



Vehicle Collision or Rollover

Critical Controls

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are vehicle occupants wearing seatbelts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you free from the effects of fatigue and /or medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you considered devices (i.e., phones) storage and settings to avoid distraction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other controls to consider.

Access control

 N/A

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 4. Do you need to access restricted areas and have you obtained permission to enter? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|

Vehicle design & integrity

- | | | |
|--|------------------------------|-----------------------------|
| 5. Have you inspected your vehicle to check it is safe to drive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Operator readiness

- | | | |
|---|------------------------------|-----------------------------|
| 6. Are you authorised to operate the specific vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Positive communications

 N/A

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 7. Are you carrying the required communications equipment? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 8. Are you applying positive communications protocols? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|

Load safety

 N/A

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 9. Have you secured loads, including loose items, tools and equipment? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|

Off-site journey management

 N/A

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 10. Do you have a journey management plan (JMP)? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|

Road conditions

- | | | |
|--|------------------------------|-----------------------------|
| 11. Are roads safe for travel in current weather conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Traffic management plan (TMP)

 N/A

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 12. Are you adhering to the traffic rules defined by the site TMP? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| 13. Are you adhering to the site standards around parking? <i>Note: Appropriate location, designated areas where available</i> | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|------------------------------|-----------------------------|

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 14. Are spotters being used to control high risk vehicle manoeuvres? <i>Note: consider reversing/manoeuvring around infrastructure and vehicle congestion</i> | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|

Segregation

 N/A

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 15. Are segregation controls (windrows, signage, demarcation, parking areas) suited for the hazards? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|------------------------------|-----------------------------|