



TEXT BOX TO ENTER  
AGENCY INFORMATION

## Adverse Driver Risk Assessment

Document # VUAT-2B

Questions for DAS Risk Management?

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**Purpose:** Completing this risk assessment checklist will help agencies:

- (1) Decide if a driver is eligible to drive a motor vehicle on official state business with a DMV-issued Hardship Permit or within parameters of restrictions imposed by jurisdictions other than the agency (e.g., IID), and
- (2) Decide if the agency is willing to accept the potential risk of the employee driving with a Hardship Permit, and
- (3) Document and communicate the decision to the driver/supervisor, and
- (4) Relay the necessary information to DAS Risk Management (DAS RM).

Information gathered by the agency to make this decision provides the basis for the required Loss Control Plan ([VUAT-2C](#)).

**Caveat:** "Yes/no" answers (without "Comments") are not adequate documentation the agency has fully evaluated the possible impact(s) of an employee driving for official state business under restrictions of a DMV Hardship Permit. Risk assessments with yes/no answers are returned to the agency for additional information.

Agency Name:	Agency Number:
Driver Name:	Position Name/Number:
	DL State and Number:
Question	Agency Findings/Response
1. Is the driver a state employee <u>and</u> authorized state driver as defined in <a href="#">OAR 125-155</a> State Vehicle Use and Access Rules?	<input type="checkbox"/> Yes      Comments: <input type="checkbox"/> No
2. Does the driver meet the criteria for a Hardship Permit as defined in <a href="#">OAR 125-155</a> ?	<input type="checkbox"/> Yes      Comments: <input type="checkbox"/> No
3. Does the employee's position require driving?	<input type="checkbox"/> Yes      Comments: <input type="checkbox"/> No
4. Is driving an essential function of the employee's position?	<input type="checkbox"/> Yes      Comments: <input type="checkbox"/> No
5. What type of driving does the employee do on their job?	Comments:
6. What type of vehicle does the employee operate on their job?	Comments:
7. When and where does the employee drive?	Comments:

<p>8. Does the employee transport clients or other passengers?</p> <ul style="list-style-type: none"> <li>• If <u>yes</u>: rule (<a href="#">OAR 125-155-420</a>), the agency must grant prior approval before employees with a Hardship Permit can transport passengers on state business.</li> <li>• DAS RM recommends the agency include this restriction in the related loss control plan (<a href="#">VUAT-2C</a>) and impose strict restrictions (<a href="#">VUAT-2G</a>).</li> </ul>	<p><input type="checkbox"/> Yes      Comments:</p> <p><input type="checkbox"/> No</p>
<p>9. Is there potential for the agency to assign/re-assign the employee tasks that do not require driving?</p>	<p><input type="checkbox"/> Yes      Comments:</p> <p><input type="checkbox"/> No</p>
<p>10. Can the employee use alternative transportation to get their job done?</p> <ul style="list-style-type: none"> <li>• In metropolitan areas, public transportation is generally available.</li> <li>• Safety—to the public, clients, and the employee—should be the main consideration.</li> <li>• Employee convenience should <u>not</u> be a deciding factor.</li> </ul>	<p><input type="checkbox"/> Yes      Comments:</p> <p><input type="checkbox"/> No</p>
<p>11. What viable alternatives to operating a state vehicle has the agency/supervisor considered?</p>	<p>Comments:</p>
<p>12. What is the employee’s full driving record?</p> <ul style="list-style-type: none"> <li>• By rule (<a href="#">OAR 125-155-0100</a>), the agency shall review the employee’s full driving record before deciding to accept the Hardship Permit or imposed restrictions.</li> <li>• DMV can provide the agency with two (2) certified driving records—personal and commercial—each of which contains the last three (3) years of major and minor traffic offenses.</li> </ul>	<p>Comments:</p>
<p>13. What is the employee’s record of citizen reports, citations, on-the-job crashes or collisions while driving a state vehicle?</p> <ul style="list-style-type: none"> <li>• The agency’s risk coordinator can obtain this information.</li> <li>• Include information about claims for vehicle property damage below the agency deductible.</li> </ul>	<p>Comments:</p>
<p>14. Does this employee meet the agency’s criteria for having an acceptable driving record?</p>	<p><input type="checkbox"/> Yes      Comments:</p> <p><input type="checkbox"/> No</p>

<p>15. Could the problem causing the employee's restrictions to or loss of driving privileges affect their work?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Comments:</p>
<p>16. Could the same occurrence or problem that resulted in the employee's loss of driving privileges occur on the job?</p> <ul style="list-style-type: none"> <li>• If <u>yes</u>, how will the agency prevent an on-the-job problem?</li> <li>• Consider the risk it presents and the harm that could result (include in the loss control plan – <a href="#">VUAT-2C</a>).</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Comments:</p>
<p>17. Has the same occurrence or driving problem that resulted the employee's loss of or restrictions to driving privileges occurred before?</p> <ul style="list-style-type: none"> <li>• Is there a pattern of behavior?</li> <li>• Does the employee need evaluation for a treatable condition?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Comments:</p>
<p>18. Have the agency's Human Resources, Labor Relations, Safety Advisor, and/or legal counsel been involved in the assessment of the employee's Hardship Permit Driving risk? If yes, what input did they provide? If no, why have they not ben</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Comments:</p>
<p>19. Have you spoken to the employee about the findings and this assessment? What does the employee propose as a solution to avoid recurrence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Comments:</p>
		<p>Date:</p>

<p> </p>
<p>Signature of Appointing Authority/Designee</p>
<p> </p>
<p>Name/Position of Appointing Authority/Designee</p>

The DAS RM signature below reflects their advisory role in this process. It is not legal advice. The agency remains responsible for all decisions and any resulting outcomes.

<p> </p>	<p>Date:</p>
<p> </p>	
<p>Signature of DAS-EGS/RM Reviewer</p>	
<p> </p>	
<p>Name/Position of DAS-EGS/RM Reviewer</p>	