

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Wells	DATE 9-26-06
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 600270	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 10-5-06	<input type="checkbox"/> Necessary Action DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 9/28/06, see attached.		<input type="checkbox"/> FOIA	

	APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.				
2.				
3.				
4.				

GENERAL SERVICES DIVISION -- STATE FLEET MANAGEMENT
140 STONERIDGE DRIVE, SUITE 650
COLUMBIA, SOUTH CAROLINA 29210-8257

VEHICLE ACCIDENT REVIEW BOARD DETERMINATION

Memorandum to: Mr. Robert Kerr J02 Date: August 25, 2006

RE: Employee: STEWART, BRYAN, SG79037 Accident Log #3398 Acc. Date 2/17/2006
The State Fleet Management Accident Review Board has:

- Found the above employee not at fault in referenced accident.
- Found the above employee at fault in referenced accident.
- Reviewed the Driving Record of the above employee.

BASED ON THE FLEET SAFETY PROGRAM GUIDELINES THE ARB RECOMMENDS THE

FOLLOWING CORRECTIVE ACTIONS:

- Verbal counseling concerning responsibilities while driving State vehicles.
- Written counseling and eight hour Defensive Driving Course (DDC)* within 90 days of the date of this memorandum. Failure to attend DDC within 90 days requires suspension of driving privileges until requirement has been met.
- Review of driving privileges by Agency Director.
- Three months to 1 year suspension of State vehicle driving privileges. Length: _____
- One year to permanent suspension of State vehicle privileges.
Length of suspension: _____
- Driver suspended from operating State vehicles until suspension is lifted by Accident Review board.
- Driver not wearing seatbelt at the time accident occurred. The State Fleet Safety Program requires that the employee be issued a written reprimand concerning this failure to comply with State policy.
- Assess your agency in the amount of \$ \$200.00 as provided for in Section I-II-341341 of the Motor Vehicle Management Act. It is your option to absorb this assessment in your agency's budget or to recover it from the employee. Unless we hear differently from you within 15 days, you will receive an invoice for the amount shown. **COMMENTS:** _____

*Contact **Betty Pearce, DDC Trainer at SFM** phone no. (803) 737-1515 for schedule.

Contact **Jimmy Lever** at Jlever@gqs.sc.gov for information on a Van Driver Safety Course.

If you agree with the above determination, please take the necessary corrective action then complete and return a copy of this form to me by September 11, 2006.

Action(s) Taken: _____

Date Action(s) Taken: _____

WARREN J. MCCORMACK, STATE FLEET MANAGER

Log 270

P.O. NUMBER	DEPARTMENT OF HEALTH AND HUMAN SERVICES PURCHASING REQUISITION	REQUEST NO. R7010AW
DATE OF P.O.		DATE 9/28/06

VENDOR(CSP USE ONLY)	FEIN	INVOICE TO	CODE 1112400	SHIP OR DELIVER TO
State Fleet Management 140 Stoneridge Drive, Suite 650 Columbia, South Carolina 29210		Accounting Department Department of Health and Human Services P.O.BOX 8206 Columbia. S.C. 29202-8206		S.C. Department of Health & Human Services 1801 Main Street 6th Floor Columbia, South Carolina 29202 ATTN: Jean Y. Maner 898-2508 RM 627

<input type="checkbox"/> INSTALLED <input type="checkbox"/> OTHER(SPECIFY)	BUYER NUMBER	Fac.Code:	FINANCIAL INFORMATION				
DELIVERY DATE		ACCOUNTING	ITEM NO.	PCA CODE	INDEX	OBJECT CODE	AMOUNT
		FLUNDS APPROVAL <input checked="" type="radio"/> YES <input type="radio"/> NO		91A20	2410		\$200.00
CONTRACT #		INITIALS					
							<input type="checkbox"/> PRE-PAY FREIGHT AND ADD TO INVOICE

ITEM NO	QUANTITY	UNIT	ITEM	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	1	Ea		Vehicle Accident Review Board Determination Fine Assessment	\$200.00	\$200.00
		Ea				\$0.00
		Ea				\$0.00
		Ea				\$0.00
		Ea				\$0.00
		Ea				\$0.00
		Ea				\$0.00

REQUEST DELIVERY DATE	SPECIAL DELIVERY INSTRUCTIONS	Tax: \$0.00
		Total: \$200.00

TITLE: Administrative Assistant	DATE
SIGNATURE OF REQUESTOR <i>Jean Y. Maner</i>	9/28/06
TITLE: Bureau Chief, Administrative Services	DATE
SIGNATURE OF AUTHORIZER <i>John M. Cain</i>	
TITLE:	DATE
SIGNATURE OF PURCHASING OFFICIAL	

CERTIFICATE OF APPROVING OFFICIAL

The approver certifies that the items indicated hereon are for the exclusive use of the public agency named; that they are exempt from Federal Excise Tax and if the items are used otherwise than stated hereon such facts will be reported by the undersigned to the manufacturer as required by law and that failure to do so will subject the undersigned and all guilty parties to a fine of not more than \$10,000.00 or to imprisonment for not more than five years, or both, together with cost of prosecution.

JUSTIFICATION

ORIGINAL

Prices Fair and Reasonable

GENERAL SERVICES DIVISION -- STATE FLEET MANAGEMENT
140 STONERIDGE DRIVE, SUITE 650
COLUMBIA, SOUTH CAROLINA 29210-8257

VEHICLE ACCIDENT REVIEW BOARD DETERMINATION

Memorandum to: Mr. Robert Kerr J02 Date: August 25, 2006

RE: Employee: STEWART, BRYAN, SG79037 Accident Log #3398 Acc. Date 2/17/2006
The State Fleet Management Accident Review Board has:

- Found the above employee not at fault in referenced accident.
- Found the above employee at fault in referenced accident.
- Reviewed the Driving Record of the above employee.

BASED ON THE FLEET SAFETY PROGRAM GUIDELINES THE ARB RECOMMENDS THE FOLLOWING CORRECTIVE ACTIONS:

- Verbal counseling concerning responsibilities while driving State vehicles.
- Written counseling and eight hour Defensive Driving Course (DDC)* within 90 days of the date of this memorandum. Failure to attend DDC within 90 days requires suspension of driving privileges until requirement has been met.
- Review of driving privileges by Agency Director.
- Three months to 1 year suspension of State vehicle driving privileges. Length: _____
- One year to permanent suspension of State vehicle privileges.
Length of suspension: _____
- Driver suspended from operating State vehicles until suspension is lifted by Accident Review board.
- Driver not wearing seatbelt at the time accident occurred. The State Fleet Safety Program requires that the employee be issued a written reprimand concerning this failure to comply with State policy.
- Assess your agency in the amount of \$ \$200.00 as provided for in Section 1-11-341341 of the Motor Vehicle Management Act. It is your option to absorb this assessment in your agency's budget or to recover it from the employee. Unless we hear differently from you within 15 days, you will receive an invoice for the amount shown. **COMMENTS:** _____

*Contact Betty Pearce, DDC Trainer at SFM phone no. (803) 737-1515 for schedule.

Contact Jimmy Lever at jlever@gs.sc.gov for information on a Van Driver Safety Course.

If you agree with the above determination, please take the necessary corrective action then complete and return a copy of this form to me by September 11, 2006.

Action(s) Taken: _____

Date Action(s) Taken: _____

WARREN J. MCCORMACK, STATE FLEET MANAGER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells Cannon</i>	DATE <i>9-26-06</i>
---------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000270</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-5-06</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

*Cleared
9/29/06*