# **Management Memo**

**SUBJECT:** DEFENSIVE DRIVER TRAINING – ONLINE COURSE

REFERENCES: Government Code
11290, 16378, 16379 California Labor
Code 6400 & 6401.7 (a)(4) State
Administrative Manual 0750, 0752, 2420

**ISSUING AGENCY:** Department of

**General Services** 

**NUMBER: MM 11-04** 

DATE ISSUED: JULY 18, 2011

**EXPIRES: UNTIL SUPERSEDED** 

### Introduction

The Department of General Services (DGS) Office of Risk and Insurance Management (ORIM) oversees the Statewide Defensive Driver Training Program. This Management Memo provides State agencies with information on the implementation of DGS' new Defensive Driver Training (DDT) – Online course

## **Online Initiative**

The web-based feature of the DDT course allows more efficient and effective access to this training resource. DGS estimates that 20,000–30,000 State employees annually will take the online course. Since there is no cost to take the DDT - Online course, State agencies can achieve tremendous cost savings and avoid employee travel expenses. The online course is available at: <a href="http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.as">http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.as</a>

## **Course Highlights**

Highlights of the DDT - Online course include the following:

- No fees are charged for taking the online course.
- No course registration is required.
- The course is time efficient and requires approximately 2½ hours to complete.
- Interrupted training sessions are easily managed through bookmarks, and resume at the point of interruption.
- Eleven concise training modules include slides, videos and narration. Scripts are available upon request.
- Brief assessments at the end of each module for reinforced learning, with a final assessment at the end of the course.

A Self-Certification Acknowledgement certificate.

# Who Should Participate?

All State employees who drive a vehicle on official State business must successfully complete the DGS approved DDT course at least once every four years.

In accordance with the California Labor Code, employers must ensure that employees receive general safe and healthy work practices training and specific instructions with respect to workplace hazards associated with their job assignments. Driving a vehicle has its inherent risks; therefore, affected employees must meet the State's DDT requirement

# **Program Funding**

The DDT Program is funded through annual premium assessments collected from State agencies and deposited in the DGS Motor Vehicle Insurance Account (MVIA). Program cost savings achieved as a result of the online course will be passed on to State agencies through the MVIA annual premium assessment.

# Computer and System Requirements

Prior to accessing the online DDT course, State agencies will need to provide computers with:

- Internet access (Microsoft Explorer preferred, but not required)
- Adobe Products:
  - Flash Player (latest version preferred, not required)
  - Acrobat Reader (version 8 or newer)

Additionally, State agencies will need to adjust computer settings to:

- Disable Pop-Up Blockers
- Enable Cookie

# Tracking and Reporting Requirements

State agencies must annually complete and submit the Annual State Agency Defensive Driver Training Report by September 1 to ORIM for the preceding Fiscal Year (FY). The report requests the following information:

- 1. Number of employees in department.
- 2. Number of employees *required* to take DDT for the reporting FY.
- 3. Number of employees *completing* DDT for the reporting FY.
- 4. Location of your agencies' DDT records (i.e., training files, personnel files, etc.).
- Contact information for the person(s) responsible for tracking course enrollment, completion, and compiling of the Annual State Agency DDT Report.

# Responsibilities

The following matrix identifies the employee, supervisor, and departmental responsibilities regarding completion of the DDT- Online course

Role	Step Action
Employee	<ol> <li>Complete the DDT - Online course.</li> <li>Review, sign, and date the Self-Certification Acknowledgement certificate.</li> <li>Forward the completed Acknowledgement to your supervisor for signature and record keeping.</li> </ol>
Supervisor	<ol> <li>Review, sign, and date each employee's completed Acknowledgement.</li> <li>Ensure the completed Acknowledgement is maintained in the department's training files, or other designated location.</li> </ol>
Department	<ol> <li>Ensure applicable employees complete DDT.</li> <li>Track employees' completed DDT On-line course. (The DGS Office of Audit Services may validate compliance by reviewing these files.)</li> <li>Complete and submit the Annual State Agency Defensive Driver Training Report to DGS.</li> </ol>

### Contact

Questions regarding the DDT - Online course can be directed to:

Danielle Mahood, Manager

Department of General Services

Office of Risk & Insurance Management Statewide Health and Safety <a href="mailto:dmahood@dgs.ca.gov">dmahood@dgs.ca.gov</a> or <a href="mailto:ddt@dgs.ca.gov">ddt@dgs.ca.gov</a>

For more information, please visit:

- ORIM's website at <u>www.orim.dgs.ca.gov</u>
- DGS' training website at www.training.dgs.ca.gov

# **Signature**

Original Memo signed by Fred Klass, Director, Dept. of General Services

FRED KLASS, Director Department of General Services

Attachment – Annual State Agency Defensive Driver Training Report



# OFFICE OF RISK AND INSURANCE MANAGEMENT ANNUAL STATE AGENCY DEFENSIVE DRIVER TRAINING REPORT

PLEASE PRINT CLEARLY IN INK OR TYPE

**INSTRUCTIONS**: Complete this form annually with reporting fiscal year information as requested and submit it to the Department of General Services at the address listed below by September 1<sup>st</sup>. Please see Management Memo 11-04 for additional information.

Agency/Department (no acronyms)		Reporting Fiscal Year (FY)		
Annual Reporting				
Number of employees in Agency/D				
Number of employees requiring D				
Number of employees completing				
Location of Training Records				
Agency/Department Contact Information				
Contact Person		Title		
Phone Number		Email Address		
Mailing Address				
Read and Sign				
I certify the information contained herein is true and correct to the best of my knowledge.				
Authorized Signature	Printed Name and Title	e of Person Signing	Date	
DGS USE ONLY				
Approved By		Date Received	Date Approved	

NOTE: FORMS ARE DUE ANNUALLY ON SEPTEMBER 1<sup>ST</sup> FOR THE REPORTING FISCAL YEAR

### MAIL COMPLETED FORMS TO:

Department of General Services Office of Risk and Insurance Management Attn: Statewide Health and Safety 707 3<sup>rd</sup> Street, First Floor West Sacramento, CA 95605