

UNITED STATES MARINE CORPS
Base Maintenance Division
Marine Corps Base
Camp Lejeune, North Carolina 28542-5000

MO 11240.1A
MAIN/RES/rsm

NOV 28 1984

MAINTENANCE ORDER 11240.1A

From: Base Maintenance Officer
To: Distribution List

Subj: Procedures for the Management of Motor Transport Equipment

Encl: (1) Operator Checklist for Preventive Maintenance

1. Purpose. To promugate guidance and instructions for the management of motor transport equipment within the Base Maintenance Division.

2. Cancellation. MO 11240.1.

3. Objectives

a. Provide for the efficient assignment, utilization and maintenance of all motor transport equipment within the Division.

b. Control all equipment in such a manner as to obtain the most effective use of equipment, material and money.

c. Ensure a maintenance management program which will enhance the life and use of equipment.

4. Responsibilities

a. The Base Maintenance Officer has overall responsibility for the management of motor transport equipment within the Division.

b. Each section/unit/shop supervisor is responsible for motor transport equipment assigned or charged to their organization. Specific requirements are contained in subsequent paragraphs of this Order.

c. Each employee is responsible for ensuring that proper measures are taken to protect, maintain and properly utilize government motor transport equipment under their control.

d. The Director, Maintenance and Repair Branch, is responsible for:

(1) Managing a motor transport equipment program to ensure effective utilization and coordination of vehicle resources.

(2) Providing the Mobile Equipment Dispatcher with information and guidance regarding the control of motor transport equipment.

e. The Mobile Equipment Dispatcher is responsible for:

(1) Ensuring proper dispatch of vehicles to include the assignment and transfer of vehicles to meet Division requirements.

(2) Maintaining and safeguarding all records and documents applicable to assigned motor vehicle equipment.

(3) Managing an effective preventive maintenance program.

(4) Providing liaison with Base Motor Transport personnel and coordinating the turn-in of vehicles for scheduled maintenance or repairs.

(5) Leading assigned maintenance personnel in accomplishing minor adjustments, repairs and equipment changes.

5. Preventive Maintenance Program

a. Preventive Maintenance should be performed on all vehicles to ensure systematic care, servicing and inspection of equipment. The following goals should be attained in a successful preventive maintenance program.

- (1) Maintenance of vehicles in a serviceable condition.
- (2) Detection and correction of early failures.
- (3) Optimum utilization and life of available vehicles.

b. The operator is the most important single factor of the preventive maintenance program. Each operator should perform daily/weekly checks of their vehicle to ensure that the vehicle is in a serviceable (and safe) condition. Enclosure (1) contains a checklist of items each driver should inspect for on a daily/weekly basis.

c. Any discrepancies found during preventive maintenance checks should be corrected immediately by the operator or reported to the Mobile Equipment Dispatcher, extension 3939.

d. Vehicles requiring repairs to correct deficiencies will be delivered to Motor Transport via the Mobile Equipment Dispatcher. Tools and material will be removed from vehicles prior to being sent to Motor Transport for repairs.

6. Inspections

a. Shop supervisors will ensure proper preventive maintenance is being accomplished by performing routine inspections of vehicles. Corrective action should be taken as required.

b. The Mobile Equipment Dispatcher will perform random and semi-annual inspections of vehicles. Vehicle Discrepancy Reports will be forwarded to the appropriate General Foreman via the Director, Maintenance and Repair for corrective action.

7. Reports

a. All supervisors will provide a monthly report consisting of the vehicle number and odometer reading to the Mobile Equipment Dispatcher on the 25th (or first workday following the 25th) of each month.

b. An accident report Standard Form 91 will be filled out by the operator whenever he or she is involved in an accident. The operator is required to notify the Mobile Equipment Dispatcher whenever a vehicle is damaged regardless of the extent of damage. The Mobile Equipment Dispatcher will provide a copy of the Standard Form 91 to the Administrative Officer who will review for safety purposes and forward to appropriate Branch Directors for information/action.

8. Operation and Safety

a. No person will operate a government motor vehicle without a valid Motor Vehicle Operators Permit (Standard Form 46) and a current state driver's license in his or her possession. Additionally, the permit and, when applicable, the state driver's license will indicate the appropriate vehicle class/type qualifications.

b. The operator of the motor vehicle is responsible for the safe operation of the vehicle and for the safety of passengers and cargo during operation.

c. The operator of the motor vehicle is responsible for the security and maintenance of all tools and accessories such as tires, jacks, lug wrenches, etc. assigned to the vehicle.

d. The operator will ensure that the vehicle has an Operator's Report of Motor Vehicle Accident, Standard Form 91. In the event of an accident the operator will immediately notify the Provost Marshall, extension 3635 and complete the Standard Form 91.

e. All operators will comply with the instructions and regulations contained in the current edition of the of the Base Motor Vehicle and Traffic Regulations.

f. The operator will wear a seat belt at all times when the vehicle is in motion. The operator will further ensure that all passengers utilize seat belts while the vehicle is in motion.

9. Licensing Procedures

a. Effective upon receipt, supervisors will be responsible for the licensing and renewal of licenses for employees under their jurisdiction. Referral to the General Services Section will no longer be required.

b. Procedures for processing requests for initial licenses, renewals, upgrades or duplicates.

(1) The supervisor will have the employee complete NAVMC 10964 (Application for Government Vehicle Operator's Permit, Standard Form 46) in duplicate. The information may be hand written provided it is printed legibly. The supervisor will sign and date the form in item 18 and print his/her name and telephone number in item 17.

(2) The employee will also complete one copy of Standard Form 47 (Physical Fitness Inquiry for Motor Vehicle Operators). NOTE: This form is not required when requesting a duplicate or upgrade of a current permit.

(3) The employee may then handcarry the application, first to the Occupational Health Nurse, Building 15 and then to the Licensing Section, Building 1502; or the paperwork may be forwarded via guard mail to the Occupational Health Nurse for review. After review by the Health Nurse, the NAVMC 10964 and the Standard Form 47 will be forwarded to the Licensing Section. Upon receipt, Licensing Section personnel will call the supervisor at the number noted on the application to arrange for an appointment.

(4) Employees requiring only a duplicate or upgrade of current license are not required to process through the Health Nurse.

(5) Supervisors with personnel assigned to the Air Station or Camp Geiger should use the guard mail procedure whenever possible since testing and licensing is available every Wednesday morning at the Air Station. Further information can be obtained from the Licensing Section, extension 3244.

c. Employees will be advised that they are responsible for ensuring that their Government Driver's Permit remains valid and for notifying their supervisor whenever a license is due to expire. In most instances government permits expire concurrently with state licenses. And since renewal of a state license must be accomplished before a new permit is issued, employees should not wait until the last moment before taking renewal action.

d. Supervisors should maintain a "tickler file" denoting license expiration dates to further ensure that employees remain fully licensed.

10. Liaison With Base Motor Transport. The Mobile Equipment Dispatcher will provide primary liaison with personnel of the Base Motor Transport Division. Operators and supervisors will coordinate any transactions with Base Motor Transport through the Dispatcher. The Dispatcher will be informed prior to any turn-in or pick up of vehicles from Motor Transport.

11. Radios. Vehicle mounted radios may be repaired through coordination between the supervisor and the Radio Repair Section, Building 23. Since the supervisor has signed for the radio, it is imperative that he/she receive a receipt if the radio

MO 11240.1A
NOV 2 8 1984

is removed for repairs. Radios will not be removed from or transferred between vehicles without coordinating the transfer with the Property Management Section.

12. Vehicle Modifications. Vehicles will not be modified in any manner from the original design without previous approval of the Base Motor Transport Officer. Modifications are classified as installation or removal of bins, ladder racks, pipe racks, warning lights, etc.

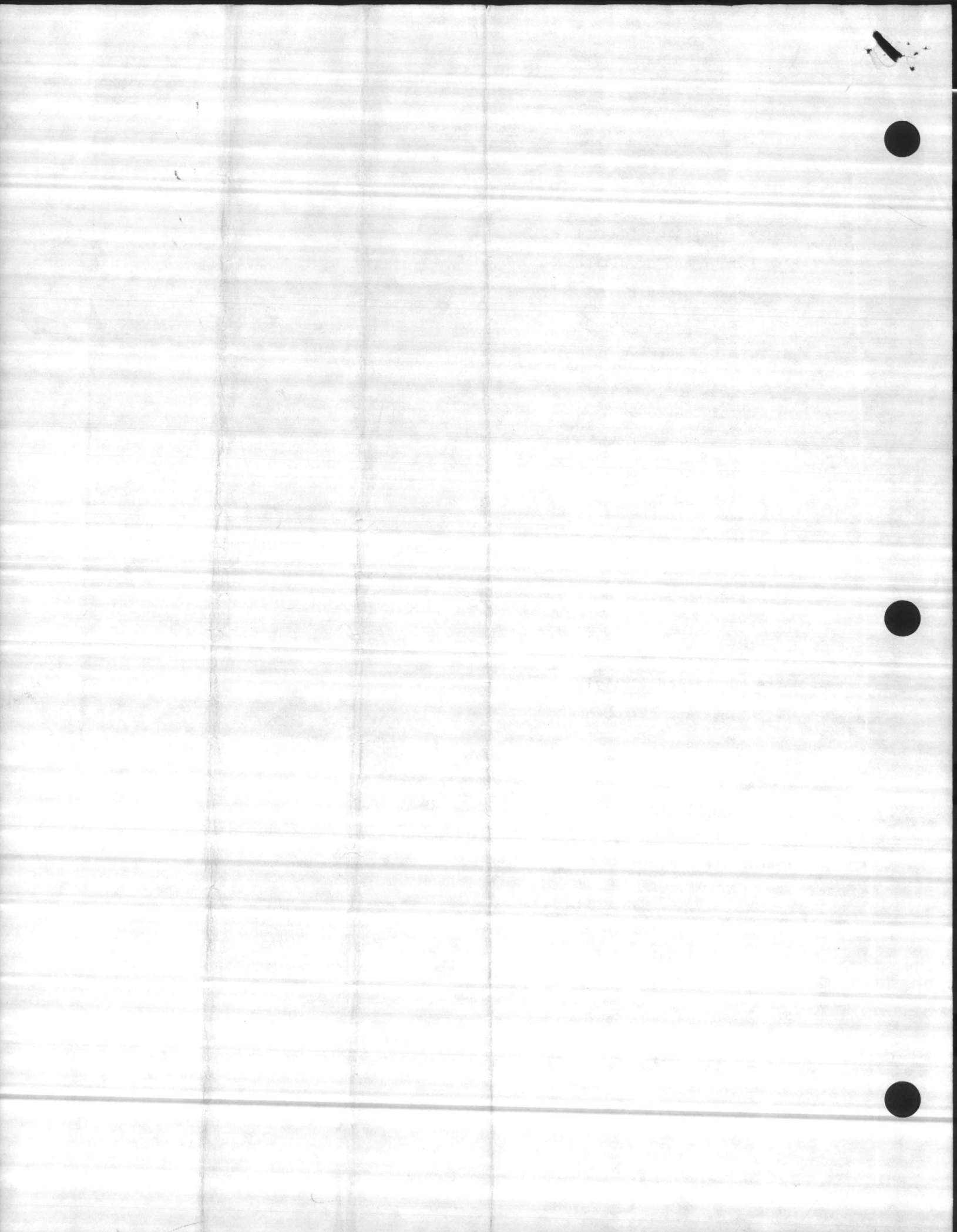
13. Applicability. This Order is applicable to all Base Maintenance employees upon receipt.

H. L. Luttrell
H. L. LUTTRELL

DISTRIBUTION: B

OPERATOR CHECKLIST
FOR
PREVENTIVE MAINTENANCE

- A. Before Operation (daily)
 - 1. Damage and/or pilferage
 - 2. Leaks, general
 - 3. Fuel, oil, water
 - 4. Engine, warm-up
 - 5. Instruments
 - 6. Safety devices
 - 7. Tools and equipment
- B. During Operation (daily)
 - 1. Instrument brakes
 - 2. Brakes
 - 3. Clutch
 - 4. Steering
 - 5. Engine operation
 - 6. Unusual noises
- C. After Operation (daily)
 - 1. Lights and reflectors
 - 2. Safety devices
 - 3. Brakes
 - 4. Air tanks (drain)
 - 5. Fuel, oil, water (refill)
- D. Weekly Checks
 - 1. Drive belts
 - 2. Battery level
 - 3. Anti-freeze
 - 4. Tires (damage, gauge)
 - 5. Clean (as required)



BASE MAINTENANCE EMPLOYEE PROCEDURES FOR
OBTAINING GOVERNMENT LICENSES

1. Procedures for processing requests for initial licenses, renewals, upgrades or duplicates:

- a. The supervisor will have the employee complete NAVMC 10964 (Application for Government Vehicle Operator's Permit, Standard Form 46) in duplicate. The information may be handwritten provided it is printed legibly. The supervisor will sign and date the form in item 18 and print his/her name and telephone number in item 17.
- b. The employee will also complete one copy of Standard Form 47 (Physical Fitness Inquiry for Motor Vehicle Operators). NOTE: This form is not required when requesting a duplicate or upgrade of a current permit.
- c. The employee may then hand carry the application, first to the Occupational Health Nurse, Building 15, and then to the Licensing Section, Building 1502; or the paperwork may be forwarded via guard mail to the Occupational Health Nurse for review. After review by the Health Nurse, the NAVMC 10964 and the Standard Form 47 will be forwarded to the Licensing Section. Upon receipt, Licensing Section personnel will call the supervisor at the number noted on the application to arrange for an appointment.
- d. Employees requiring only a duplicate or upgrade of current license are not required to process through the Health Nurse.
- e. Supervisors with personnel assigned to the Air Station or Camp Geiger should use the guard mail procedure whenever possible since testing and licensing is available every Wednesday morning at the Air Station. Further information can be obtained from the Licensing Section, extension 3244.

2. Employees will be advised that they are responsible for ensuring that their Government Driver's Permit remains valid and for notifying their supervisor whenever a license is due to expire. In most instances, government permits expire concurrently with state licenses. And since renewal of a state license must be accomplished before a new permit is issued, employees should not wait until the last moment before taking renewal action.

3. Supervisors should maintain a "tickler file" denoting license expiration dates to further ensure that employees remain fully licensed.

10

Application for Government Vehicle Operator's Permit, SF-46

NAVMC 10964 (REV. 10-78) (Previous editions are obsolete.) SN: 0000-00-006-5482 U/I: SH

(Supersedes NAVFAC Form 9-11240/10 for USMC use.)

(11240)

PART I APPLICATION									
1. First Name Middle Name Last Name SUPERVISORS TRY HARDER						2. Date of Birth (Mo. Day Year) 01/07/45			
3. Other Names Used in Applying for Driver Licenses					4. Social Security Number 000-00-0000				
(First) (Middle) (Last)					5. Place of birth County: Onslow City Jacksonville State NC				
(First) (Middle) (Last)					6. Sex Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	7. Height 6 Ft. 2 In.	8. Weight 195	9a. Color of Eyes Blue	9b. Color of Hair Blond
10. RUC M93058		11. Organization Base Maintenance			12. Date Date of Application				
13. Category (check one): (As appropriate) <input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Renew <input type="checkbox"/> Duplicate				14. Class of License (check all that apply): <input checked="" type="checkbox"/> Commercial Only <input type="checkbox"/> Bus <input type="checkbox"/> Tactical/Commercial <input type="checkbox"/> Truck-Tractor			15. Type of License (check one): <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Limited <input type="checkbox"/> Learner's		
16a. Classes of Vehicles (check all that apply). <input type="checkbox"/> Sedans/Station Wagons <input checked="" type="checkbox"/> Trucks to ___-ton <input type="checkbox"/> Truck-Tractor to ___-ton <input type="checkbox"/> Busses to ___-passenger									
16b. Special Qualifications (check all that apply): Tank-Truck Refueler = M- <input type="checkbox"/> Wrecker = M- <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Semitrailer Refueler = M- <input type="checkbox"/> Emergency Vehicle = M- <input type="checkbox"/> Other (specify) <u>Forklift/</u> Articulated Frame Vehicle = M- <input type="checkbox"/> Truck with Full Trailer = M- <input type="checkbox"/> <u>Warehouse Tractor</u>									
17. Remarks: <u>Type/immediate supervisor's name and number</u> <i>Write</i>									
18. Commanding Officer's Signature: I recommend that this individual be examined for qualification to hold the SF-46. <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;">Supervisor's signature and date</div><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;">Date</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Commanding Officer's Signature</div><div style="width: 45%;">Date</div></div>									

PART II OPERATOR'S PAST DRIVING RECORD			
1. Valid State Driver License State <u>N.C. - Only!!</u> Number _____ Expiration date _____			
2. Statement of experience		3. List Accidents, Violations & Action Taken	
Vehicle Type/Size (List Each)		a. List accidents, tickets, traffic	
a. Passenger Car		b. violations which have occurred or	
b. (Number of years of driving		c. or off base within the last 3 ye	
c. experience)		d.	
d.		e.	
4. I Certify the Above to be Correct		Signature of Applicant Applicant must sign and date	
		Date	

PART III EXAMINATION RESULTS

1. Qualification Tests (check)

Test	Sat.	Un-sat.	Test	Sat.	Un-sat.	Test	Sat.	Un-sat.
Physical			Hearing			Road		
Vision			Written			Dir/Cross-Country		
Reaction Time			Skill			Special Qualifications		

2. Restrictions:

- Corrective Lenses Required
 Hearing Aid Required
 Daylight Driving Only
 Activity Reservation Only
 Other: _____

3. Vehicle/Equipment Classes Qualified to Operate (list)

4. Signature of License Examiner

5. Date

PART IV LICENSE ACTION

- 1. License Issued** Yes **2. License Number** **3. Date Issued** **4. Expiration Date**
 No
- 5.** a. Enter all information in Part III, Items 2 and 3, and Part IV, Items 1 through 4, on Page 11 of the subject individual's Service Record Book/Officers Qualification Record.
 b. Service Record Book/Officers Qualification Record entry not required.

6. Signature of Licensing Officer:

7. Date

PART V RECORDING ACTION

1. This is to certify that all information indicated in Part IV, Item 5, has been entered as required on Page 11 of the Service Record Book/Officers Qualification Record.*

*Sign and return to Licensing Office for disposition only if Part IV, Item 5-a, is indicated.

Commanding Officer's Signature Date

PART VI SUBSEQUENT RECORDING ACTION

- 1. National Driver Register Report Received** _____ (Date)
2. Reported License Withdrawal Reason: _____
- 3. Subsequent Action (Enter Dates):** No Action Required
a. Clarification Requested _____ d. License Revoked _____
b. Clarification Received _____ e. License Reinstated _____
c. Poor driving record memo _____ f. Cancelled memo _____

4. Remarks

EXAMPLE

Standard Form 47 (Rev. 1-77) U.S. Civil Service Commission FPM Chapter 930

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

1. Last Name—First Name—Middle Name
CAN, YES I

2. Date of Birth
01/07/45

3. Title of Position
Painter

4. Home Address (Number, street or RFD, city or town, State and ZIP code)
606 Way-down-under Blvd.
Jacksonville, N.C. 28540

5. Employing Agency
Base Maintenance

6. Have you ever had or have you now (Place check at left of each item):

YES	NO	YES	NO	
				Arthritis, rheumatism, swollen or painful joints
				Loss of hand, arm, foot, or leg
				Deformity of hand, arm, foot, or leg
				Nervous or mental trouble of any kind
				Blackouts or epilepsy
				Sugar or albumin in urine
				Excessive drinking habit (Alcohol)
				Other serious defects or diseases

7. If your answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:
 Have applicant fill out this form down through the signature and date (Items 1 - 8b, signature and date). Forward the original to Bldg 15 (Don Erny) for signature; keep one copy for your files.

8. (A) Do you wear glasses (or contact lenses) while driving? YES NO

(B) Do you wear a hearing aid? YES NO

PRIVACY ACT NOTICE

Authority: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Standard Form 47, Physical Fitness Inquiry for Motor Vehicle Operators. U.S. Code, Title 5, section 301.

Purposes and Uses: SF 47 is used to ascertain the physical fitness of Federal employees, whose jobs are not regular motor vehicle operating jobs, to drive Government-owned

motor vehicles. It is also used in the renewal of authorizations for all employees. Based on the information provided, employees may be referred for a medical examination before being given a renewal.

Effects of Nondisclosure: Nondisclosure of this information will result in the employee not being authorized to drive a Federal motor vehicle. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise.

I certify that my answers above are full and true, and I understand that a willfully false statement or dishonest answer to any question may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.

Signature _____ Date _____

Applicant's signature

REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

- There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.
- On the basis of items checked on this form or other information this applicant must be referred for physical examination before he is authorized to operate a Government-owned motor vehicle or his current authorization is renewed.
- Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official _____ Date _____

