vehicle assignment by completing and submitting the *Request for Vehicle Assignment* (Attachment B) to his or her supervisor.
 - a. if approved at the supervisory level, the supervisor shall forward the request form to the Warden / MCE Division Administrator. Refer to *DOC Policy 1.2.18 Fleet Vehicle Operation and Management*.
2. An MSP or MCE employee that is approved a permanent vehicle assignment to commute to and from a residence must meet requirements set forth in *DOC Policy 1.2.18 Fleet Vehicle Operations and Management*.

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D. Maintenance

1. MSP and MCE fleet assignment and management procedure has the following requirements:
 - a. MVM is the primary repair facility. MVM will maintain a database with all MSP and MCE vehicle and equipment information. The database will include vehicle or equipment description, a picture of the vehicle or equipment, the license plate number for the vehicle and equipment history to include maintenance and repair.
 - b. fleet managers will designate responsible parties to complete a *Vehicle Condition Report form* (Attachment G) on each vehicle to be returned to the MVM Production Manager by May 1 each year to evaluate the vehicle condition. Information from the vehicle condition report form will be inserted in the database vehicle history.
 - c. MVM Production Manager will distribute a vehicle and equipment report to the Fleet Manager at a monthly meeting.
 - d. periodically, and whenever changes in assignment, acquisitions, and disposal occur, it is the responsibility of the appropriate Fleet Manager to submit a corrected list to the MVM Production Manager to ensure accurate records are kept.
 - e. all maintenance and repair on vehicles and equipment will be completed at MVM. The Fleet Manager or designee will complete an *MVM Work Request* form (Attachment F) and submit to MVM with the vehicle or equipment that needs maintenance or repair.
 - f. if repair on a vehicle or equipment is completed after business hours or on weekends, the staff supervisor must fill out a *Report of Incident* (Attachment E) form stating what repairs were completed. The Report of Incident form must be submitted to the MVM Production Manager so the MVM database is updated and accurate.
2. Fleet Managers will review records of vehicles and equipment to establish accountability and to determine optimal fleet size and the most cost-effective methods. At a minimum annual review of fleet size and utilization shall be conducted.
3. MVM will maintain individual vehicle and equipment histories in a database which includes maintenance, repair costs per mile/hour, and operating costs per mile/hour and the following:
 - a. copies of vehicle logs, or a monthly mileage report, shall be submitted to MVM Production Manager to enable calculation of operational costs per mile/hour.
 - b. monthly fuel reports from dispensing operations shall be submitted to the appropriate fleet Manager; and
 - c. operational cost reports shall be provided by MVM Production Manager quarterly or upon request by the appropriate Fleet Manager.
4. The MVM Production Manager will provide vehicle maintenance use and repair agile asset reports upon request to Fleet Management Unit:
 - a. the Fleet Managers shall be furnished vehicle and equipment reports by the MVM Production Manager when a vehicle or equipment is serviced, and a *Safety Inspection form* (Attachment A) is completed. Written estimate of cost to repair damage or to return the item to safe operating condition shall be furnished upon request. Repairs for damages that are estimated at five hundred dollars (\$500) or more require the authorization of the Fleet Manager.
 - b. vehicles or equipment in unsafe operating condition shall be administrative deadline by the MVM Production Manager and the keys to these vehicles shall be secured by staff at MVM; and
 - c. administrative deadline vehicles and equipment shall not be operated until required repairs are performed, unless approved for limited use by the Warden or MCE Administrator.

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5. Establish a system to audit the maintenance and usage of the vehicles and equipment. Maintenance and condition of vehicles and equipment will be addressed in a monthly meeting with Fleet Managers and the MVM Production Manager.
6. Develop procedures for identifying vehicle and equipment additions, replacements, or disposal. Vehicle and equipment additions, replacements or disposal will be coordinated by Fleet Managers and MVM Production Manager. When a vehicle or equipment is added, it is the responsibility of the Fleet Managers to get the vehicle or equipment to MVM so a safety inspection can be completed, and the information added to the database. Vehicles will not be put into service until plates are on vehicle, insurance cards and fuel cards are in vehicle and keys have been registered with MSP Lock Shop.
7. Provide each vehicle with a Report of Incident form, to be completed by the staff operating the vehicle to record any incident that impacts the appearance or operation of the vehicle. This includes the following:
 - a. staff operating the vehicle shall complete and submit a Report of Incident form to report any problem(s) they note with the operation or appearance of the vehicle to the appropriate Fleet Manager.
 - b. Fleet Manager will submit a copy of form to MVM Production Manager for inclusion in vehicle historical file; and
 - c. Fleet Managers will provide a quarterly written report to the Warden and MCE Administrator, regarding the status of their respective division fleet.

E. Fueling Cards

1. Employees authorized to operate a state vehicle must read the *MOM Fuel Card Policy 1-0790.00* and sign the *DOC Fuel Card Use Employee Agreement* form (Attachment C) acknowledging responsibility for fuel card use.
2. A WEX fuel card will be assigned to each vehicle to be used by drivers when fueling a Department-owned vehicle.
3. Employees will immediately report fuel cards that are lost or stolen to Command Post and the appropriate Fleet Manager.

F. Bulk Fuel Tank Use

1. MSP staff, when on MSP property, will fuel MSP vehicles at the bulk fuel tank dispensary station.
2. MCE staff, when on MSP property, will fuel MCE vehicles utilizing the MCE gas truck. The MCE gas truck will fuel at the bulk fuel tank dispensary station.
3. Vehicle logbooks and monthly reports will be submitted to proper areas, MSP Warehouse or MCE Business Office for reconciliation.

IV. CLOSING

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Questions concerning this policy shall be directed to your immediate supervisor, Warden or MCE Division Administrator.

V. REFERENCES

- A. *MOM Fuel Card Policy 1-0790.00*
- B. *DOC Policy 1.2.18 Fleet Vehicle Operation and Management*
- C. *61-11-203, MCA*
- D. *61-5-103, MCA*
- E. *50-40-104, MCA, Montana Clean Indoor Act*
- F. *ARM 2.6.205 and 61-11-203 MCA*

VI. ATTACHMENTS

MSP/MCE Motor Vehicle Safety Inspection	Attachment A
DOC Request for Vehicle Assignment	Attachment B
Fuel Card Use Employee Agreement	Attachment C
Personal Vehicle Use Authorization	Attachment D
Report of Incident	Attachment E
MVM Work Request	Attachment F
DOC Vehicle Condition Report	Attachment G



Montana Correctional Enterprises MOTOR VEHICLE MAINTENANCE A-Service and Safety Inspection



Serviced Date _____ MVM Technician _____

Vehicle / Equipment No. _____ VIN No. _____

MVM Work Order No. _____ Mileage / Hours _____

OK	Service Operation	Technician Notes
	Interior, Dash Lighting – RESET Oil Life. Check for “Engine Light” Gauges	
	Horn Operation	
	Heater and Defroster Operation, A/C Operation	
	Headlights, Side Markers, Turn Signals and Back-Up, Police Light Operation	
	Inspect Battery	
	Windshield Wiper Condition and Operation. Washer Fluid Level	
	Windshield and Windows Operation and Condition	
	Check All Mirrors and Vehicle Exterior	
	Condition of All Hoses - Check for Leaks	
	Radiator Cap and Coolant Level - Test (-40)	
	Air Filter Element	
	Fan Belts - Tighten and Check Condition & A/C Belt	
	Check PCV Valve	
	Transmission/Transfer Case – Check Fluid Level	
	Engine Oil and Filter Change	
	Differential Fluid Level	
	Front and Rear Suspension – Shocks, Bushings and Ball Joints, Springs	
	Inspect Front Steering, Tie Rods & Boots, Steering Gear, Steering Fluid	
	U-joints and Drive Line – Looseness and Condition, Lube All Zerks	
	Drive Axles, Seals, CV Axles & Boots. Check for Bearing/Hub Play	
	Engine and Transmission Mounts	
	Exhaust System - Condition and Leaks	
	Lubricate Chassis - Including Steering Joints/Linkage	
	Check Park Brake System	
	Tread Depth (in.) LF ____ RF ____ LR ____ RR ____ (Rotate if Necessary)	
	Brake Pad Depth (mm) LF ____ RF ____ LR ____ RR ____ Check Rotors	
	Tires – Inflate to Specs, Torque Lug Nuts to Specs, Check Spare and Jack	
	Lubricate Doors, Locks, Latches, Hinges	
	Install Service Reminder Sticker. Check Overall Operation of Vehicle	



State of Montana
DEPARTMENT OF CORRECTIONS
REQUEST FOR VEHICLE ASSIGNMENT

Requesting division, facility, or program:

Employee Assigned to the vehicle:

Please describe how the duties/role of the employee qualifies as a quick emergency response.
(Use additional paper as needed):

(This section contains multiple horizontal lines for providing a detailed description of the employee's role and qualifications.)

A permanent vehicle assignment will be allowed only when doing so is clearly consistent with the Department's mission and the operational needs of the applicable division, facility, or program. In accordance with 2-17-425, MCA emergency response records must be submitted to the fleet management unit who will forward to the director for review every six months.

Signature of approval by administrator

Date

Signature of approval by director

Date



State of Montana
DEPARTMENT OF CORRECTIONS
FUEL CARD USE EMPLOYEE AGREEMENT

Dept of Corrections – State-owned Vehicles:

1. I have read, understand, and will comply with the Fuel Card Policy.
2. I understand I am required to use ethanol-blended gasoline when the manufacturer allows, and I am prohibited from using premium grade fuel unless required by the vehicle operations manual.
3. I agree to use the card for all fuel purchases unless obtained from a state-owned bulk site with a manual transaction process.
4. I will immediately notify the authorizing official if a card is lost or stolen or if my PIN is compromised.
5. I understand that I am required to comply with internal control procedures.
6. I agree not to share my Personal Identification Number (PIN) with any other person.
7. I understand I can only use the card for fuel and authorized vehicle maintenance purchases for state-owned vehicles.
8. If I misuse the card for personal purchases, I authorize the State to deduct from my salary or from other monies owed me, an amount equal to the total of the personal purchases. I also agree to allow the State to collect any amounts owed by me even if the State no longer employs me.
9. I understand improper use of this card may result in disciplinary actions, including termination of employment and criminal action.
10. I understand the State may terminate my card use privileges at any time for any reason.

State Motor Pool Leased Vehicles:

1. I have read, understand, and will comply with all vehicle use requirements listed in the State Motor Pool Lease Packet.
2. I understand that I am required to comply with internal control procedures as outlined by State Motor Pool or Department of Corrections (vehicle lease) as applicable.
3. In reference to the leased vehicle WEX Fuel Card, I have read, understand and will comply with the requirements as outlined above, as applicable.

Employee Signature

Authorizing Official's Signature

Employee Printed Name

Authorizing Official Printed Name

Employee ID#

Date

Date



State of Montana
DEPARTMENT OF CORRECTIONS
PERSONAL VEHICLE USE AUTHORIZATION

1) Person Traveling		2) Division/Facility	
3) Org Number	4) Supervisor Name and Title		
5) Justification for personal vehicle use			
6) Trip Itinerary (include dates)			
7) Estimated Trip Miles			
<p>If your department director or designated approving authority authorizes you to use your personal vehicle on state business, you must be reimbursed for mileage at the standard rate unless you meet one of the conditions listed below pursuant to MOM 1-0310.20. Employees requesting to use a personal vehicle for Department business on a regular basis must obtain annual written approval from their Division Administrator and the DOC Director.</p>			
8) Rate Requested	Standard Rate	High Rate (Must also check reason below)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
Per MOM 1-0310.30 if requesting reimbursement at the high rate, check the item(s) which apply below:			
<input type="checkbox"/>	1. A motor pool vehicle or other state-owned or leased vehicle is not available; or		
<input type="checkbox"/>	2. The use of a personal vehicle is considered to be in the best interest of the state.		
9) Signature of traveler		Title	Date
Approval to be Completed by Agency Authorized Personnel			
Approved	Rate Approved	<input type="checkbox"/> Standard <input type="checkbox"/> High	Not Approved
Authorized Agency Official	Title		Date
<p>If the request is approved, the employee herein is granted authority to use a non-state vehicle in the conduct of official State business (in accordance with ARM 2.6.201 through ARM 2.6.214) within the basic confines of the itinerary and approximate total mileage noted above. Per RMTD insurance agreements, State employees are encouraged to use state-owned vehicles while enacting state business. State employees who use their personal vehicles for state business must rely on their personal insurance coverage.</p>			

**STATE OF MONTANA
RISK MANAGEMENT & TORT DEFENSE
DEPARTMENT OF ADMINISTRATION
PO BOX 200124 - HELENA, MT 59620-0124
(406) 444-2421 FAX (406) 444-2592**

REPORT OF INCIDENT

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

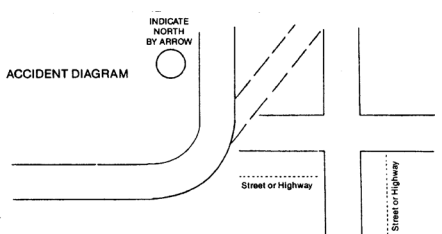
VEHICLE PERSONAL INJURY PROPERTY DAMAGE / OR LOSS

Reporting Person:		Job Title:	
Department:		Division:	Phone:
Date/Time of Incident:	Location of Incident:		

VEHICLE LOSS

ACCIDENT INFORMATION

Were Police Notified? Yes No		Police Department Name:	
Investigating Officer's Name:		Investigation Officers Phone Number:	
Were Citations Issued? No Yes STATE Vehicle Driver OTHER Vehicle Driver			
Weather Conditions: Clear? Rain? Snow? Other? Describe			
Roadway Conditions: Dry? Wet? Icy? Snow packed? Other? Describe			
Light Conditions: Daylight? Darkness? Dusk? Dawn? Other? Describe			
Vehicle Speed: STATE Vehicle?		OTHER Vehicle?	
License No:	Attachment No.	Attachment No.	
Est. Repair:	Est. Repair:	Est. Repair:	

<p>Describe Accident/Incident in detail:</p> <p style="text-align: center;"><i>(use blank paper for additional information)</i></p>	<p style="text-align: center;">Accident Diagram</p> <p>INDICATE NORTH BY ARROW</p>  <p style="text-align: center;">ACCIDENT DIAGRAM</p>
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Signature of Driver:	Date:
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STATE VEHICLE INFORMATION

Department Owning Vehicle:		Phone No.:
Drivers Name:		Phone No.:
For What Purpose was the Vehicle Being Used?		
Plate No:	VIN No:	Make/Model/Year:
Location Where Vehicle May Be Seen (Address)?		Equip. No.

OTHER VEHICLE INFORMATION						
Plate No:	VIN No:	Make/Model/Year:				
Owner Name:						
Address:					Phone No.:	
Driver Name:						
Address:					Phone No.:	
Insurance Co.:	Policy No.:	Phone No.:				
OCCUPANTS						
Name:	Address:	Age:	State Veh.	Other Veh.	Injured Y - N	Describe Injury
WITNESSES						
Name:	Address:				Phone:	
PERSONAL INJURY						
Name of Injured:	Address:				Phone:	
Nature of Injury:						
Describe clearly how accident/injury occurred:						
<p><i>(use blank paper for additional information)</i></p>						
PROPERTY DAMAGE OR LOSS						
State Property Other						
Describe clearly how property damage occurred:						
<p><i>(use blank paper for additional information)</i></p>						
Property Description (Give make, model, serial number when applicable)						
<p><i>(use blank paper for additional information)</i></p>						
Date:	Reporting Person's Signature:					
Date:	Supervisor's Signature:					
Date:	Department Official's Signature:					



WORK REQUEST



Equipment No. _____	Date/Time _____
Customer Billed _____	Current Mileage/Hrs. _____
Time Needed By _____	Worker Assigned _____
Quoted Price \$ _____	Supervisor Signature _____

Please circle Your Choices

MVM Department Assigned

AGRICULTURE	AUTOBODY	AUTOMOTIVE	CUSTOM FABRICATION	DETAIL
HEAVY EQUIPMENT	PLASMA ART	TIRE	WELDING	OTHER

Please circle Your Choices

Services Requested

Engine Service	Flat Repair	Tire Rotation	On-Snow Tires-Off
Transmission Service	Decontamination	Air Freshener	Front-Brakes-Rear
Alignment	Preseason	Hydraulics	Collision Repair

Please Print Legibly

Description of Work Requested:

Agent Authorizing Work:
Phone Ext.:



State of Montana
DEPARTMENT OF CORRECTIONS
VEHICLE CONDITION REPORT

(Per DOC Policy 1.2.18, this form must be completed annually for each Department-owned vehicle and/or upon request from the Fleet Management Unit (FMU)).

Vehicle license plate number: _____

Vehicle location (i.e. Facility or P&POffice): _____

Employee/Responsible Party assigned to vehicle: _____

VEHICLE INFORMATION:

Year: _____ Current odometer reading: _____

Make: _____ Model: _____ Engine size: _____

Check any of the following that apply:

- 4-wheel drive, Air conditioning, Automatic Transmission

Special equipment or accessories (e.g. two-way radio, cage, emergency lights, plow, etc.):

Date last PM 1 (every 5,000 miles) Service completed: _____

Date last PM 2 (every 30,000 miles or 24 months) Service completed: _____

Current Vehicle Use (e.g. post-office trips, offender/inmate transport, maintenance, etc.):

Overall condition of:

Vehicle Exterior (including body damage, scratches, dents, paint, and glass):

- Good, Fair, Poor

Vehicle Interior (including rips, tears, and stains):

- Good, Fair, Poor

Vehicle Operating Systems (including engine, transmission, starter, and suspension):

1. _____

2. _____

3. _____

Current/suggested repairs needed (please list in detail with estimated cost of each repair if known):

1. _____

2. _____

3. _____

Do you consider this vehicle safe to drive? Yes No

In your opinion, is it reasonable to keep this vehicle? Yes No

If no to either question above, please explain why and detail any pertinent information about the vehicle you think the FMU should be aware of (e.g. current problems or concerns with the vehicle, previous accidents, overall appearance, performance, missing parts, etc.):

Assigned Driver or Responsible Party/ Supervisor Signature: _____

Administrator Signature: _____

Fleet Management Unit (FMU) Signature: _____

FOR FMU USE ONLY

Approximate current value of vehicle: _____

Life expectancy of vehicle: _____

Current photos on file: Yes No

Photo date: _____