Office of:

Selectmen Town Manager Treasurer Tax Collector Police Department Fire Department

Telephone: 207.864.3326



Office of:

Town Clerk Code Enforcement Officer Parks & Recreation Assessor Public Works

Fax: 207.864.3578

RANGELEY HEALTH RIDE POLICY

Program Description

The Rangeley Health Ride Program is a transportation program for individuals in need of transportation to and from doctor appointments. This program is funded by donations as well as budgetary contributions from Rangeley and the surrounding plantations. The program is comprised of one stipend coordinator position and several volunteers. The vehicle and volunteer drivers are covered on the fleet insurance portion of the Town of Rangeley's property casualty insurance pool.

Program Administration

The Program Coordinator is tasked with recruitment of volunteers and scheduling clients. He is responsible for scheduling maintenance on the vehicle, i.e. purchase of winter tires, oil changes, safety inspections. Invoices for any maintenance / repairs / tires are to be submitted to the Treasurer's office for payment. Frequent vehicle inspections will be conducted for any damages, etc. The Coordinator will keep a driving log / spreadsheet.

Volunteer Driver Selection / Disqualification

A volunteer driver is asked to fill out basic paperwork, including sign-off on Town policies and an authorization for a background check to be performed by the Police Chief. There cannot be 3 or more moving violations in a 36-month period. There cannot be a driving under the influence in the past 3 years. No hit and run accidents. No operating a vehicle under a suspended or revoked license in the past 3 years. No homicide, assault or a felony arising from the operation of a motor vehicle. No reckless driving or "criminal speeding" violation in the last 3 years. A volunteer driver may be disqualified for any of the above infractions or at the Coordinator's discretion.

Accident Reporting

Any accident, at fault or not, must be reported to the coordinator immediately. He is to file the claim with the Town Office within 24 hours. All volunteers and clients should obtain appropriate medical attention. If able, the volunteer should contact the police department and request that all parties remain at the scene. Any volunteer should refrain from making statements regarding the accident with anyone other than the investigating officer, municipal officials or municipal insurance representatives.

ATTACHMENT A MUNICIPAL DRIVER PLEDGE

DATE:	
NAME:	
DEPARTMENT:	
My signature on this pledge indicates that I understand my responsibilities as municipal vehicle for the Town of Rangeley. I have received and read a copy Health Ride Policy and agree to fulfill all my responsibilities listed therein. Thes not limited to:	of the Rangeley
 Adhering to all policies and procedures governing the operation vehicle; 	of my assigned
2. Maintaining a professional appearance;	
3. Ensuring safe operation of all vehicles and equipment;	
 Conducting and documenting required pre-trip and post-trip inspedefect reports; 	ections, including
5. Submitting any accident reports;	
6. Submitting a copy of current driver's license for obtaining of Moto (MVR);	r Vehicle Record
7. Keeping the program administrator or designee advised of change status;	es in my driving
8. Prohibiting use of assigned vehicle by anyone not authorized to dri vehicle.	ve the municipal
Failure to comply with the conditions listed above may result in disciplinary termination.	action including
Volunteer Signature Supervisor's Signature	-

$\frac{\text{ATTACHMENT B}}{\text{MONTHLY COORDINATOR'S VEHICLE INSPECTION REPORT}}$

DATE:	TIME:
VEHICLE #:	
MILEAGE:	
Suggested Procedures: 1. Check under hood. 2. Start engine. 3. Proceed with the in-cab check. 4. Walk around and examine the vehicle.	5. Look under for leaks. 6. Test brakes, steering and transmission before leaving. 7. Recheck the equipment enroute. X = Defective EXTERIOR Lights, flashers, signals Reflectors Tires, wheels, lugs, studs, drums Chassis —frame, tanks, battery box, etc. Suspension Brake hoses & connections Exhaust system Rear-end protection Cargo area condition — floor, walls, roof, doors
All repairs made. (Check)	
<u> </u>	Data
Certified by: Location:	Date:

<u>ATTACHMENT C</u> COORDINATOR'S ACCIDENT INVESTIGATION REPORT

Name of Employee:	Occupation:		
Department:	Division:		
Date of Collision: Time: a.m.	p.m. Vehicle ID No.		
Location of Collision:			
Name of Other Party Involved:			
Address (other party):			
Description of Collision:			
Did the police investigate the collision?	☐ Yes ☐ No		
Did our driver violate our Fleet Safety Policy or a tr	raffic regulation? Yes No		
If Yes, describe:	tarrie regulation:		
ir res, describe.			
Did our driver claim that any malfunctioning or def	Pective vehicle component(s)		
caused the collision?	our of formers component(s)		
	☐ Yes		
	No		
Explain:			
In your opinion, were any of the following condition	ns contributing factors in the collision?		
☐ Traffic ☐ Weather ☐ Light	Road Driver		
Explain:			
r			
What corrective action(s) do you recommend to prevent a future occurrence of the same type of collision?			
Explain:			

The Board of Selectmen voted to adopt the Rangeley Health Ride policy on		
Steven Philbrick, Chairman		
Steven i inforter, Chaninan		
Donald Nuttall, Vice-Chairman		
David Burgess		
Cynthia Egan		
Cyntina Egan		
Ethan Shaffer		

PANDEMIC AMENDMENT 2020 - Follow all current CDC requirements / guidelines.

- Temperature must be taken by all occupants of the vehicle before getting into the car.
- Face masks at all times for all vehicle occupants.
- Hand sanitizing
- Sanitizing the vehicle once brought back to base so it is ready for the next occupants, to include all surfaces (seats, arm rests, doors, steering wheel, shifter, etc.)
- If the driver feels the client is symptomatic, please contact the Program Administrator immediately.

The Board of Selectmen adopted the amended policy.	
Steven Philbrick, Chairman	
Donald Nuttall, Vice-Chairman	
David Burgess	
Cynthia Egan	
Ethan Shaffer	
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