Attachment D
OP-120401

Monthly Emergency Response Log

Instructions: All employees with authorization to commute as an emergency responder shall complete this log monthly and submit it to the Administrator of Fleet Management through the chain of command by the 5th working day of each month. Failure to submit this log or continue submission of logs, which indicate no emergency responses, may result in revocation of the agency Director's authorization to use a state vehicle for commuting purposes.

Name: _____ For the Month/Year: _____/_____
Printed Name of Authorized Employee

List emergency responses occurring during the period above for which the state vehicle was used outside of normal work hours:

	Date/Time	Description of Emergency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Use additional lines if necessary

_____/_____
Signature of Employee Date

_____/_____
Signature of Supervisor Date

Recommendation for commuting in state vehicle: _____

Any negative recommendation shall be provided in writing to the Chief of Operations.

_____/_____
Signature of Administrator of Fleet Management Date

_____/_____
Signature of Chief of Operations Date

Upon review/concurrence for recommendations for removal, the information shall be submitted to the agency Director.

Distribution: Agency Director or designee
Employee
Employee File
Central Human Resources Unit
Administrator of Fleet Management

(R 07/26)