This checklist can help you implement effective control measures in your workplace.

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| **Isolation controls** | | | |
| Consider the following | Yes | No | Comments/Action |
| Are separate entries and exits provided for vehicles  and pedestrians including visitors? |  |  |  |
| Do the entries and exits protect pedestrians from  being struck by vehicles? |  |  |  |
| Does the layout of the workplace effectively separate pedestrians, vehicles and powered mobile plant? |  |  |  |
| Are systems in place to keep pedestrians and moving vehicles or plant apart like physical barriers, exclusion zones and safety zones? |  |  |  |
| **Vehicle routes** | | | |
| Consider the following | Yes | No | Comments/Action |
| Are the roads and pathways within the workplace suitable for the types and volumes of traffic? |  |  |  |
| Are loading zones clearly marked? |  |  |  |
| Do vehicle route designs take into account vehicle characteristics under all conditions, for example emergency braking, running out of fuel or adverse weather? |  |  |  |
| Are there enough parking places for vehicles  and are they used? |  |  |  |
| Are traffic directions clearly marked and visible? |  |  |  |
| If a one way system is provided for vehicle routes  within the workplace is it properly designed,  signposted and used? |  |  |  |
| Are vehicle routes wide enough to separate vehicles  and pedestrians and for the largest vehicle using them? |  |  |  |
| Do vehicle routes have firm and even surfaces? |  |  |  |
| Are vehicle routes kept clear from obstructions  and other hazards? |  |  |  |
| Are vehicle routes well maintained? |  |  |  |
| Do vehicle routes avoid sharp or blind corners? |  |  |  |
| **Pedestrian routes** | | | |
| Consider the following | Yes | No | Comments/Action |
| Are pedestrian walkways separated from vehicles? |  |  |  |
| Where necessary are there safe pedestrian  crossings on vehicle routes? |  |  |  |
| Is there a safe pedestrian route which allows  visitors to access the site office and facilities? |  |  |  |
| Are pedestrian walkways clearly marked? |  |  |  |
| Are pedestrian walkways well maintained? |  |  |  |
| **Vehicle movement** | | | |
| Consider the following | Yes | No | Comments/Action |
| Have drive-through, one-way systems been used  to reduce the need for reversing? |  |  |  |
| Are non-essential workers excluded from areas  where reversing occurs? |  |  |  |
| Are vehicles slowed to safe speeds, for example speed limiters on mobile plant or chicanes on vehicle routes? |  |  |  |
| Do drivers use the correct routes, drive within the  speed limit and follow site rules? |  |  |  |
| **Signs** | | | |
| Consider the following | Yes | No | Comments/Action |
| Are there speed limit signs? |  |  |  |
| Are there clear warnings of powered mobile  plant hazards? |  |  |  |
| Is there clear signage of pedestrian and powered  mobile plant exclusion zones? |  |  |  |
| Is there enough lighting to ensure signs are visible, particularly at night? |  |  |  |
| **Warning devices** | | | |
| Consider the following | Yes | No | Comments/Action |
| Are flashing lights, sensors and reversing alarms installed on powered mobile plant? |  |  |  |
| **Information, training and supervision** | | | |
| Consider the following | Yes | No | Comments/Action |
| Do powered mobile plant operators have relevant high risk work licences? Are they trained in operating the particular model of plant being used? |  |  |  |
| Are traffic controllers appropriately trained and qualified? |  |  |  |
| Have workers received site specific training and information on traffic hazards, speed limits, parking and loading areas? |  |  |  |
| Is information and instruction about safe movement around the workplace provided to visitors and external delivery drivers? |  |  |  |
| Is the level of supervision sufficient to check traffic movement and ensure safety of pedestrians  and drivers? |  |  |  |
| **Personal Protective Equipment** | | | |
| Consider the following | Yes | No | Comments/Action |
| Is PPE like high visibility clothing provided and used where necessary? |  |  |  |
| **Vehicle safety** | | | |
| Consider the following | Yes | No | Comments/Action |
| Have vehicles and powered mobile plant been  selected which are suitable for the tasks to be done? |  |  |  |
| Do vehicles have direct visibility or devices for improving vision like external and side mirrors  and reversing sensors? |  |  |  |
| Are vehicles fitted with effective service  and parking brakes? |  |  |  |
| Do vehicles and powered mobile plant have  seatbelts where necessary? |  |  |  |
| Is there a regular maintenance program for all  vehicles and powered mobile plant? |  |  |  |
| Is there a system for reporting faults on all vehicles  and powered mobile plant? |  |  |  |
| Do drivers carry out basic safety checks before  using vehicles and powered mobile plant. E.g. daily pre-operational checks and log-books? |  |  |  |
| Are there any other control measures that should  be implemented to manage risks at your workplace? |  |  |  |