

DIVISION OF RISK MANAGEMENT

GOVERNOR BILL WALKER

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January 1, 2018

Certificate of Self-Insurance

To Whom It May Concern:

Re: Liability Insurance Coverage for Alaska State Owned Vehicles

This notice shall serve as verification that the State of Alaska provides automobile liability insurance protection for all State-owned vehicles and employee drivers of such vehicles, including while traveling through the Sovereign Dominion of Canada.

The State of Alaska provides this coverage through the State's Self-Insurance Program as authorized under AS 37.05.287. The State of Alaska and its agencies are covered for property and liability exposures through major worldwide insurance programs with large self-insured retentions and high excess limits appropriate for meeting the risk levels required by the State. Losses that fall within these self-insured (deductible) levels, including those for which we are contractually liable, are covered by the financial resources of the State and are administered under the self-insured claims program handled by this office.

Any inquiries should be addressed to this office at the address listed above, or you may phone (907) 465-5724 for additional information. Thank you for your courtesy and attention to this matter.

Sincerely,

Sheri Gray
Risk Manager

Vehicle Accident/Incident

In the event of an **accident or incident involving a motor vehicle that is state-owned, privately owned or rented resulting in bodily injury or death of a person, or where property damage is more than \$2,000**, the driver (employee) shall immediately notify, **by the quickest means, the Alaska State Troopers or local law enforcement.** (AS 28.35.080). **Form 12-209** MUST be completed if not investigated by a law enforcement agency and sent to the address on the form.

Afterwards and as soon as possible, the driver (employee) shall notify his Supervisor, State Equipment Fleet and the Regional Safety Officer.

**N.R. Safety Officer to complete. Employee Accident Mishap form used in N.R. Only*

All other accidents shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Supervisors Accident Investigation Report, **Form # 02-932**
2. Liability Accident Notice, **Form # 02-919**
3. Certificate of Insurance (all accidents over \$501), **Form # 466**
4. Employee Accident/Mishap Incident/Accident Review Investigation Folder (If there is damage over \$5,000.00 or a repeat incident within (1) years' time of first incident)
5. Employer Report of Injury or Illness (IF the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Injury (If the employee was injured) **Form # 07-6100 Due (30) days**

Employee Accident/Injury

In the event of an employee accident that is **fatal** to one or more employees, **or requires in-patient hospitalization** of one or more employees, the supervisor shall immediately notify the Regional Safety Officer. * If the Regional Safety Officer cannot be reached call the Alaska Department of Labor (OSHA). **The report must be made immediately but no later than 8 hours.** (AS 18.60.058)

All other employee accidents, with or without injury shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Employer Report of Occupational Injury or Illness, **Form #07-6101 Due (10) days**
2. Employee Report of Occupational Injury or Illness, **Form #07-6100 Due (30) days**
3. Supervisors Accident Investigation Report, **Form #02-932**
4. Employee Accident/Mishap
5. * Incident/Accident Investigation Folder (When an individual or employee is hospitalized for an injury or there is lost time)

Damage to Property

In the event of an accident or incident that results in **damage to property**, the supervisor shall, upon discovery, notify the Regional Safety Officer. If the Regional Safety Officer cannot be reached call the State of Alaska's Risk Management Division.

When the estimated damage exceeds \$15,000.00. Risk Management shall be immediately notified, by telephone or the quickest means.

The following forms must be completed and forwarded as soon as possible:

1. Liability Accident Notice, **Form # 02-919**
2. Supervisors Accident Investigation Report **Form # 02-932**
3. Employee Accident/Mishap
4. * Incident/Accident Investigation Folder (IF there is damage over \$2,500.00 or a repeat incident within (1) years' time of the first incident)
5. Employer Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6100 Due (30) days**

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST

GENERAL EQUIPMENT INFORMATION		
1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.	
3. CONTRACTOR NAME		
4. AGREEMENT NO.	5. EXPIRATION DATE	
6. MAKE/MODEL	7. EQUIPMENT TYPE	
8. VIN/SERIAL NO.	9. LICENSE NO./STATE	

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in sprocket, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.).		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

Section V—REMARKS
(Describe all unsatisfactory items and identify by line number.)

10. PRE-USE INSPECTION		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
MILES/HRS _____ DATE _____ TIME _____		
Inspector's printed name _____ Title _____		
Inspector's signature _____		
Section III—LIABILITY		
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.		
Operator's printed name _____ Title _____		
Operator's signature _____ Date _____		
Section IV—TRANSPORT OR SUPPORT VEHICLES		
Acceptable		
YES NO		
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	
3. Seat belts: operate properly for each seating position.	*	
4. Glass and mirrors, no cracks in vision.	*	
5. Wipers, washers, and horn operate properly.	*	
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage.	*	
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play.	*	
15. Brakes: damaged, worn or out of adjustment.	*	
16. 4-Wheel drive: check transfer case, leaks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo.	*	
21. Frame condition, body/body properly attached.	*	
22. Tires/wheels (including spares and all changing equipment): sufficient load rating, tread depth, no major damage.	*	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, Item 23.		
24. Emergency equipment required.	*	
Fire extinguisher _____ Spare fuses _____ Reflectors _____		
25. Operator(s) properly licensed. † Expiration Date _____		
State _____ License No. _____ Class _____		
Endorsement _____ Med Cert. Expiration Date _____		
11. RELEASE <input type="checkbox"/> No Damage/No Claim		
MILES/HRS _____ DATE _____ TIME _____		
Operator's printed name _____ Title _____		
Operator's signature _____ Date _____		
Inspector's printed name _____ Title _____		

Contractor _____ Resource Order No. _____

† Safety Item—Do not accept until brought into compliance.
 ‡ Include information for additional operators in REMARKS section. SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY.
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