SECTION 7.0

OCCUPATIONAL ROAD RISK

TOOLS AND CHECKLISTS

Document Change History

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| APPENDIX A - DRIVER ELIGIBILITY CHECKLIST |
| **Name of Operator / Driver:** |
| **Date:** |
| **Evaluated by:** |
| **Evaluator Company (ALU or Subcontractor Company):**  |
| **NOTE1: A doctor's note can be used in lieu of answering the Medical Eligibility section below.** |
| **NOTE2: A "Yes" response in the Medical Eligibility Section may require a further medical clearance.** |
| **Documentation** | **Yes** | **No** | **N/A** | **Remarks** |
| Does the driver have a valid drivers license? |   |   |   |   |
| Provide details on the class of vehicles this license is permitted to drive ( Car, Van, Truck etc) |   |   |   |   |
| Has this license ever been disqualified or revoked? If yes, please provide details. |   |   |   |   |
| Has the driver taken Defensive Driver Training? If yes, please have a record available.  |   |   |   |   |

|  |  |  |  |  |
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| **Medical Eligibility** | **Yes** | **No** | **N/A** | **Remarks** |
| Does this license holder suffer from any of the following medical conditions |   |   |   |   |
| Neurological disorders |   |   |   |   |
| Cardiovascular disorders |   |   |   |   |
| Diabetes |   |   |   |   |
| Drug and Alcohol Misuse and dependence |   |   |   |   |
| Vision impairment (beyond those corrected by prescription lenses) that might impact drving abilities  |   |   |   |   |
| Physical disabilities that might require a vehicle adaptation in order to drive |   |   |   |   |
| **Driver / Operator Name:** |  |  |  |  |
| **Driver Signature:** |  |  |  |  |
| **Evaluator's Signature:** |  |  |  |  |
|  |  |  |  |  |
| **A properly maintained & fully functioning vehicle meeting all safety requirements is less likely to be involved in a road accident** |
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| APPENDIX B - DAILY INSPECTION CHECKLIST |
| **Name of Operator / Driver:** |
| **ALU Subcontractor Company (if Applicable):** |
| **Transfer of vehicle from - Name of Operator / Driver:** |
| **Location of Inspection:** |
| **Date: Time:** |
| **Vehicle plate number:** |
| **Odometer (mileage recorder):** |
| **Vehicle size / bearable weight:** |
| **Vehicle brand:** |
| **Nominated Name in case of Emergency:** |
| **Reason of Inspection:** | **Yes** | **No** |   |
|  |  |  |
| **Journey from ( Point A ) to ( Point B )** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vehicle verification and visual walkthrough** | **Yes** | **No** | **N/A** | **Remarks** |
| 1. Seat belts available for all passengers in the vehicle
 |   |   |   |   |
| 1. Check availability of suitable / calibrated fire extinguisher, jumper cables, safety sign (if local requirement), first aid box
 |   |   |   |   |
| 1. Check availability of any additional specific local requirements (For example: breathalysers in France)
 |   |   |   |   |
| 1. Check for variations in paintwork, indicating the car has been in an accident
 |   |   |   |   |
| 1. Check Rear markings and Reflectors are clean and well functioning (mandatory if traveling at night)
 |   |   |   |   |
| 1. Check wipers are functioning well, and water is provided
 |   |   |   |   |
| 1. Check the horn of the vehicle
 |   |   |   |   |
| 1. Check mirrors are in good condition and easily adjustable
 |   |   |   |   |
| 1. Check that the speedometer is functioning correctly
 |   |   |   |   |
| 1. Check vehicle to Trailer coupling
 |   |   |   |   |
| 1. Check bumper bars are in good condition
 |   |   |   |   |
| 1. Fuel indicator shows sufficient fuel for the journey
 |   |   |   |   |
| 1. Audible reversing device available and functioning (for pick up, van and heavy vehicles)
 |   |   |   |   |
| 1. Check the service history / maintenance records
 |   |   |   |   |
| **Vehicle verification and visual walkthrough** | **Yes** | **No** | **N/A** | **Remarks** |
| 1. Check the validity of the vehicle license
 |   |   |   |   |
| 1. Check the spare tyre and reflective triangle, is available and in good condition
 |   |   |   |   |
| **Driver / Operator Name:** |  |  |  |  |
| **Driver Signature:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **A properly maintained & fully functioning vehicle meeting all safety requirements is less likely to be involved in a road accident** |
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| APPENDIX B - DAILY INSPECTION CHECKLIST LOG |
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|  |  |  |  |  |  |
| **DATE** | **INITIALS (SIGNATURE)** | **DATE** | **INITIALS (SIGNATURE)** | **DATE** | **INITIALS (SIGNATURE)** |
|   |   |   |   |   |   |
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| APPENDIX C - JOURNEY MANAGEMENT PLANNING CHECKLIST |
| **Name of Operator / Driver:** |
| **Transfer of vehicle from - Name of Operator / Driver:**  |
| **Location of Inspection:** |
| **Date:** |
| **Time:**  |
| **Vehicle plate number:** |
| **Odometer (mileage recorder):** |
| **Vehicle size / bearable weight:** |
| **Vehicle brand:** |
| **Name of Inspector:** |
| **ALU - Contractor:**  |
| **Nominated Name in case of Emergency:**  |
| **Reason of Inspection:** | **Yes** | **No** |   |
|  |  |  |
| **Journey from ( Point A ) to ( Point B )** |  |  |
| **Journey Planning and Material Transportation Checklist** | **Yes** | **No** | **N/A** | **Remarks** |
| Is the vehicle fit for this trip? |  |  |  |  |
| Weather conditions checked ( Hot weather, icy roads, rain etc) |   |   |   |   |
| Journey distances and route planned (check for adequate fuel or plan for fuel stops)? |   |   |   |   |
| Appropriate breaks planned and communicated to supervisor - provide details in Remarks section |   |   |   |   |
| Is night driving required? If yes, please explain. |   |   |   |   |
| If a break in journey at night is required, is the driver authorized for an overnight stay? |   |   |   |   |
| Can it be combined with another trip?  |   |   |   |   |
| Do you have an alternate driver? If yes, provide name in Remarks column |   |   |   |   |
| Does the vehicle have load carrying capability? |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Journey Planning and Material Transportation Checklist** | **Yes** | **No** | **N/A** | **Remarks** |
| The vehicle's load carrying section is separate from passenger carrying compartments |   |   |   |   |
| The vehicle has appropriate tying capabilities available to secure the load |   |   |   |   |
| Emergency contacts available and understood |   |   |   |   |
| Driver not fatigued from a previous driving assignment and is well rested and ready to embark on this assignment. |   |   |   |   |
| The supervisor of the driver is notified of the expected time of return. |   |   |   |   |
| Known hazards to destination / rest areas and mitigation measures, specific instructions. |   |   |   |   |
| Driver has adequate fluid replenishments available in the car for his/her journey. |   |   |   |   |
| **General Comments** |
|  |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

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| **Additional Security Measures: (e.g. rerouting due to political unrest, natural disasters etc)** |
|  |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Emergency Response: (e.g. contact details, remote areas without PHONE coverage etc)** |
|  |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Location and Timing: (e.g. driving times, impact of driving at night with poorly lit roads)** |
|  |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
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| **Mention the list of materials that are to be transported by the above mentioned vehicle** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
| **Notes:** |  |  |  |  |
| Attach photos of the vehicle without being loaded and another while being loaded |  |  |  |  |
| Attach a copy of the driver license and the vehicle license and any document / record available |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Vehicle is fit for the material transportation purpose:** | **YES** |  | **NO** |  |
| **Please choose:** |   |  |   |  |
|  |  |  |  |  |
| **Driver / Operator Name:** |  |  |  |  |
| **Driver Signature:** |  |  |  |  |
| **A properly maintained & fully functioning vehicle meeting all safety requirements is less likely to be involved in a road accident** |  |  |  |  |  |  |  |  |  |

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| APPENDIX D - PERIODIC INSPECTION CHECKLIST (ANNUAL)**This checklist is not a substitute for the manufacturer's maintenance schedule** |
| **Name of Operator / Driver:** |
| **Evaluator Company (ALU or Subcontractor Company): Vehicle Supplier:** |
| **Location of Inspection:** |
| **Date: Time:** |
| **Vehicle plate number:** |
| **Odometer (mileage recorder):** |
| **Vehicle size / bearable weight:** |
| **Vehicle brand:** |
| **Name of Inspector:** |
| **NOTE: This is a guidance checklist and any problem detected here shall be referred to a competent motor mechanic.**  |

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| --- | --- | --- | --- | --- |
| **Checkpoint** | **Yes** | **No** | **N/A** | **Remarks** |
| Engine appearance - a build-up of excess dirt and oil could be a sign of poor maintenance and mechanical problems |   |   |   |   |
| Engine oil - while dirty and thick oil indicates poor maintenance, milky or grey colored oil could indicate water in the oil, which is a serious problem |   |   |   |   |
| Engine idle - should be smooth and regular, with no unusual noises such as rattling or knocking |   |   |   |   |
| Oil fumes - removing the oil filler cap while the car is idling will reveal whether or not the car has worn pistons or cylinders. Excess fumes can indicate serious problems |   |   |   |   |
| Radiator coolant - clean coolant is what to look for. The presence of oil in coolant could signify a cracked cylinder head or a leaking gasket |   |   |   |   |
| Check for corrosion or damage to the radiator cooler and core tubes. |   |   |   |   |
| Check there is no battery acid corrosion on the battery mounting platform |   |   |   |   |
| Check for even wear on all tires - including the spare. Uneven wearing can mean misaligned steering or suspension |   |   |   |   |
| Check oil leaks in the engine, transmission, axles, brakes, power steering and shock absorbers. Any leaking in these areas could indicate a very dangerous vehicle |   |   |   |   |
| Check for excessive noise or fumes from the exhaust |   |   |   |   |
| Check the body of the car for rust, hail damage, loose panels, and firmly closing doors, boot and bonnet |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Checkpoint** | **Yes** | **No** | **N/A** | **Remarks** |
| Check all seat belts are in good working order and the car is fitted with a working jack and tool kit |   |   |   |   |
| Check all lights both inside and out, as well as all equipment and accessories |   |   |   |   |
| Check hazard lights are working properly |   |   |   |   |
| When driving the vehicle, test excessive travel of steering, braking is smooth and in a straight line |   |   |   |   |
| When driving the vehicle, the car does not overheat, transmission is smooth and there are no rattles or knocks when going over bumps. |   |   |   |   |
| When driving the vehicle the exhaust does not blow blue smoke (indicating oil is burning), the engine runs smoothly in acceleration and idling |   |   |   |   |
| **Vehicle is fit for the material transportation purpose:** | **YES** |  | **NO** |  |
| **Please choose:** |   |  |   |  |
| **Driver / Operator Name:** |  |  |  | **Inspector Name:** |
| **Driver Signature:** |  |  |  | **Inspector Signature:** |
|  |  |  |  |  |
|  |  |  |  |  |
| **A properly maintained & fully functioning vehicle meeting all safety requirements is less likely to be involved in a road accident** |

# APPENDIX E- MOTOR VEHICLE ACCIDENT FORM

EMPLOYEE DATA

Employee Name HRID Department Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Employee? Yes No If yes, Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: Street City State/Province Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name Supervisor’s Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accident Details**

Accident Location: Street City State/Province Country

Accident Date (YYYY-MM-DD) \_\_\_ Accident Time (24 hour format) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reported to Supervisor (YYYY-MM-DD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Belt On? Yes No Unknown Any employees injured? Yes No (If yes, complete a separate Injury/Illness Report for each)

Accident Description (What Happened?) \_\_\_\_\_\_\_

**Witness Information**

Witness Name(s) Address: Street \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State/Province Country

Telephone Number Is witness an employee? Yes No

**Motor Vehicle Accident Information**

Reported to Police? Yes No Name of Police Department \_\_\_\_\_\_\_\_

Police Report Number Number of Citations Issued Vehicle Damaged? Yes No

Vehicle Ownership Company Owned Company Rented Company Leased Employee Owned

If vehicle is leased or rented, name of leasing/renting company \_\_\_\_\_\_\_

Light Conditions (e.g., dawn, dusk) Road Conditions (e.g., wet, dry, icy)

Weather Conditions (e.g., cloudy, rainy) Approx. Speed of Vehicle

# of Employees Injured # of Non-Employees Injured # of other vehicles involved

License Plate Number Vehicle ID Number (VIN)

Manufacturer Model Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vehicle Type | Passenger CarHigh Cube/Cut Away Van |  Passenger Van Truck |  Utility Van Tractor Trailer | Sport Utility (4x4)Pickup Truck |
|  | Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Damage Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is vehicle now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can vehicle be driven safely? Yes No

**Other Vehicle Information (if any)**

License Plate Number Manufacturer Model Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Damage Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State/Province Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other driver or passenger(s) injured? Yes No If Injured, Injury Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Pedestrian Injury Information**

Any pedestrians injured? Yes No

Pedestrian’s Name Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State/Province Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number If Injured, Injury Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Company Property Damage Other Than Vehicle (Example: Traffic Signs, Guardrails, etc.)**

Damage Location and Description

 Mark if more than one company vehicle involved. Use this diagram to help describe the accident.



**Form prepared by:**

Name Title

Address

Telephone Number Date

Supervisor Name and Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_