



Arkansas Parole Board
Two Union National Plaza Building
105 West Capitol; 5th Floor
Little Rock, AR 72201-5731
(501) 682-3850 Fax: (501) 683-5381

ADMINISTRATIVE DIRECTIVE: 17-02 **Vehicle Maintenance and Operations Procedures**

TO: **ARKANSAS PAROLE BOARD MEMBERS AND STAFF**

FROM: **JOHN FELTS, CHAIRMAN**

SUPERSEDES: **09-02 VEHICLE FLEET MAINTENANCE**

APPROVED: SIGNATURE ON FILE **EFFECTIVE DATE:** March 13, 2017

- I. APPLICABILITY.** This directive applies to all APB members and staff authorized to operate State-owned vehicles. Violations of this directive may result in disciplinary action, up to, and including termination.

- II. POLICY.** The purpose of this policy is to ensure the proper, adequate, and cost-effective maintenance of the agency's vehicle fleet through a preventative maintenance program that, with the cooperation of all authorized employees, extends the safety, quality, and longevity of the agency's vehicle fleet. This policy is intended to ensure that State-owned vehicles are used in a manner consistent with State law and DF&A and Board policy.

- III. DEFINITIONS.**
 - A. Vehicle Maintenance.** Effectively providing the services for the vehicle, such as oil changes, brake inspections, tire rotations, and etc, in the scheduled time frame based on the manufacturer's manual.

 - B. Authorized Usage.** For the purposes of this policy authorized usage is considered as traveling from an employee's place of residence to their official work station or authorized off-site location or from their official work-station to an authorized off-site location.

- IV. MAINTENANCE.** The following procedures are hereby deemed fundamental to the safe operation and upkeep of the agency's vehicle fleet:
 - A. Preventative Maintenance Schedule.** A Preventative Maintenance Schedule/Log shall be updated each time that service or repair is performed on any vehicle within the agency's fleet.

B. Non-Routine Maintenance. In the event that maintenance needs arise that are above and beyond those required by the Preventive Maintenance Schedule, the Business Operations Manager shall be notified of any concerns relating to non-routine maintenance who will then apprise the Chairman or Executive Administrator and upon approval will make the necessary arrangements to schedule the repair.

V. AUTHORIZED USAGE AND REPORTING. All APB employees and others authorized to operate a state-owned vehicle shall adhere to the operating guidelines established by DFA – State Fleet Management Handbook. All drivers must update a vehicle log with each use. The driver must record the following information every time the vehicle is used:

1. Date and Time of use;
2. Starting location and ending destination;
3. Beginning and Ending mileage;
4. Cost and Amount of Fuel purchased; AND
5. Any problem encountered with the vehicle.

Additionally, all personnel must drive in such a manner that will not cause any damage to the assigned vehicle. An employee must obey all traffic laws and must practice safe driving habits. Employees entrusted to operate a state-owned vehicle on the streets and highways of Arkansas are representatives of the State. An employee's misuse of a state-owned vehicle can lead to corrective or disciplinary action.

Employees must complete and sign the Authorization to Operate State and Private Vehicles on State Business (VSP-1) form before being authorized to use a State vehicle.

VI. FORMS.

Attachment 1: Employee Acknowledgement

Employee Acknowledgement of Vehicle Maintenance Policy

Please acknowledge by signing that you received, read, and understand the Arkansas Parole Board Administrative Directive:

17-02 Vehicle Maintenance and Operation Procedures

I understand it is my responsibility to read it thoroughly and ask questions of my supervisor if I don't understand it. All employees or officials of the Arkansas Parole Board are responsible for complying with all pertinent policies, directives, and memorandum. The Business Operations Manager will place a signed copy of this form in your personnel file.

This form must be signed and returned within five days of receipt.

_____ Employee Printed Name	_____ Employee Signature	_____ Date
_____ Supervisor Printed Name	_____ Supervisor Signature	_____ Date