

Prairie View A&M University Travel Safety Guidelines

The following travel safety guidelines have been developed by the University to help ensure the safety of faculty, staff and students:

1. Drivers are expected to comply with all applicable traffic laws and regulations.
2. All occupants are expected to wear seat belts when the vehicle is in motion.
3. All occupants should remain seated when the vehicle is in motion.
4. The following activities are PROHIBITED for drivers while driving:
 - a. Driving while under the influence of impairing drugs or alcohol
 - b. Using radar/laser detection devices
 - c. Using headphones or earphones
 - d. Using a cell phone
5. Loading of the vehicle should be done in accordance with the vehicle manufacturer's recommendation.
6. Drivers must maintain a safety kit (first aid kit, fire extinguisher, flashlight, and map) in the vehicle during the trip. Safety kits may be obtained from the University's Environmental Health and Safety Department or Department of Public Safety.
7. Drivers must carry a cellular phone on the trip in case of emergency. Cell phones may be obtained from the University's Telecommunications Department.
8. Trips should be planned in accordance with the following restrictions:
 - a. The maximum number of consecutive hours that a driver may drive is 4 and then must take a rest period of at least 4 hours. The maximum number of hours a driver may drive in any calendar day is 8, subject to a weekly maximum of 48 hours.
 - b. The maximum number of hours a passenger car or van may be driven during any calendar day is 12 hours.

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Prairie View A&M University Student Travel Itinerary

Requested by: _____ Date: _____

Purpose of Trip: _____

Number of Travelers (faculty, staff and students): _____ (Attach Travel Passenger List)

Destination:

| Place of Destination | Address | Tel# | Contact at Destination |
|----------------------|---------|------|------------------------|
| | | | |

Schedule of Activities:

| Nature of Activities | Departure | | Return | |
|----------------------|-----------|------|--------|------|
| | Date | Time | Date | Time |
| | | | | |

Lodging (if overnight stay):

| Hotel Name | Phone # | Address |
|------------|---------|---------|
| | | |

Transportation:

- Commercial Airline¹
 Chartered Bus
 Rented Vehicle²
 University Vehicle²

¹ Provide following information:
 Airline and Flight No.:
 Departure Date & Time:
 Return Date & Time:

² Provide following information:
 Vehicle Make, Model & Year:
 Driver's Name & License No.:
 Driver's Status: Faculty Staff Student

Received by University Department of Public Safety: _____
Signature Date

**Prairie View A&M University
Driver Checklist**

Driver's Name: _____ **Date of Birth:** ___/___/___ **SS#:** _____
Department/Office: _____ **Office Tel #:** _____
Driver's License #: _____ **Class:** _____ **State:** _____ **Expiration Date:** _____

Questions

1. Do you have any physical or medical conditions which may affect your fitness to drive? Yes No
If yes, please explain: _____

2. Have you been cited for a moving violation within the past 12 months? Yes No
If yes, please explain: _____

3. Have you ever been involved in an automobile accident? Yes No
If yes, please explain: _____

Driver's Certification/Authorization

I certify that the information provided above is correct and truthful and that I have read and agree to abide by the University's Student Travel/Trip Procedures. I agree to immediately notify in writing my supervisor and the University's Environmental Health and Safety Department of any change in the above information. I understand that failure to provide said notification or to adhere to the Student Travel/Trip Procedures may result in the loss of authorization to transport students on trips, as well as other possible disciplinary actions. Additionally, I hereby authorize the University's Department of Public Safety to run a check on my driving record with the Texas Department of Public Safety.

Signature

Date

Texas Motor Vehicle Records Check

Based upon the information provided in the Texas Motor Vehicle Records report, the above employee is:

Approved Disapproved

Signature

Date

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