[Company Name] Texting and Talking on Hand-Held Cell Phones While Driving Policy

Of increasing concern to [Company Name] are the dangers of distracted driving. Recent deadly crashes involving drivers distracted by talking and texting while driving highlight a growing danger on our roads. Numerous studies have demonstrated how the use of hand-held cell phones while driving pose a significant safety risk to motorists, their passengers and others on the road. In fact, according the National Highway Traffic Safety Administration (NHTSA), in 2008, nearly 6,000 people died in crashes involving a distracted driver.

Therefore, [Company Name] will no longer tolerate texting or talking on a hand-held phone while operating a company vehicle or while using a company issued cell phone while operating a personal vehicle. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, reading or responding to e-mails and text messages.

[Company Name] employees are required to:
- Turn cell phones off or put on silent or vibrate before starting the car.
- Pull over to a safe place if a call must be made or received while on the road.
- Consider modifying voice mail greeting to indicate that you are unavailable to answer calls or return messages while driving.
- Inform clients, associates and business partners of this policy as an explanation of why calls may not be returned immediately.

[Company Name] is concerned about the safety of its employees. It is our goal that if we lead by example, the practice of no texting or talking on hand-held cell phones while behind the wheel will spread throughout the community. Violations of this policy will lead to [Insert Company Consequences]

Below is a Statement of Acknowledgement that says you have read and fully understand [Company Name] policy. Please sign it and return it to your supervisor. If you have any questions regarding this policy please contact your supervisor.

I have received a written copy of the Council’s Motor Vehicle Safety policy. I fully understand the terms of this policy and agree to abide by them.

_________________________________________  ______________________________________
Employee Signature                          Date

_________________________________________
Employee Name (printed)