Fuel Station Procedure

<table>
<thead>
<tr>
<th>Applicability</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Revised</td>
<td>1/3/17</td>
</tr>
<tr>
<td>Procedure Owner</td>
<td>Thomas J Kelly <a href="mailto:kellytj@bgsu.edu">kellytj@bgsu.edu</a></td>
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<tr>
<td>Governing Body</td>
<td>Campus Operations</td>
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<tr>
<td>SAS 112 Applic.</td>
<td>No</td>
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**Introduction:**

Campus Operations is responsible for the purchasing and distribution of fuel for vehicles owned by Bowling Green State University (BGSU). This centralization is important to ensure compliance for BGSU employees who use the centralized fuel station and fuel access devices. The goal is to provide fuel to BGSU departments in the most cost effective manner as feasibly possible.

**Use and Restrictions:**

- Fuel is for BGSU owned vehicles and equipment only.
- Fuel is not to be used by an individual or department to dispense fuel into a personal vehicle or equipment.
- Containers used to collect fuel will be certified portable fuel containers legal for transportation of fuel.
- User ID’s used to dispense fuel should be kept confidential and not shared.
- Lost or broken keys will be replaced at a cost to be paid for by the responsible department.

**Compliance:**

Campus Operations, Internal Audit and others may investigate use of fuel access to confirm compliance. If non-compliance (misuse) is found, the department head will be notified and further access may be suspended or terminated. In addition, if a staff member is found to be using this access for personal use, the matter may be turned over to the Department of Safety, Internal Audit, or others as appropriate.

**Certification of Use:**

I certify that fuel access will be used in accordance with the Use and Restrictions stated above and I have been given authority by my department to have access to the fuel station. I further understand that Campus Operations, Internal Audit, and others may investigate use of this access to confirm compliance. Suspension and/or termination of this access may be the result in the event of non-compliance. I will notify Campus Operations if access is no longer needed.

Employee Signature ___________________________ Date __________

Signature Name Printed ____________________________

Email _______________________________________

Department ___________________________________