Safe Driving Policy

Our company, $\underline{}$, by work environment, create safety problems for employees and the general pundermine our goals and objectives.	pelieves that unsafe driving can disrupt the ublic, damage our company's reputation, and
Vehicle crashes remain one of the leading causes of work-related injuries ar importance of preventing vehicle crashes and associated injuries. Therefore address unsafe driving practices that may not align with our company's best responsibility and make their work-related trips safer by adhering to this po	, we have developed this policy to specifically t interests. We require all employees to take
Our company has a policy for safe driving that is mandatory for all employe business. It is important for all employees to follow these rules to ensure the driving guidelines are simple and straightforward, and every employee, regal be able to adhere to them without any difficulty.	e safety of all individuals involved. These safe
Corrective action will be taken if noncompliance is found. For policy question	ns, contact your manager. Please drive safely!
Safety Rules	
 Wear your seatbelt. Drivers and passengers must wear seat belts when vehicles for business. 	using company vehicles or driving personal
2. Do not drive distracted. Do not text or email, make or receive calls, or r functions (i.e. navigation, music) while driving. Utilize cell phone function before using a cell phone while traveling.	
3. Do not drive over the posted speed limit. Follow speed limits, do not to Slow down when driving or traffic conditions deteriorate.	ailgate, and maintain a safe following distance.
4. Never report to work or drive while impaired. Impairment can be cause consumption, aftereffects of illicit drug use, illegally used prescription in substance that makes driving a vehicle unsafe.	
Utilize telematics. Telematics, onboard event recorders, or other safety inoperable.	devices must never be defeated or rendered
I have received and reviewed a copy of the Safe Driving Policy. I understand have received them, and will follow them.	the terms of this policy, acknowledge that I
EMPLOYEE SIGNATURE:	_ DATE:
EMPLOYEE PRINTED NAME:	_
SUPERVISOR SIGNATURE:	_ DATE:
These advisory materials have been developed from national standards and sor guarantee is made as to the sufficiency of the information contained in the materials.	





Advice about specific situations should be obtained from a safety professional.