

NUMBER: FV - 017

**FLEET MANAGEMENT
POLICY / PROCEDURE**

SUBJECT: ACQUISITION OF EMS EQUIPMENT/VEHICLES

APPROVED: 
MARILYN L. RAWLINGS, FLEET MANAGER

DISTRIBUTION:

Fleet Management
EMS

PURPOSE: To streamline the acquisition process of EMS ambulances.

PROCEDURE:

- 1) All equipment acquisition requests will be submitted in writing to the Operations Manager on a Vehicle/Equipment Replacement Form (Exhibit 1). This form will provide Fleet Management with all the information needed to purchase a piece of equipment for EMS and track the requests accordingly.
- 2) Upon receipt of the Vehicle/Equipment Replacement Form, the Operations Manager will meet with the appropriate representative from EMS, the Shop Supervisor for Fleet Management, and the Fleet Mechanic Supervisor to review the specs.
- 3) All spec changes, deliveries of equipment, equipment pickups, disposal of old equipment, and transportation of old/new equipment must be authorized in writing by Fleet Management and EMS. All modifications or any corrections to new equipment will be completed at the awarded vendor prior to acceptance and delivery by County personnel or EMS personnel and will not be transported to Lee County until said modifications/corrections have been made.
- 4) It is the responsibility of EMS and/or Fleet to transport the equipment to and from the awarded vendor, after the Fleet Management Shop Supervisor has given the clearance and approval to do so. No equipment will be released to or taken from the awarded vendor without the appropriate paperwork.
- 5) All correspondence with the awarded vendor must be in writing and copied to all involved personnel, i.e. EMS representative, Fleet Operations Manager, Fleet Shop Superintendent, and Fleet Mechanic Supervisor.

- 6) Upon acceptance from the awarded vendor, by signature on the delivery form, and approval from Fleet Management Shop Supervisor, a new piece of equipment will have a work order created to prep said equipment. The work order must be completed and turned in to the Operations Manager at Fleet Management. The Operations Manager will then notify EMS that the equipment is ready for pick up and have them sign the appropriate paper work.

EMS Equipment Acquisition Team

EMS 6027	Jay Bridenthal	652-
Fleet Management Operations Manager 5350	Brad Wright	533-
Fleet Shop Superintendent 5399	Bill Prussman	553-
EMS Fleet Mechanic Supervisor 5338	Randy Feinstein	553-

Revision Date: May 2010

REPLACEMENT EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

"PLEASE NOTE" THIS FORM WILL ONLY BE PROCESSED IF COPIED ON WHITE PAPER
(PLEASE PRINT OR TYPE) Revised 3/2010

For Fleet Use Only.

Replacement Points: Maintenance-_____ Meter-_____ Age-_____ Total-_____

Initials _____ Fleet Spec # _____

1. Department/Division: (name) _____
(division) _____
2. Requested By: (print) _____ Phone #: _____
3. Driver/Operator of this new piece of equipment: _____
4. Days and hours this piece of equipment will be used: _____
5. Location the equipment will be parked: _____
6. Will this be a take home vehicle? Yes No
7. Asset being replaced: Asset #: _____ Yr: _____ Make: _____ Model: _____ Meter: _____
8. What type of equipment or vehicle are you requesting? _____
9. What is the estimated annual usage? Mileage _____ Hours _____
10. Describe the specific activities/tasks that will be performed with the requested equipment/vehicle.

11. How are these activities/tasks currently performed?

12. If this request is for a car, SUV, van, light or medium duty truck what will be the anticipated passenger load and percentage of time?
Number of passengers _____ % of time _____
13. If this request is for non-heavy equipment what is the estimated work environment?
_____ % Highway _____ % Off-Road _____ % Other: _____
14. Is 4-wheel drive required? Yes NO
If Yes, Please provide detailed justification on separate sheet. (Including the % of time the 4WD will be used)

REPLACEMENT EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

"PLEASE NOTE" THIS FORM WILL ONLY BE PROCESSED IF COPIED ON WHITE PAPER
(PLEASE PRINT OR TYPE) Revised 3/2010

15. Are there any size or weight restrictions Fleet needs to be aware of? Yes No If Yes please specify (Examples: must fit under 15 foot overhang, must NOT require a CDL license, will be hauled with a 7000 lb GVWR trailer)

Please note:

^(A)Specify Dimensions, Makes, Models, and/or location to be mounted.

^(B)County SUV criteria must be met, including separate justification and County Manager's or designee's written approval. This also includes Sport Trac and crew cab vehicles.

Select all appropriate boxes:

- | | | | | | |
|--|--|----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Sedan | <input type="checkbox"/> Pickup truck | <input type="checkbox"/> ¼ Ton | <input type="checkbox"/> Van | <input type="checkbox"/> Excavator | <input type="checkbox"/> Gasoline |
| <input type="checkbox"/> Station Wagon | <input type="checkbox"/> Regular Cab | <input type="checkbox"/> ½ Ton | <input type="checkbox"/> Cargo | <input type="checkbox"/> 7 Passenger | <input type="checkbox"/> Diesel |
| <input type="checkbox"/> SUV ^(B) | <input type="checkbox"/> Extended Cab | <input type="checkbox"/> ¾ Ton | <input type="checkbox"/> Sliding Door | <input type="checkbox"/> 12 Passenger | <input type="checkbox"/> 4 Cylinder |
| <input type="checkbox"/> Mid-Size | <input type="checkbox"/> Crew Cab ^(B) | <input type="checkbox"/> 1 Ton | <input type="checkbox"/> Swing Door | <input type="checkbox"/> 15 Passenger | <input type="checkbox"/> 6 Cylinder |
| <input type="checkbox"/> Full-Size | <input type="checkbox"/> Cab & Chassis | <input type="checkbox"/> Class 6 | <input type="checkbox"/> Utility Body ^(A) | <input type="checkbox"/> Tractor/Mower | <input type="checkbox"/> 8 Cylinder |
| <input type="checkbox"/> 2 Door | <input type="checkbox"/> 2 Wheel Drive | <input type="checkbox"/> Class 7 | <input type="checkbox"/> Flat Bed ^(A) | <input type="checkbox"/> Dual RW | <input type="checkbox"/> 10 Cylinder |
| <input type="checkbox"/> 4 Door ^(B) | <input type="checkbox"/> 4 Wheel Drive | <input type="checkbox"/> Class 8 | <input type="checkbox"/> Dump Truck ^(A) | <input type="checkbox"/> Single RW | |
| <input type="checkbox"/> Other | | | | | |

Additional description for vehicles or equipment: _____

All County vehicles are ordered with the following standard options:
Air Conditioning, AM/FM Radio, Automatic Transmission, Rear Anti-Lock Brakes.

Vehicles - Cars & Light Trucks:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 4-Corner Strobes | <input type="checkbox"/> Security Alarm | <input type="checkbox"/> Tow Package | <input type="checkbox"/> Pipe Racks ^(A) |
| <input type="checkbox"/> Seats - Cloth | <input type="checkbox"/> Limited Slip | <input type="checkbox"/> Trailer Hitch Receiver | <input type="checkbox"/> Strobe Light ^(A) |
| <input type="checkbox"/> Seats - Vinyl | <input type="checkbox"/> Plastic Bed-Liner | <input type="checkbox"/> Arrow Board ^(A) | <input type="checkbox"/> Auxiliary 12-Volt Plug ^(A) |
| <input type="checkbox"/> Power Win/Locks | <input type="checkbox"/> Spray in bed liner | <input type="checkbox"/> Cone Holder | <input type="checkbox"/> Camper Top ^(A) |
| <input type="checkbox"/> Tilt Steering Wheel | <input type="checkbox"/> Long Bed | <input type="checkbox"/> Tool boxes ^(A) | <input type="checkbox"/> Mounted Winch ^(A) |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Short Bed | <input type="checkbox"/> Work Lights | <input type="checkbox"/> Back up Alarm |
| <input type="checkbox"/> Tires - All Terrain | <input type="checkbox"/> Floor - Carpet | <input type="checkbox"/> Steps | <input type="checkbox"/> Water cooler Holder ^(A) |
| <input type="checkbox"/> Floor - Rubber | <input type="checkbox"/> Bulk Fuel Tank W/Pump (Diesel or Unleaded) ^(A) | | |
| <input type="checkbox"/> Other. Please list needed equipment not listed above: _____ | | | |

Trucks:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Mounted Tool Box | <input type="checkbox"/> Mounted Strobe Light | <input type="checkbox"/> Work Lights | <input type="checkbox"/> Back Up Alarm |
| <input type="checkbox"/> 4-Corner Strobe Lights | <input type="checkbox"/> Water Cooler Holder | <input type="checkbox"/> Fenders Over Rear Tires | <input type="checkbox"/> Flashing Work Lights |
| <input type="checkbox"/> Hyd Wet Line System | <input type="checkbox"/> AM/FM Radio | <input type="checkbox"/> Auxiliary 12-Volt Plug ^(A) | <input type="checkbox"/> Air Horn |
| <input type="checkbox"/> Other. Please list needed equipment not listed above: _____ | | | |

REPLACEMENT EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

"PLEASE NOTE" THIS FORM WILL ONLY BE PROCESSED IF COPIED ON WHITE PAPER
(PLEASE PRINT OR TYPE) Revised 3/2010

Farm Tractor:

- Three spool Hyd Valve Mounted Tool Box^(A) Mounted Strobe Light^(A) Tinted Windows
 Front Weights Rear Weights Flashing Work Lights Water Cooler Holder
 Auxiliary 12-volt Plug^(A) 4-Corner Strobe Lights AM/FM Radio
 Other. Please list needed equipment not listed above: _____

****NOTE** If you need any additional equipment added to this order, please list all the different items. We will order everything we can as one package. This will minimize the turn around time when the new equipment comes in.**

What, if any, special options or accessories are required? Please check all appropriate options above and list any additional options on the lines below: i.e. lift gates, 50' telestick boom, emergency lighting package, light-bar, 60" hydraulic rotary mower, etc. Please attach brochures if applicable:

Will anything be added to this piece of equipment by your department after delivery? Please specify.

TO BE COMPLETED BY DEPARTMENT FISCAL STAFF

Funding information: Vehicle Replacement Fund JB5191059401.506430

Capital Account String: _____

Other Account String: _____

Operating Costs Account String for Maintenance, Fuel, Repairs, etc: _____

REPLACEMENT EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

“PLEASE NOTE” THIS FORM WILL ONLY BE PROCESSED IF COPIED ON WHITE PAPER
(PLEASE PRINT OR TYPE) Revised 3/2010

***** Please forward the FFA for the asset being replaced to Fleets Fiscal Officer as a “Word” document *****

Fixed asset property clerk name: _____ Custodian number: _____

Area number: _____ Site/Building code: _____

REQUESTED BY	DATE	SUPERVISOR	DATE
--------------	------	------------	------

DEPARTMENT DIRECTOR	DATE	COUNTY MANAGER / DESIGNEE	DATE
---------------------	------	---------------------------	------

SUBMIT THIS COMPLETED FORM TO FLEET MANAGEMENT

FLEET’S RECOMMENDATION

APPROVED AS REQUESTED

REJECTED – REASON:

APPROVED AS MODIFIED BELOW:

DEPARTMENT AGREES WITH RECOMMENDATION

DEPARTMENT DISAGREES WITH RECOMMENDATION

DEPARTMENT DIRECTOR	DATE
---------------------	------

OPERATIONS MANAGER	DATE	FLEET MANAGER	DATE
--------------------	------	---------------	------

For Fleet Use Only.

Vendor’s Price \$ _____ State Contract \$ _____ Sheriff’s Contract \$ _____

NEW EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

"PLEASE NOTE" THIS FORM WILL ONLY BE PROCESSED IF COPIED ON YELLOW PAPER

(PLEASE PRINT OR TYPE) Revised 3/2010

For Fleet Use Only.

Initials _____ Fleet Spec # _____

1. Department/Division: (name) _____
(division) _____
2. Requested By: (print) _____ Phone #: _____
3. Driver/Operator of this new piece of equipment: _____
4. Days and hours this piece of equipment will be used: _____
5. Location the equipment will be parked: _____
6. Will this be a take home vehicle? Yes No
7. What type of equipment or vehicle are you requesting? _____
8. What is the estimated annual usage? Mileage _____ Hours _____
9. Describe the specific activities/tasks that will be performed with the requested equipment/vehicle.

10. How are these activities/tasks currently performed?

11. If this request is for a car, SUV, van, light or medium duty truck what will be the anticipated passenger load and percentage of time?
Number of passengers _____ % of time _____
12. If this request is for non-heavy equipment what is the estimated work environment?
_____ % Highway _____ % Off-Road _____ % Other: _____
13. Is 4-wheel drive required? Yes No
If Yes, Please provide detailed justification on separate sheet. (Including the % of time the 4WD will be used)
14. Are there any size or weight restrictions Fleet needs to be aware of? Yes No If Yes please specify (Examples: must fit under 15 foot overhang, must NOT require a CDL license, will be hauled with a 7000 lb GVWR trailer)

NEW EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

"PLEASE NOTE" THIS FORM WILL ONLY BE PROCESSED IF COPIED ON YELLOW PAPER

(PLEASE PRINT OR TYPE) Revised 3/2010

Please note:

^(A) Specify Dimensions, Makes, Models, and/or location to be mounted.

^(B) County SUV criteria must be met, including separate justification and County Manager's or designee's written approval. This also includes Sport Trac and crew cab vehicles.

Select all appropriate boxes:

- | | | | | | |
|--|--|----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Sedan | <input type="checkbox"/> Pickup truck | <input type="checkbox"/> ¼ Ton | <input type="checkbox"/> Van | <input type="checkbox"/> Excavator | <input type="checkbox"/> Gasoline |
| <input type="checkbox"/> Station Wagon | <input type="checkbox"/> Regular Cab | <input type="checkbox"/> ½ Ton | <input type="checkbox"/> Cargo | <input type="checkbox"/> 7 Passenger | <input type="checkbox"/> Diesel |
| <input type="checkbox"/> SUV ^(B) | <input type="checkbox"/> Extended Cab | <input type="checkbox"/> ¾ Ton | <input type="checkbox"/> Sliding Door | <input type="checkbox"/> 12 Passenger | <input type="checkbox"/> 4 Cylinder |
| <input type="checkbox"/> Mid-Size | <input type="checkbox"/> Crew Cab ^(B) | <input type="checkbox"/> 1 Ton | <input type="checkbox"/> Swing Door | <input type="checkbox"/> 15 Passenger | <input type="checkbox"/> 6 Cylinder |
| <input type="checkbox"/> Full-Size | <input type="checkbox"/> Cab & Chassis | <input type="checkbox"/> Class 6 | <input type="checkbox"/> Utility Body ^(A) | <input type="checkbox"/> Tractor/Mower | <input type="checkbox"/> 8 Cylinder |
| <input type="checkbox"/> 2 Door | <input type="checkbox"/> 2 Wheel Drive | <input type="checkbox"/> Class 7 | <input type="checkbox"/> Flat Bed ^(A) | <input type="checkbox"/> Dual RW | <input type="checkbox"/> 10 Cylinder |
| <input type="checkbox"/> 4 Door ^(B) | <input type="checkbox"/> 4 Wheel Drive | <input type="checkbox"/> Class 8 | <input type="checkbox"/> Dump Truck ^(A) | <input type="checkbox"/> Single RW | |
| <input type="checkbox"/> Other | | | | | |

Additional description for vehicles or equipment: _____

All County vehicles are ordered with the following standard options:

Air Conditioning, AM/FM Radio, Automatic Transmission, Rear Anti-Lock Brakes.

Vehicles - Cars & Light Trucks:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 4-Corner Strobes | <input type="checkbox"/> Security Alarm | <input type="checkbox"/> Tow Package | <input type="checkbox"/> Pipe Racks ^(A) |
| <input type="checkbox"/> Seats - Cloth | <input type="checkbox"/> Limited Slip | <input type="checkbox"/> Trailer Hitch Receiver | <input type="checkbox"/> Strobe Light ^(A) |
| <input type="checkbox"/> Seats - Vinyl | <input type="checkbox"/> Plastic Bed-Liner | <input type="checkbox"/> Arrow Board ^(A) | <input type="checkbox"/> Auxiliary 12-Volt Plug ^(A) |
| <input type="checkbox"/> Power Win/Locks | <input type="checkbox"/> Spray in bed liner | <input type="checkbox"/> Cone Holder | <input type="checkbox"/> Camper Top ^(A) |
| <input type="checkbox"/> Tilt Steering Wheel | <input type="checkbox"/> Long Bed | <input type="checkbox"/> Tool boxes ^(A) | <input type="checkbox"/> Mounted Winch ^(A) |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Short Bed | <input type="checkbox"/> Work Lights | <input type="checkbox"/> Back up Alarm |
| <input type="checkbox"/> Tires - All Terrain | <input type="checkbox"/> Floor - Carpet | <input type="checkbox"/> Steps | <input type="checkbox"/> Water cooler Holder ^(A) |
| <input type="checkbox"/> Floor - Rubber | <input type="checkbox"/> Bulk Fuel Tank W/Pump (Diesel or Unleaded) ^(A) | | |
| <input type="checkbox"/> Other. Please list needed equipment not listed above: _____ | | | |

Trucks:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Mounted Tool Box | <input type="checkbox"/> Mounted Strobe Light | <input type="checkbox"/> Work Lights | <input type="checkbox"/> Back Up Alarm |
| <input type="checkbox"/> 4-Corner Strobe Lights | <input type="checkbox"/> Water Cooler Holder | <input type="checkbox"/> Fenders Over Rear Tires | <input type="checkbox"/> Flashing Work Lights |
| <input type="checkbox"/> Hyd Wet Line System | <input type="checkbox"/> AM/FM Radio | <input type="checkbox"/> Auxiliary 12-Volt Plug ^(A) | <input type="checkbox"/> Air Horn |
| <input type="checkbox"/> Other. Please list needed equipment not listed above: _____ | | | |

NEW EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

"PLEASE NOTE" THIS FORM WILL ONLY BE PROCESSED IF COPIED ON YELLOW PAPER

(PLEASE PRINT OR TYPE) Revised 3/2010

Farm Tractor:

- Three spool Hyd Valve Mounted Tool Box ^(A) Mounted Strobe Light ^(A) Tinted Windows
 Front Weights Rear Weights Flashing Work Lights Water Cooler Holder
 Auxiliary 12-volt Plug ^(A) 4-Corner Strobe Lights AM/FM Radio
 Other. Please list needed equipment not listed above: _____

****NOTE** If you need any additional equipment added to this order, please list all the different items. We will order everything we can as one package. This will minimize the turn around time when the new equipment comes in.**

What, if any, special options or accessories are required? Please check all appropriate options above and list any additional options on the lines below: i.e. lift gates, 50' telestick boom, emergency lighting package, light-bar, 60" hydraulic rotary mower, etc. Please attach brochures if applicable:

Will anything be added to this piece of equipment by your department after delivery? Please specify.

TO BE COMPLETED BY DEPARTMENT FISCAL STAFF

Funding information:

Capital Account String: _____

Other Account String: _____

Operating Costs Account String for Maintenance, Fuel, Repairs, etc: _____

We currently have \$ _____ in our budget for this purchase

Was this new piece of equipment included in your department's budget Yes No
If Yes: In which fiscal year? _____

FISCAL STAFF/BUDGET ANALYST SIGNATURE _____ DATE _____

NEW EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

"PLEASE NOTE" THIS FORM WILL ONLY BE PROCESSED IF COPIED ON YELLOW PAPER
(PLEASE PRINT OR TYPE) Revised 3/2010

Fixed asset property clerk name: _____ Custodian number: _____

Area number: _____ Site/Building code: _____

REQUESTED BY DATE SUPERVISOR DATE

DEPARTMENT DIRECTOR DATE

SUBMIT THIS COMPLETED FORM TO FLEET MANAGEMENT

FLEET'S RECOMMENDATION

APPROVED AS REQUESTED

REJECTED - REASON:

APPROVED AS MODIFIED BELOW:

DEPARTMENT AGREES WITH RECOMMENDATION

DEPARTMENT DISAGREES WITH RECOMMENDATION

DEPARTMENT DIRECTOR DATE

OPERATIONS MANAGER DATE FLEET MANAGER DATE

APPROVE AS REQUESTED

APPROVE FLEET'S MODIFIED RECOMMENDATION

COUNTY MANAGER / DESIGNEE DATE

For Fleet Use Only.

Vendor's Price \$ _____ State Contract \$ _____ Sheriff's Contract \$ _____