Facilities Management Department
Standard Operating Procedure #4

Fueling Policies and Procedures

1. Purpose: To establish procedures for using UNC Charlotte’s automated fueling system. Vehicles and users must be registered prior to using the system.

2. Scope: It is the responsibility of all campus staff, faculty, and students to follow these procedures.

3. General Procedures:

A. Fueling: A “Pro Key”, a Customer ID and a User ID are needed to fuel at the pump. The fueling system uses a key that tracks every vehicle and gas can on campus. The “Pro Key” identifies the vehicle and relates the following information contained on the vehicle.

   i. Vehicle Tag number
   ii. Department responsible for vehicle (a code will be assigned for use at the pump)
   iii. Account number for billing
   iv. Daily gas allotment for the assigned vehicle
   v. Maximum quantity for each fill up
   vi. Current odometer reading or hour meter as applicable
   vii. Recommended maintenance cycle in miles or hours

B. Registration: Only authorized vehicles and personnel may use the automated fueling system. Both personnel and vehicles must be registered through the Motor Fleet Management Office at Facilities Management.

C. Obtaining Registration Forms: Forms may be reproduced from this policy statement or obtained on-line at the Facilities Management web site. Forms are also available from the Motor Fleet Representative located in Room 101A in the Facilities Management/Campus Police Building (corner of Mary Alexander and Cameron Boulevard).

D. User Registration: In order to be registered in the system, complete the Fuel 1 Form – Authorization to Obtain a Customer ID Number, (Attachment 1), have your Department Head or Supervisor sign it and return it to the Motor Fleet Manager. You will be issued a Customer ID and a User ID. Once these two ID numbers are entered in the system, you will be able to fuel using the Fuel Master system.

E. Safeguarding Registration Forms: All request forms will be locked up at all times to preserve the confidentiality of ID numbers. Forms will be destroyed when the User is no longer authorized and has been removed from the system. Forgotten User ID or Customer ID numbers can be obtained in person at the Motor Fleet office.

F. Exempted Users: Motor Fleet customers need not apply. If you need gas for your Motor Fleet vehicle contact the Motor Fleet representative @ 72639. Campus Police will work directly with the Motor Fleet office to obtain Customer ID numbers.

G. Unique Users: The Athletics and Engineering Departments are unique due to their ever-changing list of users and irregular accounting issues. Limited User ID’s will be established for these Departments and billings will be sent monthly to obtain the appropriate accounting. Accounting information must be returned via internet or campus mail no later than the 10th of the month for billing purposes. Lacking a timely response, the Motor Fleet Representative will forward your default account number to accounts payable for billing.

H. Vehicle Registration: Existing vehicles have been pre-loaded into the system but will require activation by completion of an initial registration form. A Supervisor must be present in person at the Motor Fleet
Representative office to obtain a Vehicle Pro-Key for a vehicle. Be prepared to provide the information in Paragraph 3.a. to successfully complete the **Fuel 3 Form - Vehicle Pro-Key Authorization**, (Attachment 3).

4. **Specific Procedures:**

A. **Fueling at the pump:**
   i. Insert the Pro-Key assigned to vehicle.
   ii. Enter your User ID and Customer ID number.
   iii. Enter the odometer reading or hour usage of the vehicle. Please be accurate and do not guess on the odometer or hour readings. The system knows the last entry for each vehicle and if the computer detects any error on your entry it will tell you. Re-enter the correct reading. If problems persist contact the Motor Fleet Representative.
   iv. If accepted, proceed to gas up. Each vehicle has a daily limit that was implemented at the initial set up of the vehicle Pro Key. If your vehicle needs an increase please see the Motor Fleet Representative for approval.
   v. If not accepted see the Motor Fleet Representative for assistance.
   vi. Your Pro-Keys will not work on any vehicle that has not been assigned to that Pro Key so make sure you have the correct vehicle Pro Key when you plan to use the pump

B. **State Employees and visitors:**
   i. **State vehicles** leased from or through Motor Fleet in Raleigh, NC- Those bearing a yellow tag or special assigned tag given to your agency from Motor Fleet are eligible to fuel. You may obtain a temporary key and User ID number from UNC Charlotte’s Motor Fleet Office by completing a **FUEL 2 Form - State Visitor Request to Fuel**, (Attachment 2). You will need your license, vehicle plate and state number assigned to the vehicle, agency name, user name, social security number and other contact information. Your gas consumption will be billed to Motor Fleet Raleigh. If you are a frequent user please ask the Motor Fleet Representative about a permanent Pro-Key.
   ii. **Visitors:** Out of state and/or VIP visitors must first obtain the approval of the Vice Chancellor for Business Affairs in order to fuel. Upon approval a **State Visitor Request to Fuel** form, “Fuel 2”, shall be completed indicating the appropriate account for billing and other pertinent information.

C. **Loss of Vehicle Pro-Key:**
   i. Obtain a new Pro-Key by filling out a **FUEL 4 Form - Lost Pro-Key Request**, (Attachment 4), and submit it to the Motor Fleet Representative. Your department’s monthly billing will reflect an increase of $10.00 to defray the cost of the replacement.
   ii. Lost Pro-Key requests may only be submitted by a Departmental Head or Supervisor. Call the Motor Fleet Representative to obtain the form @ 72639 or download from the Motor Fleet web site.
   iii. The request/form must be submitted in person by the person who has authorized the replacement key. An account number for billing is required on the form.

D. **Safety at the pump:**
   i. **Turn off** all vehicles before refueling.
   ii. **No Smoking or open flame** is allowed around the refueling area or during refueling.
   iii. **Static electricity** and other potential igniters shall be eliminated prior to fueling.
iv. **Emergency call 911**, Campus Police @ 72200 and Motor Fleet Representative at 72639.

v. **Note location of fire extinguisher** beside the pump.

E. **Location of office and pumps:**

i. The **Motor Fleet Office** is located in the Facilities Management/Police Building at the corner of Cameron and Mary Alexander Road. Enter the building through the rear door. Once inside, take a right and enter through the two brown doors.

ii. The **gas pump** is located behind the building and accessed by entering the “Service Vehicles Only” gravel drive on the east side of the building, the side closest to Mary Alexander Road.

iii. **Visitor Parking** for Motor Fleet Office is located west of the building in Parking Lot 26. Visitors must park in spaces reserved and obtain a pass from the Motor Fleet office.

5. **References:**

   **A. Pertinent phone numbers:**

   i. Motor Fleet Representative: 687-2639 Off Campus  
      72639 On Campus

   ii. Campus Police: 687-2200 Off Campus  
        72200 On Campus

   iii. Maintenance and Operations 687-2169 Off Campus  
        72169 On Campus

   iv. Automotive Supervisor: 687-2122 Off Campus  
        72122 On Campus

Philip Jones  
Associate Vice Chancellor  
Facilities Management

Attachments:  
Motor Fleet Forms, Fuel 1 to Fuel 4
Fuel 1 Form - Authorization to Obtain a Customer ID number

To obtain a User ID number your Departmental Head or Supervisor must sign this form.

User name: (Please print) ____________________     _________________      ____
       Last name                   First Name                MI

Circle one:
Facility/Staff/Student:  ______________________________________________

Student or Employee ID #
Your employee ID # is assigned to you by the Human Resources Module of Banner. All employees should have received a new UNC Charlotte 49er ID card with the new UNC Charlotte ID number printed on the front.

Department:
A Customer ID number will be assigned below to identify your Department for billing purposes. You will be required to enter it at the pump before fueling.

Contact phone:  ____________________________________

Customer ID number:  ____________________________________
Assigned by the Motor Fleet Office

User ID Number:  ____________________________________
Assigned by the Motor Fleet Office

You will be given a copy of this form to be kept with your departmental files and a copy will be sent to the Department Head or Supervisor signing below.

I understand that my User ID number is assigned to me only. I will not allow anyone else to use it at the pump.
I understand that if my User ID number is associated with any misuse my User ID will be blocked and Campus Police will investigate the situation. I will notify the Motor Fleet Office if my User ID becomes stolen or otherwise compromised and before I leave the department so my user ID may be removed.

Permission from Department to obtain a User ID number to use the gas facilities have been given by:

__________________________________________________        Date: ______________________
Signature of User

___________________________________________________       Date: ______________________
Print Name              Contact Number

___________________________________________________                  ______________________
Print Name              Contact Phone

Authorized by the Motor Fleet Office

Assigned by the Motor Fleet Office
Fuel 2 Form - State Visitor Request to Fuel

All NC state employees are welcome to refuel at our facilities while visiting UNC Charlotte. You will need to visit the Motor Fleet Office on the corner of Mary Alexander and Cameron Boulevard room 101A to obtain authorization. The following information must be filled out prior to fueling. If you are a frequent visitor to our campus please ask the Motor Fleet Representative about a permanent Pro-Key assignment. Your gas consumption will be billed to Raleigh for reimbursement.

Visitor Name: (Please print) _____________________________ ________
                          First                   Last

Vehicle Plate Number: _____________________________

State assigned number for vehicle: _____________________________

Odometer reading: _____________________________

___________________________________________________________
University or State organization the vehicle is assigned to

_________________________________________________________
Address

________________________________________________
Contact phone number

____________________________________  _________________
Sign            Date

The following information will allow you to refuel on the date indicated.

Customer ID: _____________________________

User ID: _____________________________

Note: You will be required to enter the odometer reading of the vehicle before you can pump

Copy of License
Pro-Keys are only issued to department heads or supervisors. If obtaining multiple keys please submit a request for each vehicle. This form must be completed and submitted to obtain a Pro-Key. The first time the vehicle needs to fuel the person fueling will need to come by the Motor Fleet Office and submit the odometer reading of the vehicle before fueling.

Vehicle Plate Number or assigned Vehicle number: ________________________________

Make/ Model & Year of vehicle: _____________________________________________

State vehicle number if applies: ___________________________________________

Department: _____________________________________________________________

Banner account number for vehicle gas billing: _______________________________

Departmental Head/ Supervisor signature: ________________________________

By signing this form I acknowledge that I am responsible for the vehicle Pro-Key and unauthorized use of the key may result in an investigation by Campus Police, loss of privileges, and other administrative and/or legal actions as appropriate.

Contact Phone Number: ________________________________________________

Person assigned to pickup Pro-Key: _______________________________________

This form will be kept on file at the Motor Fleet Office until notification from the Department that the vehicle assigned to the Pro-Key no longer exists or a new department head has accepted accountability by completing a new form.

Copy of UNCC ID or State ID
Fuel 4 Form - Lost Pro-Key Request

Pro-Key requests **must** be filled out, signed and delivered by the Departmental Head or Supervisor. Your Department will be charged a $10.00 replacement fee for each Lost Pro-Key. Please fill out the information below and either Fax to the Motor Fleet Office @ 73161, send by Campus mail, or hand deliver it to the Motor Fleet Office. Please do not sign until you have picked up your Pro-Key in person.

Vehicle assigned to lost Pro-Key: __________________________________________

Plate or Vehicle number: __________________________________________

Department: __________________________________________

Account Number for a new Pro Key replacement fee: 

(This may be different than your monthly gas billing.)

Account number for New Pro Key gas billing: __________________________________________

Departmental Head or Supervisor: __________________________________________

Please print

Contact number: __________________________________________

This application will be reviewed for accurate information and your Lost Pro-Key will be deleted immediately upon reception of this request. Your new Pro-Key will be encoded and can be picked up at the Motor Fleet Office at your convenience. The above-mentioned Departmental Head or Supervisor is the only person allowed to pick up the new Pro-Key. You will be asked to show your UNCC ID when picking up the Pro-Key; so be prepared.

Sign below when you receive your new Pro-Key:

____________________________________________________________________

Motor Fleet Representative Date

____________________________________________________________________

Departmental Head or Supervisor Date
