

LOCAL CRS LOGO

DISCHARGE OF RESPONSIBILITY FORM

I undersigned,

First name	Given name	Signature

Traveling this day in a CRS vehicle on the itinerary:

Discharge the organization CRS (Catholic Relief Services), the driver/pilot, and the other CRS staff members of any responsibility in case of accident, loss, or theft of my belongings.

Location: _____ Date: _____

Note: Translate into local languages.

Vehicle Inspection Checklist



VEHICLE INSPECTION

Vehicle No: _____

Period: _____

	MON	TUE	WED	THU	FRI	SAT	SUN
DRIVER INITIALS ⇨							
Cleanliness (vehicle is clean inside and out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel (tank at least 50% full; no leaks; gas cap on)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Oil (level okay / low; condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other liquids / oils (radiator coolant; windshield washer fluid; brake fluid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery (connections; water level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Leaks (look underneath vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headlights / Brake lights / Turn Signals (all function normally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires and Wheels (tire pressure okay; no unusual wear; lug bolts on and tight; check spare tire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn (sounds normally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes (brake fluid level; brakes working normally; hand brake okay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tools and equipment (jack; tire iron; lug wrench; tool kit; seat belts okay; flashlight; winch control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit / Warning Triangles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors, windows and mirrors (operate normally; lock easily with key; windows clean & operate normally; windshield wipers okay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water decanter (okay; needs draining)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents (vehicle log, proof of insurance; registration; others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start engine (pre-heating works; motor starts easily; oil pressure okay; battery is charging, no unusual noises or odors; no "idiot" lights are on)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver Test Scoresheet

TESTER: _____		TESTING DATE: _____		LOCATION: _____	
CANDIDATE / STAFF DETAILS					
NAME: _____		DATE OF BIRTH: _____		PLACE OF BIRTH: _____	
DRIVER LICENSE No.: _____		ISSUE DATE: _____		EXPIRATION DATE: _____	
<p style="color: red; font-size: small;">Attach copy of driver licenses to this scoresheet; file documents in Driver's dossier (copies in Transportation Office & Administration / HR Office).</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Test 1 <input type="checkbox"/> Test 2 <input type="checkbox"/> Test 3 <input type="checkbox"/> Review </div> <div> <input type="checkbox"/> City Driving <input type="checkbox"/> Highway Driving <input type="checkbox"/> Off-Road Driving </div> </div>					
CANDIDATE PROFILE					
1. DRIVING EXPERIENCE 1.1 Years of driving experience / fines or arrests 1.2 Make & models of vehicles driven 1.3 Mechanical training & experience					
GENERAL APTITUDE, MECHANICAL KNOWLEDGE AND DRIVING SKILLS					
TESTING / EVALUATION CRITERIA	WEIGHT	EXCELLENT (enter 3) GOOD (enter 2) PASSABLE (enter 1) POOR (no entry)	COMMENTS & REMARKS		
BEFORE DRIVING					
2. LANGUAGE SKILLS	1	SCORE:			
2.1 Working language (specify):					
2.2 Others (specify):					
3. VEHICLE PRE-START INSPECTION	2	SCORE:			
3.1 Verifies damage to and cleanliness of vehicle					
3.2 Verifies tools, lug wrench, spare tire, jack					
3.3 Checks wheels, tires, lugs, and lights					
3.4 Looks under vehicle for fluid leaks					
3.5 Checks engine oil & other engine elements					
4. KNOWLEDGE OF VEHICLE EQUIPMENT	2	SCORE:			
4.1 Identifies odometer, tach, other instruments					
4.2 Locates & sets up jack / changes tire					
4.3 Knowledge of basic first aid					
DRIVING					
5. STARTING VEHICLE & LEAVING PARKING LOT	3	SCORE:			
5.1 Checks instruments / interior before starting engine					
5.2 Preheats engine					
5.3 Buckles seat belt / verifies passenger seat belts					
5.4 Checks mirrors before moving / hand brake release					
5.5 Shifts gears smoothly					
5.6 Drives well within & while exiting parking lot					
6. MANEUVERING / DRIVING TECHNIQUES	3	SCORE:			
6.1 Signals before making turns / turns smoothly					
6.2 Stops & starts appropriately ("eco-driving")					
6.3 Shifts gears smoothly / uses appropriate gears					
6.4 Doesn't ride clutch or brakes					
6.5 Obeys speed limits & traffic rules					
6.6 Operates headlights & wipers while moving					
6.7 Parks correctly (drive-in and parallel)					
7. DEFENSIVE DRIVING / ROAD SAFETY CONSCIOUSNESS	3	SCORE:			
7.1 Is aware of and considerate of other vehicles					
7.2 Identifies & avoids potential hazards					
7.3 Passes vehicles & bicycles with care					
7.4 Uses mirrors effectively					
7.5 Is aware and considerate of pedestrians & animals					
7.6 Keeps within lane / uses appropriate lanes					
7.7 Doesn't tailgate / maintains appropriate distance					
8. DRIVING OFF-ROAD (4WD)	3	SCORE:			
8.1 Drives at an appropriate speed					
8.2 Identifies & avoids potential hazards & obstacles					
8.3 Aware and considerate of pedestrians & animals					
8.4 Can lock & unlock vehicle hubs					
8.5 Places vehicle in 4WD & back to 2WD					
8.6 Uses appropriate gears & speeds while in 4WD					
POST DRIVING					
9. POST DRIVE ACTIONS / TESTER CONSIDERATIONS	2	SCORE:			
9.1 Enters parking lot, parks with care, leaves vehicle in gear					
9.2 Sets hand brake, turns off lights and other equipment					
9.3 Fills out vehicle log, locks Multi-Lock & doors					
9.4 Tester feels safe & comfortable with driver					
10. TESTER RECOMMENDATIONS					
10.1 Hire as Driver					
10.2 Hire as Head Driver					
10.3 Hire as Driver / Mechanic					
10.4 Do not hire					
10.5 Authorize staff to drive CRS vehicles					
10.6 Do not authorize staff to drive CRS vehicles					
PERFORMANCE AND SCORING					
TOTAL SCORE:		Maximum score is 312			
OVERALL PERFORMANCE RATING:		Excellent (234 - 312)	Good (156 - 233)	Passable (78 - 155)	Poor (0 - 77)
* See criteria for hiring below					
<p>* Driver candidates rated Excellent and Good may be hired; Drivers rated Passable may be hired provisionally under special circumstances but shall be trained and re-tested prior to approving them for field responsibilities. Staff may be approved to drive if a score of Excellent or Good is achieved.</p>					
SIGNATURE - TESTER _____					

Disclaimer - Authorized Users of CRS Vehicles Form

Overops Policy POL-OSD-VEH-001 (Use of CRS Vehicles) - Appendix 1

CATHOLIC RELIEF SERVICES ("CRS")

CP, RO or other Location Select:

DISCLAIMER FOR AUTHORIZED USERS OF CRS VEHICLES

I, the undersigned,

Family Name	First Name	Signature

understand and accept that authorization to use CRS vehicles involves risks including accidents, injury, death, loss or theft of personal belongings. I have read and understood Overops Policy POL-OSD-VEH-001 (Use of CRS Vehicles) governing the use of CRS vehicles. I assume full responsibility for death or injury from accidents resulting from my own negligence, reckless and / or careless driving, and hold CRS harmless from present or future claims or liability.

Location: _____ Date: _____

Place this form and a photocopy of the user's driver license(s) in the user's personnel

CATHOLIC RELIEF SERVICES (“CRS”)

CP, RO or other Location Select:

AUTHORIZATION TO DRIVE CRS VEHICLES

I, Authorizing Official, Select: of the CRS CP, RO or other Location Select:, located in City, Country, hereby certify that the individual named below has passed a driver evaluation, participated in a training and orientation program, and signed a “Disclaimer for Authorized Users of CRS Vehicles.” The individual is hereby authorized to drive the CRS vehicles listed below.

Family Name	First Name	Position / Title

Authorized to Drive (vehicle types)	Exclusions / Limitations
Select:	
Select:	
Other	

By signing the “Disclaimer for Authorized Users of CRS Vehicles,” the individual named above acknowledges that s/he understands and accepts that the use of CRS vehicles involves risks including accidents, injury, death, and loss or theft of personal belongings. Furthermore, s/he has acknowledged in writing to have read and understood OverOps Policy POL-OSD-VEH-001 (Use of CRS Vehicles) governing the use of CRS vehicles and assumes full responsibility for death or injury from accidents resulting from his / her negligence, reckless or careless driving, and will hold CRS harmless from present or future claims or liability.

Signature: _____
Name, Title

Date: _____

Location: _____

File original of this form in user’s personnel file; keep photocopy in Transportation Office

No Passenger Sticker



This text must be applied on the windscreen (using adhesive tape):

**CRS (Catholic Relief Services) FORBIDS DRIVERS TO TRANSPORT PEOPLE OR
PARCELS NOT BELONGING TO THE ORGANIZATION**
Field Coordinator's signature and stamp:



Staff Safety and Security Incident Report Form

Staff Safety & Security Incident Report Form
For internal use only

Attention: _____

Reported by: _____

Name:

Email contact:

Date of report:

Type of incident: _____

A few words in order to classify the incident – i.e. mugging or traffic accident or harassment at military checkpoint, etc.

Description of incident: _____

Date:

Time:

Location:

What happened:

Action taken: _____

By police/security forces, by local authorities, by CRS. Who was informed. Inquiry...

Impact on security & safety: _____

Consider the victim (s), the team, local partners, beneficiaries, Country Program, the agency CRS image...

Action requested: _____

Key information: who requests what? Incident analysis. Lessons learned. Review of security management and procedures.

Lessons Learned: