Responsible Department/Division/Committee:

Environmental Health and Safety

Policy:

The purpose of this policy is to ensure the safety of all Golf Carts and Utility Vehicle drivers and Pedestrians at Stony Brook University. Golf carts and utility vehicles shall only be used for official University business and operated by trained and licensed individuals. Vehicles shall be driven in accordance with the New York State Vehicle and Traffic Law, and the procedures outlined in this policy, in a manner that assures the safety of the operator, passengers, pedestrians, other vehicles and University property.

Definitions:

NA

Procedures:

A. Responsibility

1. Driver Requirements:
   a. Must be a minimum of 18 years old, possess a valid driver's license and be authorized by a Department Head or Faculty Advisor.
   b. Complete required training and review the manufacturer operating and safety instructions.
   c. Adhere to all applicable New York State Vehicle and Traffic Law regulations, all campus parking rules and regulations, all posted roadway and walkway signage, and the Operating Requirements in the training.
   d. ALWAYS yield to pedestrians and limit use in areas where there is high pedestrian traffic
   e. Do not exceed 20 MPH
f. Slow down before making sharp turns
g. Never drive while impaired by alcohol, medication, illness, fatigue or injury
h. Ensure no more than the allowable amount of occupants ride on the vehicle at one time
i. Remove key from vehicle when not in use
j. Drive in a defensive manner, anticipating situations that may be hazardous
k. Avoid driving the vehicle at night (unless with the permission of the department supervisor)
l. Operation of the vehicle is restricted to Stony Brook University main campus and College properties located immediately adjacent to the main campus.
m. Drivers must stay on approved pathways and limit operating the vehicle on roadways.

2. Department Requirements:
   a. Ensure that drivers possess a valid driver's license in accordance with this procedure.
   b. Register all golf carts and utility vehicles with Transportation and Parking Operations (TPO) and ensure that they are maintained in good working order and inspected by TPO annually.
   c. Ensure that vendors and contractors comply with this policy when using golf carts or utility vehicles.
   d. Schedule and attend required Golf Cart and Utility Vehicle training with Environmental Health & Safety prior to operating any vehicle.
   e. Provide and review manufacturer operating and safety instructions and the operating requirement.
   f. Complete the authorization section and retain the form in department files.

Forms: Employee Driver Authorization Application

Policy Cross Reference: NA

Relevant Standards/Codes/Rules/Regulations/Statutes:

References and Resources: NA
EMPLOYEE DRIVER AUTHORIZATION APPLICATION
(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

PERSONAL INFORMATION (please print):
NAME (exactly as it appears on driver’s license) _____________________________
CAMPUS EMPLOYEE ID # _________________________________________________
HOME ADDRESS (address that appears on driver’s license) _____________________
CITY STATE ZIP CODE ____________________________
D/O/B _________________________________________________________________
DRIVERS LICENSE # ____________________________________________________
STATE LICENSE HELD OVER 3 YRS? (Yes / No) _______________________________
DEPARTMENT ________________________________
TITLE _________________________________________________________________
SUPERVISOR ____________________________________________________________

I hereby authorize Stony Brook University and/or its insurance representative, pursuant to the Driver’s Protection Act to periodically obtain and review my Motor Vehicle Record as needed in order to evaluate my insurability when driving a College owned, leased or rented vehicle.

By my signature, I hereby grant permission to Stony Brook University to enroll my New York State Driver’s License in the New York LENS program for the duration of my employment in my current position. This program will automatically notify Skidmore College of any motor vehicle convictions.

SIGNATURE ___________________________ Date ________________________________
EMPLOYEE DRIVER AUTHORIZATION APPLICATION

(APPLICATION MUST BE APPROVED PRIOR TO DRIVING)

PERSONAL INFORMATION (please print):

NAME (exactly as it appears on driver’s license)_____________________________________________

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SIGNATURE____________________________    Date _________________________________________