

Task: _____
 Location: _____
 Site: _____

Name: _____
 Date: _____
 Time: _____

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CCC 'PROTECTS YOUR LIFE'

VEHICLE IMPACT ON PERSON

Fundamentally Stable Parking Y N N/A

1. Have you ensured that the vehicle is parked fundamentally stable? Eg. park brake applied, chocked a wheel, over parking hump or culvert. Y N N/A

2. Did you test the braking system prior to operation of the vehicle? Y N N/A

Mobile Equipment Maintenance Program Y N N/A

3. Does the current vehicle condition reflect maintenance completed? Y N N/A

Positive Communication System Y N N/A

4. Are you using the required equipment for communication and is this equipment operational? Y N N/A

5. Where positive 'verbal' communications is required is it being adhered too? Eg. access to equipment in the pit. Y N N/A

Segregation Y N N/A

6. Are the segregation controls suitable for the hazards and do they meet the required criteria? E.g. LV and HV separation, windrows, signage, demarcation, parking locations Y N N/A

7. Are the segregation controls visible, secure and in place? Y N N/A

8. Are segregation controls implemented in a way that doesn't introduce new hazards? Y N N/A

Signage and Demarcation Y N N/A

9. Is signage and/or demarcation of pedestrian walkways, crossings and restricted areas in place? Y N N/A

10. Is the signage clean, visible and easy to read? Y N N/A

Vehicle Preoperational Inspection Y N N/A

11. Have you conducted a pre-operational inspection (specific for the vehicle) prior to use? Y N N/A

12. Have you checked the condition of the vehicle to ensure it matches the records in the pre-operational inspection? Y N N/A

13. Have you taken action where critical (safety) items have been identified during the pre-operational inspection? Y N N/A

Comments: If a critical control can not be verified, please indicate the nature of the failure including the question(s) that you answered no.



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