

**TOWN OF CHESTERMERE  
POLICY HANDBOOK**

<b>EFFECTIVE DATE:</b> June 19, 1995	<b>SECTION:</b> <del>100</del> 700	<b>POLICY:</b> <del>111</del> 711
<b>APPROVED BY:</b>  Council	<b>SUBJECT:</b> Town Owned Vehicles and Powered Mobile Equipment	
<b>REVISED DATE:</b> October 1, 1999 March 21, 2005 April 7, 2008 June 4, 2008	<b>PAGE NO.</b> 1 OF 11	

**PURPOSE AND INTENT**

The purpose of this policy is to ensure adequate usage and maintenance of Town owned vehicles and powered mobile equipment.

**POLICY**

Employees of the Town of Chestermere shall adhere to the following guidelines, in the use of Town-owned vehicles and powered mobile equipment:

1. All Town owned vehicles and powered mobile equipment are to be used for Town business only. Vehicles and powered mobile equipment shall not be used for personal gain; nor shall they be used as a mode of transportation to and from work, except:
  - (i) for those positions which require 24 hour access to vehicles;
2. All operators of Town-owned vehicles and powered mobile equipment must have a current, valid operator's license, applicable to the vehicle / equipment they are operating. All operators must be registered with the Town's insurance company.
3. All Town vehicles and equipment must be operated in a safe and courteous manner; abuse of Town vehicles and equipment could lead to dismissal of the offending employee(s). No passengers are to be carried except in the course of Town business. Vehicles left unattended shall have the ignition turned off, the keys removed, and the doors locked.
4. All Town vehicles shall be kept in a clean and orderly manner. Operators shall be responsible for the completion of the "Operator's Pre/Post Trip Inspection Report" (as per Schedule "B" as attached to this policy) for any and all vehicles / equipment that they are assigned to use, and shall report immediate problems to their supervisor or Department Head.
5. All accidents or damage to equipment and vehicles shall be reported immediately to the Department Head in charge. The employee involved in the damage/accident shall complete an Accident Report (as per Schedule "A" attached to this policy), which shall then be forwarded to the Department Head. The Department Head shall immediately notify the Chief Administrative Officer to inform the Town insurance agent.

**Repairs**

1. Preventative maintenance programs shall be implemented and scheduled by the respective Department Heads. These programs shall be based on the manufacturer's recommended maintenance specification and a "Maintenance, Service and Safety Inspection Form" (Schedule "C" as attached) shall be completed for all vehicles and powered mobile equipment and retained on file.
2. Minor repairs shall be approved by the appropriate Department Head, who shall schedule or approve scheduling of same.
3. Major repairs shall be approved by the Chief Administrative Officer in conjunction with the Council; and the Department Head shall, upon approval by the Chief Administrative Officer/Council, schedule or approve scheduling of same.

**After Hours Usage of Town Vehicle**

1. The following positions shall, due to call-outs and emergencies, be granted 24-hour per day access of Town owned vehicles:

Director of Public Works  
Public Works Staff (On Call)

2. All remaining vehicles must be left at the location where the employee normally reports to work.

**Other Areas**

1. The Fire Chief and Special Constables shall be responsible for their respective departments' equipment; in accordance with their respective departments' manuals.

**Definitions**

"Minor Repairs": shall be classified as the repair or replacement of individual parts to the major components: for example, replacing broken belts, hoses, seals, repairing tires, etc. to a maximum of \$300.00.

"Major Repairs": shall be classified as the repair or replacement of major components: for example, the removal, overhaul and/or replacement of engines, transmissions, hydraulic/electrical/brake systems, etc.

"Preventative Maintenance": shall be classified as the regularly scheduled checks and servicing intended to reduce normal wear and promote long vehicle life. Preventive Maintenance shall meet or exceed the manufacturer's recommended specifications.



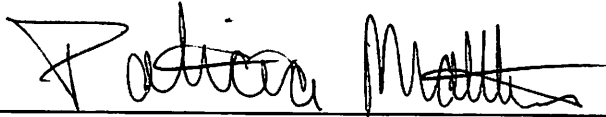
**TOWN OF CHESTERMERE**

**POLICY HANDBOOK**

Policy #111 – Town Owned Vehicles and Powered Mobile Equipment

Revised: June 4, 2008

Resolution No. 234-08



MAYOR



CHIEF ADMINISTRATIVE OFFICER

**SCHEDULE 'A'  
TOWN VEHICLE & EQUIPMENT  
POLICY**

**ACCIDENT/LOSS  
REPORT FORM**

**PARTICIPANT REPORTING** \_\_\_\_\_

**LOCATION & PHONE NO.** \_\_\_\_\_

**TITLE & PERSON IN  
CHARGE:** \_\_\_\_\_

**DATE & TIME OF  
ACCIDENT:** \_\_\_\_\_

**ALL ACCIDENTS OR LOSSES INVOLVING**

- *Loss or Damage to any property or equipment of any description*
- *Injury to other persons;*
- *Loss or damage to any property of others*

**SHALL BE REPORTED IMMEDIATELY ON THIS FORM BY COMPLETING**

- **SECTIONS 1, 2, 3**
- **NARRATIVE**
- **ACCIDENT SCENE DIAGRAM**

**DISTRIBUTION:**

- 1 copy - CHIEF ADMINISTRATIVE MANAGER**
- 1 copy - DEPARTMENT HEAD**
- 1 copy - SUPERVISOR**

*Q*

**Schedule "A" continued  
ACCIDENT/LOSS REPORT FORM**

Participant  
Reporting \_\_\_\_\_  
Location & Phone  
No. \_\_\_\_\_  
Title & Person  
in Charge \_\_\_\_\_  
Date & Time \_\_\_\_\_

**SECTION ONE: Involving Automobiles, or any other Mobile Equipment or Motorized Vehicles.  
OWNED OR OPERATED BY OR ON BEHALF OF PARTICIPANT**

**VEHICLE**

MODEL	YEAR	SERIAL #	DEPT. ITEM #	LICENCE

Purpose for which vehicle is being used \_\_\_\_\_

**DRIVER**

Name \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Driving Experience \_\_\_\_\_ Number of Previous accidents \_\_\_\_\_

Previous Convictions \_\_\_\_\_ Have you Completed a Defensive Driving Course? \_\_\_\_\_

**DETAILS**

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

**OF**

Speed \_\_\_\_\_ Direction \_\_\_\_\_ Weather Conditions \_\_\_\_\_

**ACCIDENT**

Did Police take details? \_\_\_\_\_ If so, what Force/Detachment \_\_\_\_\_

Has Charge been laid? \_\_\_\_\_

**DAMAGE**

Extent of damage \_\_\_\_\_

**TO OUR**

Approximate cost of repair \_\_\_\_\_

**VEHICLE**

Where can vehicle be seen \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Kind of property and extent of damage

If vehicle, state below:

**DAMAGE**

Type of

**TO** Make \_\_\_\_\_ Body \_\_\_\_\_ License No. \_\_\_\_\_ Damage: \_\_\_\_\_

**PROPERTY** Name and Address of Owner \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OF OTHERS** \_\_\_\_\_

Name and Address of Driver \_\_\_\_\_

3rd Part y Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_

Agent \_\_\_\_\_

Name	Address	Passenger	Pedestrian
_____	_____	Own	Other

**PERSONS** 1. \_\_\_\_\_

**INJURED** 2. \_\_\_\_\_

Extent of injuries 1. \_\_\_\_\_ 2. \_\_\_\_\_

State if taken home or to Doctor or to Hospital \_\_\_\_\_

Passenger Pedestrian

**IMPORTANT!! GIVE NAMES & ADDRESSES OF WITNESSES BELOW** Own Other

Name Address

**WITNESSES** 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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Participant  
Reporting \_\_\_\_\_  
Location & Phone \_\_\_\_\_  
No. \_\_\_\_\_  
Title & Person  
in Charge \_\_\_\_\_  
Date & Time \_\_\_\_\_  
\_\_\_\_\_

**SECTION TWO:**

*Involving Participant's Buildings, Contents, or Any other Property*

DATE OF OCCURRENCE \_\_\_\_\_

DESCRIPTION OF PROPERTY \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

HOW DID DAMAGE OCCUR, REG. FIRE, WOOD, ETC.? \_\_\_\_\_

ESTIMATE OF DAMAGE \_\_\_\_\_

WAS LOST REPORTED TO POLICE? \_\_\_\_\_ *If so, what Force/Detachment*

**SECTION THREE:** *Involving Injury to other persons or Property of Others*

OCCURRED WHEN \_\_\_\_\_

OCCURRED WHERE \_\_\_\_\_

PROPERTY DAMAGE GIVE ESTIMATES \_\_\_\_\_

**NARRATIVE REPORT/DESCRIPTION OF CIRCUMSTANCES/DIAGRAM/OR AS REQUIRED  
TO FULLY DESCRIBE ACCIDENT, OR LOSS SECTION - 1, 2 OR 3**

**FOLLOW UP**

DATE REPORT COMPLETED \_\_\_\_\_

PERSON COMPLETING REPORT \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

ACCIDENT

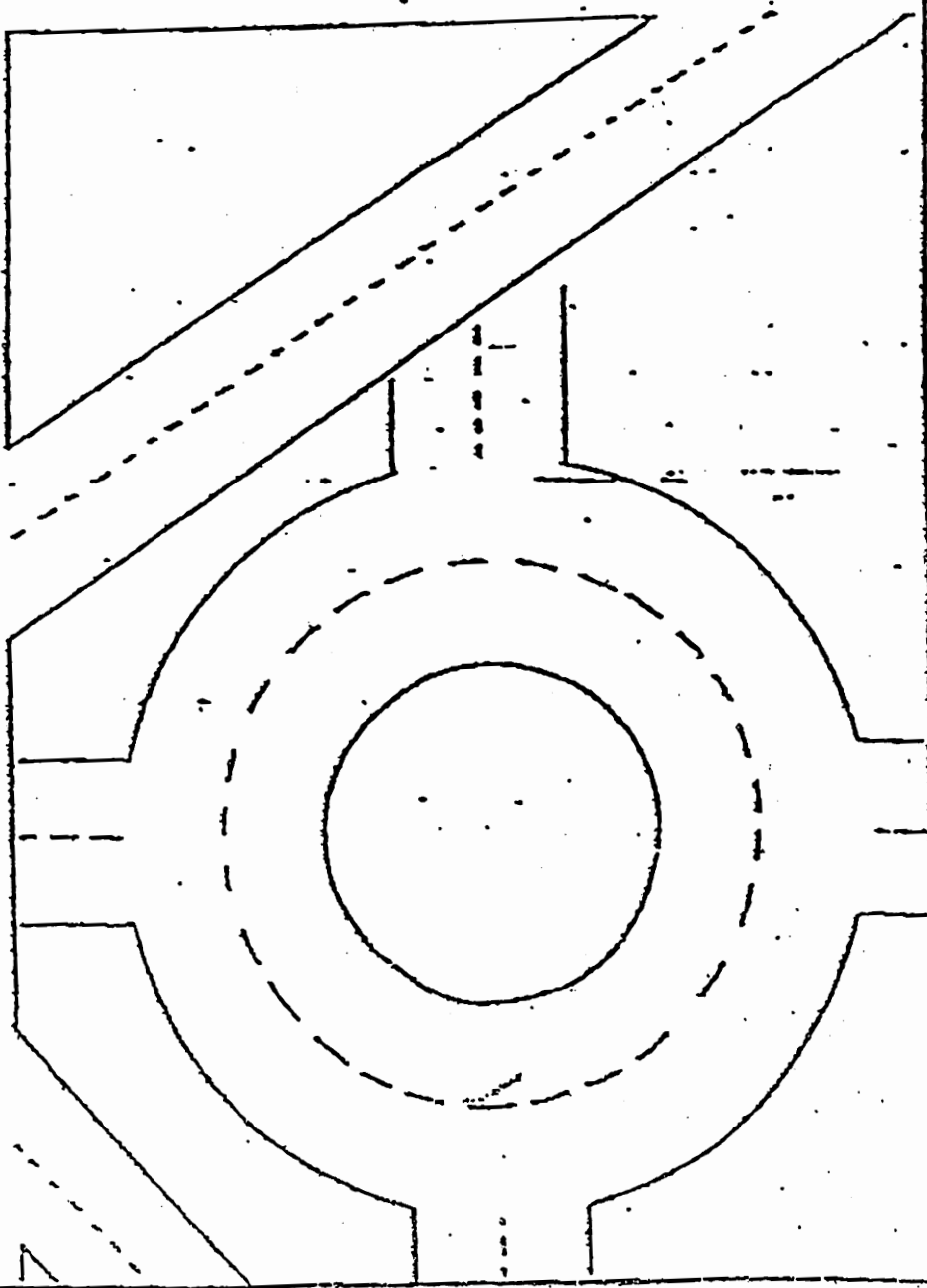
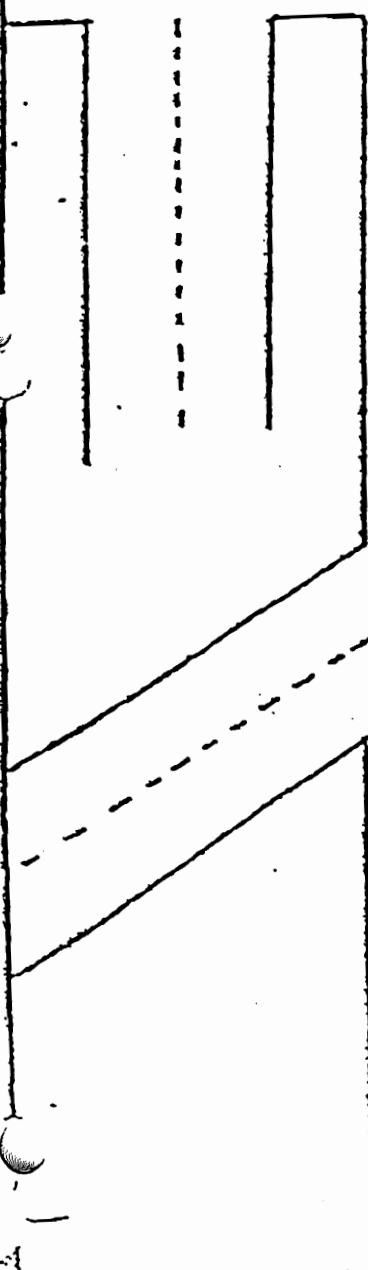
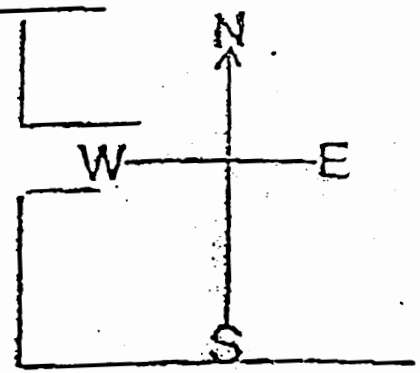
SCENE

DIAGRAM

Two empty rectangular boxes for accident details.

One empty rectangular box for scene details.

One empty rectangular box for scene details.



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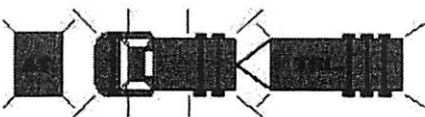

## OPERATOR'S PRE-/POST-TRIP INSPECTION REPORT

*Inspect Vehicle and Equipment Pre- and Post Trip as per Town of Chestermere Policy No. 111*

Odometer Reading		Hour Meter		Date (yyyy/mm/dd)
Start:	Stop:	Start:	Stop:	/ /
Unit Number		Trailer Unit Number	Pre-Trip Location Where Inspection Performed	Post-Trip Location Where Inspection Performed
			Time (24 HR):	Time (24 HR):
Service Due @	Greased @	Grease Due @	Fuel Level @	
KMS	HRS	HRS	%	

**ONLY CHECK ITEMS IF DEFECTIVE – USE AN ASTERISK (\*) TO NOTE A RECURRING PROBLEM. GIVE DETAILS BELOW.**

Under the Hood:		In the Cab:		Around the Vehicle/Unit:		Trailer:	
Pre-Trip	Post-Trip	Pre-Trip	Post-Trip	Pre-Trip	Post-Trip	Pre-Trip	Post-Trip
<input type="checkbox"/> Engine Oil	<input type="checkbox"/>	<input type="checkbox"/> All gauges	<input type="checkbox"/>	<input type="checkbox"/> All glass	<input type="checkbox"/>	<input type="checkbox"/> Trailer coupling devices	<input type="checkbox"/>
<input type="checkbox"/> Transmission Oil	<input type="checkbox"/>	<input type="checkbox"/> Windshield/wiper/washer	<input type="checkbox"/>	<input type="checkbox"/> All lights/reflectors	<input type="checkbox"/>	<input type="checkbox"/> Trailer brake connections	<input type="checkbox"/>
<input type="checkbox"/> Coolant (visual)	<input type="checkbox"/>	<input type="checkbox"/> Horn(s)	<input type="checkbox"/>	<input type="checkbox"/> Emergency lights/beacons	<input type="checkbox"/>	<input type="checkbox"/> Trailer brake operation	<input type="checkbox"/>
<input type="checkbox"/> Brake fluid (visual)	<input type="checkbox"/>	<input type="checkbox"/> Heater/defroster	<input type="checkbox"/>	<input type="checkbox"/> CVIP/AVIP decal	<input type="checkbox"/>	<input type="checkbox"/> Safety chains	<input type="checkbox"/>
<input type="checkbox"/> Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/> Park brake	<input type="checkbox"/>	<input type="checkbox"/> Licence plate/validation	<input type="checkbox"/>	<input type="checkbox"/> All lights/reflectors	<input type="checkbox"/>
<input type="checkbox"/> Hydraulic oil	<input type="checkbox"/>	<input type="checkbox"/> Service brake	<input type="checkbox"/>	<input type="checkbox"/> Tires (inflation/damage)	<input type="checkbox"/>	<input type="checkbox"/> Tires (inflation/damage)	<input type="checkbox"/>
<input type="checkbox"/> Battery	<input type="checkbox"/>	<input type="checkbox"/> Rear vision mirrors	<input type="checkbox"/>	<input type="checkbox"/> Wheel rims/lug nuts	<input type="checkbox"/>	<input type="checkbox"/> Wheel rims/lug nuts	<input type="checkbox"/>
<input type="checkbox"/> Hoses & lines	<input type="checkbox"/>	<input type="checkbox"/> Vehicle documentation	<input type="checkbox"/>	<input type="checkbox"/> Hub oil levels/mud flaps	<input type="checkbox"/>	<input type="checkbox"/> Hub oil levels	<input type="checkbox"/>
<input type="checkbox"/> Drive belts	<input type="checkbox"/>	<input type="checkbox"/> Emergency equipment	<input type="checkbox"/>	<input type="checkbox"/> Box/Hoist/Tarp	<input type="checkbox"/>	<input type="checkbox"/> Suspension	<input type="checkbox"/>
<input type="checkbox"/> Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/> Seat belt	<input type="checkbox"/>	<input type="checkbox"/> Suspension	<input type="checkbox"/>	<input type="checkbox"/> Loading ramps	<input type="checkbox"/>
		<input type="checkbox"/> Adjust seat(s)	<input type="checkbox"/>	<input type="checkbox"/> Trailer coupling devices	<input type="checkbox"/>	<input type="checkbox"/> Load securement	<input type="checkbox"/>
		<input type="checkbox"/> Communication equipment	<input type="checkbox"/>	<input type="checkbox"/> Load securement	<input type="checkbox"/>		
				<input type="checkbox"/> Pins & keepers	<input type="checkbox"/>		
				<input type="checkbox"/> Boom/hoe frame/linkage	<input type="checkbox"/>		

Indicate Body damage (X) 	Brake adjustment – *Pre-trip inspection only*							Air Brake Check   See detailed attached instructions	
	PUSH ROD TRAVEL	AXLE	1	2	3	4	5		6
		RIGHT							
LEFT									

**Defect Comments:**

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Defect(s) Reported To:  Crew Leader     Supervisor     Fleet Maintenance

Driver's Name (Print) \_\_\_\_\_ Department \_\_\_\_\_

Driver's Signature (Pre-Trip) \_\_\_\_\_ Driver's Signature (Post-Trip) \_\_\_\_\_

Reviewed by (Initials of Supervisor/Fleet Maintenance) \_\_\_\_\_

Corrective Action:  
I certify that:  Repairs of the noted defects have been corrected.     Items noted do not affect the safe operation of this vehicle.  
 Out of Service

Mechanic's Signature:	Work order #	Date (yyyy/mm/dd)	Driver's Signature
		/ /	



**AIR BRAKE SYSTEM - Note: Wheels must be chocked, parked on level ground**

1. Drain reservoirs (ALL reservoirs must be drained daily)
  - Drain supply reservoir first (drain cocks must be fully opened)
2. Close drain cocks & build system pressure
  - Check low pressure warning device cuts out at 60 PSI
  - Check pressure buildup time from 50 – 90 PSI
    - i. Time must be 3 minutes or less at 1250 RPM
    - ii. Cutout pressure between 120 – 130 PSI
3. Check reservoir pressure/leakage
  - NOTE: Engine off & brakes released
  - Allow pressure to stabilize for one minute
  - Check gauge for 2 minutes
    - i. Maximum allowable drop for either reservoir is 2 PSI for single vehicle
4. Build system pressure to maximum
  - NOTE: Wheels chocked and parking brake release engine off
  - Allow 1 minute to stabilize pressure
  - Make & hold a full brake application for 2 minutes
    - i. Check pressure drop
    - ii. Must not exceed 4 PSI in either reservoir for 2 minutes
5. Check slack adjuster travel
  - Not to exceed 1 ½" (adjust accordingly)
  - Check slack adjuster angle
    - i. Must not be less than 90 degrees (if it is, have a mechanic check)
6. Check manual emergency system
  - NOTE: Engine idling and wheels chocked
  - Manually operate park control valve
    - i. NOTE: Park brakes should apply and release promptly
7. Check automatic emergency brake system
  - Build air pressure to maximum
  - Shut off engine
  - Fan brakes until pressure drops low enough to activate park control valve

**NOTE: ALL SPRING APPLIED BRAKES SHOULD BE ON NOW!!!**

**NOTE: BRAKE SHOE WEAR SHOULD BE CHECKED REGULARLY!!!**

**NOTE: TRUCKS MUST BE GREASED AS REQUIRED (ie. DAILY IF NECESSARY)!!!**



LUBRICATION	A	B	C	TIRES & WHEELS	A	B	C
Replace Engine Oil <small>Drain Plug Verification by _____</small>				Tire Pressures			
Replace Oil Filters				Wheel Nuts			
Replace Fuel Filters				Tread Wear %			
Replace Coolant Filter				Toe-in			
Replace Coolant Conditioner							
Replace Power Steering Filter							
Grease				<b>ADJUSTMENTS</b>			
Check Trans. Oil Level				Brakes			
Check Rear Diff Oil Level				Air Bag Height			
Change Gear Oils				PTO Packing Adjustments			
Clean Breathers							
Lube Door Hinges							
Lube Key Locks							
Lube Hood Latches							
Lube Overhead Door Track							
Wire Connections				<b>OTHERS</b>			
Battery Cable Connections				Windshield Fluid			
Front Wheel Hub Oil Level				Air Conditioner Service			
Hydraulic Oil Level				Alcohol Sniffer			
Drive Line Inspection				Body Panels			
Wire Connections				Handrails and Steps			
Trailer Electrical				<b>Referred to Operators Manual For Manufacturers Service</b>			
<b>ENGINE SERVICE</b>				<b>Intervals and Specific Specifications</b>	<b>Yes</b>	<b>No</b>	
Antifreeze Level							
P.H. & D.C.A. Levels				<b>COMMENTS</b>			
Power Steering Level							
Oil Leaks							
Coolant Leaks							
Fuel Leaks/Fuel Cap							
Tune Up							
Block Heater							
Brake Fluid Level							
Fan Clutch							
CMAC Pressure Test							
<b>ATTACHMENTS</b>							
PTO/Driveline Condition							
Personal Safety and Guards							
Bearings and Supports							
Chain Adjustment							
Corner Drive Oil Level/Grease							
Safety Chains							
Pins Keepers and Hardware							
				<b>DUE DATE</b>			
				<b>INSTALL STICKER</b>			
				<b>INSPECTED BY</b>			

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