

10-12 PASSENGER VAN SAFETY ACKNOWLEDGMENT

Please read and sign the 10-12 Passenger Van Safety Acknowledgment form. Return this form to:
The Office of Risk Management, Support Building, Suite 101, **ATTN: Greg Kupka**

This form shall be completed by persons who may, for any reason, need to drive a University owned, leased or rented vehicle for the purpose of transporting 10 - 12 passengers, regardless of their status as an employee (e.g., faculty, staff, etc.), student, student-employee or volunteer. **COMPLETE THIS FORM EVEN IF IT IS ONLY A POSSIBILITY THAT YOU MAY DRIVE A 10 - 12 PASSENGER VEHICLE IN THE FUTURE.** You will then be assured of your authorization should the need arise for you to drive. Carefully read this form and sign at the bottom:

Possible Risk Associated with Operating a 10-12 Passenger Van...

1. 12 passenger vans have a rollover risk similar to other light trucks and van's.
2. The risk of rollover increases dramatically as the number of occupants is increased from fewer than five to more than 10. Vans should be loaded by filling the front seats first.
3. The weight of the van, particularly when fully occupied, causes the center of gravity to shift rearward and upward increasing the likelihood of rollover.
4. The shift in the center of gravity will also increase the potential for loss of control in panic maneuvers.
5. The weight of the van when fully occupied requires additional stopping distance.
6. The width of the van allows for less lane room
7. The length of the van increases distances needed for making turns, changing lanes, and backing.

I have read and understand the possible risk involved while operating a 10-12 passenger van. _____ (Initial)

I am aware the handling characteristics of a 10-12 passenger van may change dramatically, especially when fully loaded. I understand that extra caution is required when operating this vehicle. _____ (Initial)

The wearing of seatbelts by the operator and passengers are mandatory at all times. _____ (Initial)

Operator's Name: _____
(PRINT)

Date: _____

Operator's Signature: _____

Department: _____