

GOA MOTOR VEHICLE USAGE POLICY FORMS

Appendix B – WEEKLY VEHICLE CHECKLIST

Checks to be conducted weekly

Vehicle Registration No:

Vehicle Mileage:

Vehicle Make/Type:

Operator:

Date:

Mark each item as: √ = Satisfactory/available; X = defective/missing/unsatisfactory; N/A = not applicable

| <i>External Vehicle Condition</i> | | <i>Fluids</i> | |
|-----------------------------------|--|---------------|-------------------------|
| | Bodywork, Windscreen, windows, lights | | Engine oil level |
| | Windscreen wiper blades | | Coolant level |
| | Windscreen, windows, mirrors, lights, plates | | Windscreen washer level |
| | Security of load, trailer, roof-rack | | Fuel |
| | Tyre condition, tyre pressure, tyre wear | | Power steering |
| | Availability/condition of spare wheel & jack | | Condition of battery |
| | | | Oil or water leaks |

| <i>Vehicle Interior and Equipment</i> | | <i>Function Checks</i> | |
|---------------------------------------|------------------------------------|------------------------|--------------------|
| | Condition and function of seatbelt | | Warning light |
| | Head restraint adjustment | | All lights |
| | Mirror adjustment | | Horn |
| | First aid kit | | Washers and wipers |
| | Fire extinguisher | | Brake |
| | Flashlight | | |
| | Warning triangles or cones | | |
| | Vehicle handbook | | |

All items have been checked any defects, omissions or unsatisfactory conditions reported.
 Signature: _____

Appendix C – VEHICLE ACCIDENT/INCIDENT REPORT FORM

| | |
|----------------------|--------------------------|
| Name and Address: | Home telephone number: |
| | Mobile telephone number: |
| Department/Ministry: | Position: |

| | |
|----------------------------|-----------|
| Date of Accident/Incident: | Time: |
| | Location: |

Nature of Incident (theft, malicious damage, etc.):

| | |
|---|--|
| Vehicle Involved: [Redacted] Registration No. | Other Vehicle: [Redacted] Registration No. |
| : [Redacted] Insurer's Name | : [Redacted] Vehicle Owner |
| | : [Redacted] Vehicle Driver |
| | : [Redacted] Insurer's Name |

| | |
|------------------------|---------------------|
| Damage/Loss Sustained: | Injuries Sustained: |
| | |

Statement:

| | | | |
|-------------------------------------|----------|--------------|------------------|
| Did the Police attend the incident? | Yes / No | Time called: | Time of Arrival: |
| Police Officer: | | | (Name/Number) |

| | |
|---------------------|------------------|
| Driver's Signature: | Department Head: |
| Date: | Date: |

Appendix E - VEHICLE ASSIGNMENT AGREEMENT

_____, (*hereinafter called "the Assigning Department"*)

on the day of 20....., hereby assigns the vehicle with registration no. G _____ to

_____, (*hereinafter called "the Assigned Department"*)

for the period _____ to _____ in accordance with the type of assignment

specified below and the terms and conditions of the Government of Anguilla Vehicle Usage Policy.

Type of Assignment: _____

Unrestricted Use On Call Use Protocol Use Work-related Use

WHEREAS

1st The *Fleet Manager* ensures that the vehicle assignment is performed in accordance the type of assignment and to the terms and conditions of the Vehicle Usage Policy.

2nd The *Assigned Department/Member* has read and understood the Vehicle Usage Policy and has agreed to use the assigned vehicle according to that Policy and the terms specified for its use.

3rd The parties have agreed on the vehicle condition as assessed on the Vehicle Assessment Form before assignment.

AS WITNESS the hands of the parties hereto.

Signed for and on behalf of the *Assigning Department/Fleet Manager*

..... in the presence of

Signed for and on behalf of the *Assigned Department/Member*

..... in the presence of

Appendix F - VEHICLE CONDITION ASSESSMENT/EVALUATION FORM

Registration # _____ Steering: _____

Year: _____ Make: _____ Model: _____ Mileage Out: _____ In: _____

Using Ministry/Department: _____ Assigned to: _____

Date of Evaluation: _____ Performed By: _____

| System | Last diagnosed | Condition Out | Condition In | Estimated repair cost |
|------------------------------------|----------------|---------------|--------------|-----------------------|
| Engine | | | | |
| Transmission | | | | |
| Drive Line | | | | |
| Differential | | | | |
| Exhaust System | | | | |
| Pumping System | | | | |
| Hydraulic System | | | | |
| Brakes | | | | |
| Lights | | | | |
| Tires | | | | |
| Body | | | | |
| Interior/Exterior | | | | |
| Front End | | | | |
| Suspension System | | | | |
| Air Conditioning | | | | |
| Overall Condition | | | | |
| <i>Total estimated repair cost</i> | | | | |

| Diagnosis Code | Code Description |
|----------------|---|
| Good | System is functioning well, and no major repair expected |
| Fair | Major overhaul is needed, but system can function for awhile longer before overhaul is required |
| Poor | Major repair is required as soon as possible to ensure vehicle dependability |

Evaluator's Comments: _____
