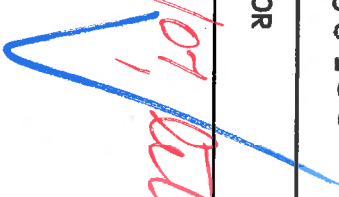


**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF DIRECTOR**

**ACTION REFERRAL**

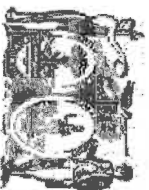
TO <i>Wells</i>	DATE <i>1-16-07</i>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>  1. LOG NUMBER <span style="float: right;"><i>000455</i></span>  2. DATE SIGNED BY DIRECTOR <div style="text-align: center; color: red; font-size: 1.2em;"> <i>Cleaved 2/6/07, Wells attached.</i> </div> <div style="text-align: center; color: blue; font-size: 2em;">  </div>	<b>ACTION REQUESTED</b>  <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____  <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-25-07</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action
---	--

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

STATE OF SOUTH CAROLINA  
*State Budget and Control Board*  
GENERAL SERVICES DIVISION

MARK SANFORD, CHAIRMAN  
GOVERNOR  
THOMAS RAVENEL,  
STATE TREASURER  
RICHARD ECKSTROM  
COMPTROLLER GENERAL



M. RICHBOUNG ROBERSON  
DIRECTOR

STATE FLEET MANAGEMENT  
140 STONERIDGE DRIVE, SUITE 650  
COLUMBIA, SC 29210  
(803) 737-0668

FAX (803) 737-1160

WARREN I. MCCORMACK  
STATE FLEET MANAGER

HUGH K. LEATHERMAN, SR.  
CHAIRMAN, SENATE FINANCE COMMITTEE  
DANIEL T. COOPER  
CHAIRMAN, WAYS AND MEANS COMMITTEE  
FRANK W. FUSCO  
EXECUTIVE DIRECTOR

**RECEIVED**

JAN 16 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MEMORANDUM

TO: Agency Directors *WJM*  
FROM: Jeff McCormack, State Fleet Manager  
DATE: January 10, 2007  
SUBJECT: Motor Vehicle Management Review FY2007

*Log-Well*  
*WQM - Sign*

Enclosed please find a copy of the Motor Vehicle Management Review questionnaire for Fiscal Year 2007. The Code of Laws of South Carolina 1976 requires that State Fleet Management submit a report every year to the Budget and Control Board and the General Assembly. As the law states:

*The Fleet Manager shall report annually to the Budget and Control Board and the General Assembly concerning the performance of each state agency in achieving the objectives enumerated in Sections 1-11-220 through 1-11-330 and include in the report a summary of the division's efforts in aiding and assisting the various state agencies in developing and maintaining their management practices in accordance with the comprehensive statewide Motor Vehicle Management Program. (§1-11-260 (A))*

Your agency's reply to this questionnaire will be compiled with those of other agencies and used to formulate the FY 2007 *Motor Vehicle Management Review*. We are sending a copy of this questionnaire to you to emphasize the importance of the Management Review and to ensure that the questionnaire finds its way into the right hands.

We have provided two ways to complete the Questionnaire: the user can fill in the enclosed paper form, or download the form from the link below, fill it in, print it and return it.

<http://www.ogs.state.sc.us/statefleet/SFM-manreview.phhtm>

We have asked that responses be returned no later than 26 January 2007. Contact Jonathan Eason at (803) 737-1239 or by E-mail at [Jeason@ogs.sc.gov](mailto:Jeason@ogs.sc.gov) with any questions.

I thank you in advance for your prompt attention to this matter, and for your continued support of State Fleet Management.

Enclosure: Motor Vehicle Management Review Questionnaire, FY2007

# MOTOR VEHICLE MANAGEMENT REVIEW QUESTIONNAIRE FY2006

SC BUDGET AND CONTROL BOARD • GENERAL SERVICES DIVISION • STATE FLEET MANAGEMENT

## CONTACT INFORMATION

Agency: \_\_\_\_\_

Agency Number: \_\_\_\_\_  
(for example, State Fleet is F16) \_\_\_\_\_

NAME: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

*By my signature I certify that all the answers I have given on this questionnaire are correct, complete and accurate to the best of my knowledge.*

## Section 1: Inventory

1.1 Does your agency lease vehicles on a long-term basis (longer than 30 days) from any source other than State Fleet Management? ☐ Yes ☐ No

1.2 Other than vehicles your agency owns or vehicles leased from SFM, how many vehicles are available for business? \_\_\_\_\_

1.3 Of all the vehicles owned by your agency, how many are neither Permanently Assigned nor assigned to a Motor Pool? \_\_\_\_\_

1.4 Please describe briefly how these vehicles are being used to support your agency. For instance, utility trucks might be assigned to physical plant, or cargo vans might be used to deliver supplies and equipment. This question applies only to other vehicles; please do not include descriptions for permanently assigned vehicles or motor pool vehicles.

## Section 2: Trip Logs and Exception Reports

2.1 How many vehicles do you report on State Fleet Management trip logs? \_\_\_\_\_

2.2 If you use a trip log other than the one provided by SFM, have you submitted copies of these logs to SFM for approval? ☐ Yes ☐ No

2.3 How many vehicles do you report on Exceptions Reports? \_\_\_\_\_

2.4 Please list the position titles of the employees who use these reports. \_\_\_\_\_

### Section 6: Vehicle Identification

- 6.1 How many vehicles display State Seal decals? \_\_\_\_\_
- 6.2 How many vehicles display Agency Seal decals? \_\_\_\_\_
- 6.3 Have you received BCB approval for those vehicles that do not display decals? If not, please explain. (Please submit SFM Form 7-84 to request exemption approval.) ☐ Yes ☐ No

### Section 7: Fleet Safety

- 7.1 Has your agency established procedures to ensure that all operators of State vehicles possess a valid driver's license? ☐ Yes ☐ No
- 7.2 Has your agency established procedures for annual screening of the driving records of all employees who have occasion to operate a State vehicle? ☐ Yes ☐ No
- 7.3 As required by Section 1-11-340 of the Motor Vehicle Management Act, has your agency established an Accident Review Board (ARB)? ☐ Yes ☐ No
- 7.4 When did the ARB last meet? \_\_\_\_\_
- 7.5 Does your agency comply with Driver Corrective Action as required by the SC Fleet Safety Program (FSP)? ☐ Yes ☐ No
- 7.6 Has your agency ensured that all employees who routinely drive State vehicles have attended an eight-hour or four-hour DDC as required by the Fleet Safety Program? ☐ Yes ☐ No
- 7.7 Has your agency established an internal Accident Reporting System? ☐ Yes ☐ No
- 7.8 If your agency operates Law Enforcement Emergency Vehicles, please submit the latest version of your written policy for emergency response, non-emergency response, and pursuit operations, along with the date it was last revised. \_\_\_\_\_

### Section 8: Operational Costs

- 8.1 Miles driven in Agency-owned vehicles \_\_\_\_\_
- 8.2 Miles driven in SFM leased vehicles \_\_\_\_\_
- 8.3 Miles driven in Other leased vehicles \_\_\_\_\_
- 8.4 As nearly as you can tell, how much did your agency spend on fuel in Fiscal Year 2006? \_\_\_\_\_
- 8.5 How many gallons were purchased? \_\_\_\_\_
- 8.6 How much money was spent on accident repairs or associated costs? \_\_\_\_\_
- 8.7 What was your insurance cost for FY2006? \_\_\_\_\_

9.5.4 Utility vehicles (incl. Blazer, Suburban, Explorer, etc.)

9.5.4.1 Miles: \_\_\_\_\_

9.5.4.2 TMC: \_\_\_\_\_

9.5.4.3 Labor Hours: \_\_\_\_\_

9.5.4.4 MCPM: \_\_\_\_\_

9.5.5 Passenger/cargo vans (including minivans)

9.5.5.1 Miles: \_\_\_\_\_

9.5.5.2 TMC: \_\_\_\_\_

9.5.5.3 Labor Hours: \_\_\_\_\_

9.5.5.4 MCPM: \_\_\_\_\_

9.5.6 Vehicles over 10,000 lbs. GVWR

9.5.6.1 Miles: \_\_\_\_\_

9.5.6.2 TMC: \_\_\_\_\_

9.5.6.3 Labor Hours: \_\_\_\_\_

9.5.6.4 MCPM: \_\_\_\_\_

9.6 What is the Total Maintenance Cost (TMC) for FY? This figure should include all maintenance, both State and commercial, only for owned vehicles.

9.7 Total Miles

9.8 Which item below best describes the source used to maintain cost per mile (CPM) data on your fleet? Please check only one.

- ☐ 9.8.1 Computerized system  
☐ 9.8.2 Manual (paper) system  
☐ 9.8.3 Combination of manual and computerized systems

9.9 Does your present system have the capability to identify trends in vehicles repairs, such as brake problems on a certain model vehicle?

☐ Yes ☐ No

9.10 What was your Shop Labor Rate for FY06?

9.11 Is your Shop Labor Rate fully burdened? If you are not certain about this question, please see the State Fleet Labor Rate Calculator for more information.

☐ Yes ☐ No

## RETURN INSTRUCTIONS

Please return this questionnaire to:

SC BCB, General Services Division  
State Fleet Management  
Attn: Jonathan Eason  
140 Stoneridge Drive, Suite 650  
Columbia, SC 29210-8257

You can also fax it to State Fleet at 803-737-1160.

Call Jonathan Eason at 803-737-1239 with any questions or problems.

Log 455 ✓



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

February 6, 2007


Mr. Jeff McCormack, State Fleet Manager  
Office of State Fleet Management  
140 Stoneridge Drive, Suite 650  
Columbia, South Carolina 29210-8257

Dear Mr. McCormack:

As requested in your January 10, 2007 memo, enclosed with this letter is the completed Motor Vehicle Management Review Questionnaire FY2007.

If you have any questions, please feel free to contact Patty Larimore, at (803) 898-2667).

Sincerely,

  
Robert M. Cannott, Bureau Chief  
Administrative Services

RMCM: jym

# MOTOR VEHICLE MANAGEMENT REVIEW QUESTIONNAIRE FY2006

SC BUDGET AND CONTROL BOARD • GENERAL SERVICES DIVISION • STATE FLEET MANAGEMENT

## CONTACT INFORMATION

Agency: SC Department of Health & Human Services

Agency Number: J02  
(for example, State Fleet is F16)

NAME: Patty H. Larimore

Job Title: Director of Procurement and Support Services

Telephone: 803.898.2595

E-mail Address: larimph@scdhhs.gov

Signature: \_\_\_\_\_

*By my signature I certify that all the answers I have given on this questionnaire are correct, complete and accurate to the best of my knowledge.*

## Section 1: Inventory

- 1.1 Does your agency lease vehicles on a long-term basis (longer than 30 days) from any source other than State Fleet Management? ☒ Yes ☐ No
- 1.2 Other than vehicles your agency owns or vehicles leased from SFM, how many vehicles are available for business? 0
- 1.3 Of all the vehicles owned by your agency, how many are neither Permanently Assigned nor assigned to a Motor Pool? 0
- 1.4 Please describe briefly how these vehicles are being used to support your agency. For instance, utility trucks might be assigned to physical plant, or cargo vans might be used to deliver supplies and equipment. This question applies only to other vehicles; please do not include descriptions for permanently assigned vehicles or motor pool vehicles.

## Section 2: Trip Logs and Exception Reports

- 2.1 How many vehicles do you report on State Fleet Management trip logs? 39
- 2.2 If you use a trip log other than the one provided by SFM, have you submitted copies of these logs to SFM for approval? ☐ Yes ☒ No
- 2.3 How many vehicles do you report on Exceptions Reports? 0
- 2.4 Please list the position titles of the employees who use these reports.

### Section 6: Vehicle Identification

- 6.1 How many vehicles display State Seal decals? 38
- 6.2 How many vehicles display Agency Seal decals? 0
- 6.3 Have you received BCB approval for those vehicles that do not display decals? If not, please explain. (Please submit SFM Form 7-84 to request exemption approval.) ☒ Yes ☐ No

### Section 7: Fleet Safety

- 7.1 Has your agency established procedures to ensure that all operators of State vehicles possess a valid driver's license? ☐ Yes ☒ No
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- 7.5 Does your agency comply with Driver Corrective Action as required by the SC Fleet Safety Program (FSP)? ☐ Yes ☒ No
- 7.6 Has your agency ensured that all employees who routinely drive State vehicles have attended an eight-hour or four-hour DDC as required by the Fleet Safety Program? ☐ Yes ☒ No
- 7.7 Has your agency established an internal Accident Reporting System? ☐ Yes ☒ No
- 7.8 If your agency operates Law Enforcement Emergency Vehicles, please submit the latest version of your written policy for emergency response, non-emergency response, and pursuit operations, along with the date it was last revised.

### Section 8: Operational Costs

- 8.1 Miles driven in Agency-owned vehicles 0
- 8.2 Miles driven in SFM leased vehicles 477,248
- 8.3 Miles driven in Other leased vehicles 0
- 8.4 As nearly as you can tell, how much did your agency spend on fuel in Fiscal Year 2006? 0
- 8.5 How many gallons were purchased? 0
- 8.6 How much money was spent on accident repairs or associated costs? 0
- 8.7 What was your insurance cost for FY2006? 0



9.5.4 Utility vehicles (incl. Blazer, Suburban, Explorer, etc.)

9.5.4.1 Miles: \_\_\_\_\_

9.5.4.2 TMC: \_\_\_\_\_

9.5.4.3 Labor Hours: \_\_\_\_\_

9.5.4.4 MCPM: \_\_\_\_\_

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9.5.5.1 Miles: \_\_\_\_\_

9.5.5.2 TMC: \_\_\_\_\_

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9.5.6.1 Miles: \_\_\_\_\_

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☐ Yes ☐ No

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9.11 Is your Shop Labor Rate fully burdened? If you are not certain about this question, please see the State Fleet Labor Rate Calculator for more information.

☐ Yes ☐ No

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