Work-Related Driving Checklist

The checklist should be completed by the employee in consultation with the Workplace Manager and/or Management OHS Nominee with reference to the *Work-Related Driving Procedure.*

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | |  | | | | |
| **Workplace** | |  | | | | |
| **Employee Name** | |  | | | | |
| **Section 1 - Safe driver** | | | | **Checked** | | |
| Copy of valid driver’s licence | | | | **Yes  No** | | |
| Completed ‘Application to Drive Authorisation Form’ for Fleet vehicle | | | | **Yes  No** | | |
| Approval from Executive Director, Regional Director, Manager for private vehicle use on ‘Application to use a Private Vehicle on Official Duties Form’ and relevant requested documents e.g. vehicle insurance details | | | | **Yes  No** | | |
| Victorian Government Motor Vehicle Policy been sighted and understood (*this includes ensuring the Government vehicle has been maintained as outlined in this policy)* | | | | **Yes  No** | | |
| Factors that may impair driver safety such as medication have been considered by the driver? Further advice has been sought from a medical practitioner, if required? | | | | **Yes  No** | | |
| **Section 2 – Safe journey** | | | | **Checked** | | |
| The driver has a charged mobile phone? | | | | **Yes  No** | | |
| Has the use of public transport or teleconferencing been considered as an alternative to driving? | | | | **Yes  No** | | |
| Has the driver conducted a passenger count and will not depart if the numbers of passengers exceed the maximum number allowed in the vehicle? | | | | **Yes  No** | | |
| Has the driver read the Work-Related Driving Procedure and been made aware of the factors to manage fatigue whilst driving? | | | | **Yes  No** | | |
| Has the time of day, adverse weather and road conditions and other risk factors e.g. public events, bushfires or flood warnings been identified and addressed? | | | | **Yes  No** | | |
| Vehicle manual is available to aid in familiarising driver with vehicle use | | | | **Yes  No** | | |
| Trip/Logbook, emergency telephone numbers and directional tools (maps directory or electronic directory) are available in vehicle | | | | **Yes  No** | | |
| Are arrangements in place to notify the manager when destination has been reached (e.g. call in times)? | | | | **Yes  No  N/A** | | |
| **Description of Travel**: | | | | | | |
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|  | | | | | | |
|  | | | | | | |
| **Origin:** | | | | | |
| **Destination address:** | | | | **Total km:** | |
| **Name and telephone number of contact person:** | | | | | |
| **Other person(s) in vehicle:** | | | | | |
| **Estimated Travel Time including rest breaks:** | | | | | |
| **Estimated Department business time allocated:** | | | **Total time < 10 hours  Yes  No** | | |
| **Approval** | | | | | |
| **Name** | **Signature** | | | | **Date:** |
| I have been provided with and understand the information (as indicated above) and will comply with the safety instructions as indicated in the Work-Related Driving Procedure and Victorian Government Motor Vehicle Policy | | | | | |
| **Employee** |  | | | |  |
| **Workplace Manager** |  | | | |  |

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| **Section 3 - Safe vehicle –** *Employee to complete prior to driving ( if any questions are answered ‘no’ please report to Fleet Services or your Workplace Manager)* | **Checked** |
| All goods are secured in the storage compartments of vehicle? | **Yes  No** |
| Is there a collapsible trolley available to reduce manual handling risks? | **Yes  No** |
| Is there sufficient water in the radiator and in the windscreen pump reservoir? | **Yes  No** |
| Vehicle Licence plate clean and easily seen? | **Yes  No** |
| Tyres that have adequate tread and are fully inflated (including the spare)? | **Yes  No** |
| Driver’s seat is adjustable to avoid awkward postures? | **Yes  No** |
| **Mirrors and glass** | |
| Windows are clean and have no cracks? | **Yes  No** |
| All mirrors are in good condition and are adjusted as required? | **Yes  No** |
| **Emergency and safety equipment check** | |
| Fully stocked first aid kit? | **Yes  No** |
| At least three, two-faced reflective portable warning triangles are available? | **Yes  No** |
| Spare fuses are available? | **Yes  No** |
| Seatbelts (in good order and easy to get at)? | **Yes  No** |
| Reflective vests are available? | **Yes  No** |
| **Engine start-up** | |
| Before starting up the engine, is the parking brake on? | **Yes  No** |
| Engine quiet when running (i.e. engine belts working)? | **Yes  No** |
| Is the oil pressure gauge at normal position? | **Yes  No** |
| Does the windscreen washer and wipers work when operated? | **Yes  No** |
| All headlights and taillights, brake lights and indicators work (get help from a work colleague)? | **Yes  No** |
| Is the horn working? | **Yes  No** |
| Are all warning lights (for oil, coolant, alternator etc) not illuminated? | **Yes  No** |
| Does the steering wheel have excessive play? Check for excessive play in the steering system. When the steering wheel is loose, "has play in it", it is difficult for drivers to correctly know the position of the front wheels. | **Yes  No** |
| Does the clutch have slight resistance? Check the clutch for slight resistance. Too much or too little free play may make it hard to change gears, may cause gears to clash and could cause transmission damage. | **Yes  No**  **N/A** |
| Music/radio and climate controls are pre-set | **Yes  No** |
| Is there sufficient fuel to get to the desired destination? | **Yes  No** |

*Workplace Manager / Management OHS Nominee are to file copies of all completed Work-Related Driving Checklists.*