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I. PURPOSE:


The purpose of this policy is to provide requirements and standards for the use of Stanford Medicine Health Care (SHC) and Stanford Health Care Tri-Valley (Tri-Valley) leased/owned vehicles. This policy applies to employees who are required to drive as part of their job description and/or employees who utilize SHC/Tri-Valley vehicles for business purposes.

II. POLICY:

- A. Hospital leased/owned vehicles are utilized for business or work purposes only.
- B. All staff (includes contractors, volunteers, vendors) utilizing Hospital leased/owned vehicles must have a driving record that meets Hospital's standards. Failure to meet these standards will result in termination or end of assignment, standards include but are not limited to:
 1. Valid California driver's license
 2. No more than one (1) major moving violation conviction (2 points violation) in the last 60 months.
 3. No conviction, misdemeanor, or felony driving under the influence of alcohol or drugs in the last 36 months.
 4. No more than three (3) moving violation convictions of any kind in the last 36 months, and no more than two (2) in the last 24 months.
 5. Time periods used above are based on conviction date.
- C. Staff will be required to sign and attest to the "Company Vehicle Usage Agreement" before first use and when this policy is updated triennially or when practice changes.
- D. Staff who drive as a requirement of their job are required to grant Hospital authorization to enroll them in the California Department of Motor Vehicles (DMV) Employer Pull Notice Program.
 1. This program initially and periodically thereafter automatically sends SHC an updated Motor Vehicle Report (MVR).
- E. Staff are prohibited from using a wireless telephone (except for emergency purposes) while operating a motor vehicle unless the driver uses a hands-free device.
- F. Staff are prohibited from driving a motor vehicle while using an electronic wireless communications device to write, send, or read a text-based communication.
- G. Hospital leased/owned vehicles must be properly maintained/used.

III. DEFINITIONS:


- A. Employer Pull Notice Program (EPN): The Employer Pull Notice (EPN) program enables organizations to monitor the driving records of staff who drive for them. By monitoring their

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staff' driving records, organizations can ensure that each driver has a valid driver's license, recognize problem drivers or driving behavior, improve public safety, minimize liability.

IV. PROCEDURE:

- A. If interested in acquiring, adding, or replacing Hospital vehicles, department must complete a [New Vehicle Request Justification Form](#).
- B. Maintaining driving standards
 1. Department manager must obtain a signed Company Vehicle Usage Agreement from the staff and retain a copy in the staff's files.
 - a. Failure to grant authorization at time of hire or transfer will result in the revocation of the staff's offer of employment or transfer for failing to meet the requirements of the position.
 2. If a driving record no longer meets the standards or a driver's license is not valid:
 - a. the staff will not be permitted to drive as required by their job.
 - b. the staff will not be permitted to drive a Hospital vehicle.
 - c. the manager should consult with Staff and Labor Relations to determine the appropriate action.
 3. Staff must inform their manager immediately if their driver's license has been suspended or revoked and must refrain from driving Hospital vehicles.
 - a. Failure to notify the manager in a timely manner may be subject to disciplinary action up to and including termination or assignment ending.
- C. Motor Vehicle Violations:
 1. Staff assume the duty of obeying all motor vehicle laws at all times.
 2. When driving Hospital vehicles, all traffic, parking violations, convictions, and any fines or tickets (regardless of severity) must be reported promptly to the staff's manager, including providing a copy of the violation notice.
 3. Drivers are responsible for paying any traffic or parking fines or citations that are the result of vehicle operation.
 4. Departments shall ensure that all citations (e.g., paying, contesting citations) are addressed within the allotted time provided on the citation ticket.
 5. Citations that are the result of a Hospital-provided equipment violation will be paid by the Hospital.
 6. Staff must report a misdemeanor, a felony conviction of driving under the influence (DUI) within seventy-two (72) hours of the conviction to their department manager. The department manager must report the conviction to Human Resources.
 - a. Managers who fail to act on DUI misdemeanor or felony convictions may also be subject to disciplinary action up to and including termination.

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D. Accidents in a Hospital Vehicle:


1. Staff involved in an accident with another vehicle, must complete the Auto Incident Reporting form, (see [Appendix A](#)).
 - a. Obtain the following information (including but not limited to):
 - i. Other driver's license and vehicle registration
 - ii. Other driver's insurance information
 - iii. Other driver's contact information
 - iv. Other vehicle's license plate
 - v. Photos of the accident (e.g., damages from both vehicles, scene of accident, such as crosswalk, traffic light, etc.)
2. Staff involved in an accident not involving another vehicle must obtain:
 - a. Photos of the scene (e.g., damages to property, damages to vehicle).
 - b. Address of where accident occurred, contact information of person(s), name of property (if applicable).
3. Staff must report all accidents to their department manager and to Fleet Services.
4. If a driver (or manager) permits an unauthorized person to drive a hospital vehicle, he/she will be responsible for any and all damage sustained by the unauthorized driver.

E. Vehicle Maintenance:

1. Smoking is not allowed in Hospital leased/owned vehicles.
2. Protect the upholstery from damages or stains.
3. Park vehicles at appropriate or assigned Hospital sites when not in use (e.g., overnight, end-of-business day). Staff are not allowed to park Hospital leased/owned vehicles at their home overnight.
4. Bring vehicles for regular preventive maintenance when requested by Transportation Services Department.
5. For additional maintenance, complete the [Fleet Preventive Maintenance/Reactive Maintenance Form](#).

F. Drivers who drive Hospital vehicles on an occasional non-regular basis where a driver's license is not required by job specification must meet the driver's license standards whenever they operate a Hospital vehicle. The department manager or designee is responsible for verifying renewal and ongoing validity of this driver's license prior to allowing that driver to drive a Hospital vehicle. Drivers who drive Hospital vehicles on an occasional non-regular basis are required to:

1. Attest that they have read and understood the requirements and responsibilities outlined on this policy.
2. Have a valid driver's license and meet driver licensure standards.
3. Use the vehicle for Hospital business only.

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4. Comply with this policy and other departmental policies related to use of Hospital vehicles.
5. Failure to comply with the above requirements will result in loss of privilege to use Hospital vehicles for business purposes and may subject the driver to disciplinary action up to and including termination or assignment end.

V. COMPLIANCE:

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at Hospital are responsible for ensuring that individuals comply with this policy.
- B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with Hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to Hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VI. REFERENCES:

- A. [Employer Pull Notice Program](#), California Department of Motor Vehicles

VII. RELATED DOCUMENTS/PROCEDURES:


- A. NA

VIII. APPENDICES:

- A. [APPENDIX A: Auto Incident Reporting Form](#)

IX. DOCUMENT INFORMATION:

- A. Legal References/Regulatory Requirements:
 1. NA
- B. Original Document
 1. 04/1998, F. Barthelemy, Vice President of Human Resources
- C. Stored in: Parking and Access Manual
- D. Review and Renewal Requirements:
 1. This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- E. Review and Revision History:

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1. October 1998, May 2000, October 2003, September 2008, December 2008, May 2010, October 2010, January 2012, October 2017, April 2023
2. March 2025 Jackie Stiasny, Program Project Coordinator; Rediet Tesfaye, Senior Director-Facility Services

F. Approvals:

1. May 2000, June 2001. October 2003. June 2007, October 2017, June 2007, October 2008 December 2008, June 2010, December 2010, February 2012, October 2017
2. March 2025 Chris Wintrode, Vice President-Site Support Services, Transportation & Grounds, & Strategic Initiatives
3. 05/2025 Policy and Procedure Steering Committee
4. 08/2025 Clinical and Operational Performance Excellence Committee (COPEC)

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APPENDIX A: Auto Incident Reporting Form

To obtain a form, contact riskmanagement@stanfordhealthcare.org or fleet@stanfordhealthcare.org.

Stanford Health Care & Stanford Children's Health
Auto Incident Reporting Form

**Immediately report all incidents to your Supervisor, Risk Management and Fleet Manager.
 Complete all sections of this form. Submit this form and all photos to Risk Management and Fleet Manager.**

Risk Management		Office (650) 723-6824	riskmanagement@stanfordhealthcare.org
SHC Fleet	Jackie Stiasny	Office (650) 709-5716	jstiasny@stanfordhealthcare.org ; fleet@stanfordhealthcare.org
LPCH Fleet	Edward Gwin	Mobile (650) 649-9231	EGwin@stanfordchildrens.org

EMPLOYEE (Driver Completing Form)

Name:		Driver License#:		Contact #:	
Email:		Supervisor:		Contact #:	

HOSPITAL VEHICLE

Vehicle Number (assigned by Fleet):		<input type="checkbox"/> SHC <input type="checkbox"/> LPCH					
Year:		Make:		Model:		Color:	
License Plate:		VIN#:					
Department Vehicle is Assigned To:		Department Address:					

OTHER VEHICLE/DRIVER

Name:		Driver License#:		Contact #:			
Address:		City/State:		Zip:			
Year:		Make:		Model:		Color:	
License Plate:		VIN#:					
Insurance Carrier:		Policy #:					

INCIDENT INFORMATION

Date of Incident:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Description of Incident:				
Location of Incident (city/street/building/cross street/highway):				

Damage to hospital vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Location of Damage:	
Damage to other vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Location of Damage:	
Light Conditions:	<input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Night		
Weather:	<input type="checkbox"/> Rain <input type="checkbox"/> Clear <input type="checkbox"/> Snow <input type="checkbox"/> Fog		
Road Surface:	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice		
Was anyone injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Describe:	
Passengers in vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Contact Number:	
Witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Contact Number:	
Police Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report #:	
Is vehicle drivable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Describe:	
Was vehicle towed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where:	
Photos	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	

Risk Management will notify insurance and will follow up with next steps.

Email completed form to: riskmanagement@stanfordhealthcare.org