

Heavy Motor Risk Management Questionnaire

Business Details

Business and trading name _____

Previous trading names (if applicable) _____

Main depot address _____
 _____ Postcode _____

Address of other depots (if applicable) _____
 _____ Postcode _____

Business description _____

Company website address _____

Owner/Director names _____

Current insurer _____

Expiry Date ____/____/____

Holding intermediary _____

Has insurance ever been declined or cancelled? Yes No

Supply a schedule of vehicles to be covered

1. Business Management

1.1 Number of years in business

1.2 Number of years as a transport operator

1.3 Number of office/management staff

1.4 Turnover of office/management staff in last 12 months

1.5 Number of permanent drivers

1.6 Number of contracted drivers

1.7 Do you have a dedicated Risk Manager?
 If so, provide name _____

1.8 Detail any programs, schemes, memberships to associations your business is currently accredited in.

1.8.1 Maintenance Management Yes No

1.8.2 Mass Management Yes No

1.8.3 TFMS (Transitional Fatigue Management Scheme) Yes No

1.8.4 TruckSafe Yes No

1.8.5 If others, please provide details _____

1.9 List any industry related associations you are currently a member of

1.10 Are directors, management and staff aware of their obligations under the 'Chain Responsibility' legislation? Yes No

2. Freight Task

2.1 What type(s) of freight do you carry and what is the percentage of each?
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %

2.2 What is the radius of operation from your depot(s)? kms

2.3 What is the maximum distance travelled per trip? kms

2.4 What are the main destinations of your vehicles? Where to where.
 To: _____ From: _____ %
 To: _____ From: _____ %
 To: _____ From: _____ %
 To: _____ From: _____ %
 To: _____ From: _____ %

2.5 What is the average **weekly** kilometres for the following vehicle type:

2.5.1 Rigid trucks kms

2.5.2 Semi trailers kms

2.5.3 B-Doubles kms

2.5.4 Other kms

2.6 Please list the major customers that you work for and the percentage of revenue that they generate, to the overall business.
 _____ %
 _____ %
 _____ %

2.7 What percentage of the freight is:
 2.7.1 Your own freight _____ %

2.8 Nominate the companies you sub-contract for, their freight type, and their percentage of your work.
 Company _____ Freight type _____ %
 Company _____ Freight type _____ %
 Company _____ Freight type _____ %

2.9 What percentage of your work involves
 2.9.1 Next day delivery _____ %
 2.9.2 Time sensitive freight _____ %
 2.9.3 Overnight express freight _____ %
 2.9.4 Time slotted freight _____ %

2.10 Do you carry any Dangerous Goods? Yes No

If yes, please also complete the 'Dangerous Goods Specific Questionnaire'

3. Training and Operating Policies

- 3.1 Do you have a dedicated OH&S Manager?
If so, provide name _____
- 3.2 Does your company have a current OH&S policy displayed in the workplace? Yes No
- 3.3 Does your company have a policy and procedures manual? Yes No
- 3.4 Does your company have a formal driver's manual outlining company policy and procedures? Yes No
- 3.4.1 **If yes, please provide a copy of your manuals.**
- 3.5 What training (internal & external) do you provide to your drivers and transport staff?
- 3.5.1 Load restraint systems Yes No
- 3.5.2 Fatigue management Yes No
- 3.5.3 Defensive driving Yes No
- 3.5.4 Bulk Dangerous Goods Licence Yes No
- 3.5.5 What to do if an accident occurs Yes No
- 3.5.6 How to use a fire extinguisher Yes No
- 3.5.7 Provide any other training details _____

- 3.6 Who is your external training provider? (if applicable)

- 3.6.1 What training has your external provider specifically provided within the last 12 months? If so, provide details

- 3.7 Are drivers trained in the correct procedures when an accident occurs? Yes No
- 3.8 Are drivers and loaders (permanent and casual) trained in load restraint requirements? Yes No
- 3.9 Do you keep written records for all employees training which includes a signature from the employee verifying the training occurred? Yes No

4. Vehicle Management & Systems

- 4.1 Do you use tow operators to pull company trailers? Yes No
- 4.1.1 If yes, provide tow operator details? _____

- 4.2 Is each of your vehicles equipped with:
- 4.2.1 A disposable camera Yes No
- 4.2.2 Accident procedures Yes No
- 4.2.3 Fire extinguishers Yes No
- 4.2.4 First aid kit Yes No
- 4.2.5 A load restraints guide Yes No
- 4.2.6 A vertical clearance guide Yes No
- 4.2.7 A company route guide Yes No
- 4.2.8 A company procedures guide Yes No
- 4.3 Are speed limiters fitted to vehicles built before 1991? Yes No N/A

- 4.4 For other speed limited vehicles, what is the limit set at (km/h)? _____
- 4.5 Are vehicles fitted with working cruise control? Yes No
- 4.6 Have any vehicles been detected by the RTA's Safe-T-Cam systems for:
- 4.6.1 Excessive speed Yes No
- 4.6.2 Excessive driving hours Yes No
- 4.6.3 Lights out Yes No
- 4.6.4 Attempted camera avoidance Yes No
- 4.6.5 If yes to any of these, what action have you taken?

- 4.7 Have any of your vehicles been issued with a notice relating to the 'three strikes' scheme in NSW? Yes No
- 4.7.1 If yes, please provide details _____

- 4.8 Do your vehicles have onboard monitoring systems, including satellite-tracking systems? Yes No
- 4.8.1 Are these systems used to measure driver performance? Yes No
- 4.8.2 If yes, how often are these downloaded? _____
- 4.9 Do drivers take trucks home at any stage? Yes No
- 4.10 Are vehicles dedicated to particular drivers full-time? Yes No
- 4.11 How often do you replace your vehicles?
Please provide details _____

- 4.12 Do you have any vehicles that operate 24 hours per day? Yes No
- 4.12.1 If yes, please provide details (ie registration numbers and vehicle type)

- 4.13 What security measures are employed to protect your vehicles whilst in the depot after hours?
- 4.13.1 Security lighting Yes No
- 4.13.2 Regular security patrols Yes No
- 4.13.3 Vehicles parked inside alarmed building Yes No
- 4.13.4 Vehicle keys locked in safe Yes No
- 4.13.5 Immobilisers fitted to trucks / prime movers Yes No
- 4.13.6 Vehicle tracking system Yes No
- 4.13.7 If other, please provide details _____

- 4.14 Which method do you use to report vehicle faults and defects?
- 4.14.1 Verbal instructions to mechanic
- 4.14.2 Fault report book in truck
- 4.14.3 On driver's trip sheet
- 4.14.4 If other, please provide details _____

- 4.15 Are your vehicles inspected yearly for roadworthiness? Yes No

- 4.16 Are records kept for vehicle maintenance? Yes No
- 4.16.1 If yes, how are these kept? _____

- 4.17 Do you have a system in place that details what maintenance is to be carried out at specific intervals? Yes No
- 4.18 Who provides your service requirements?
- 4.18.1 Own company workshop mechanic(s) Yes No
- 4.18.2 Vehicle 'manufacturer authorised' workshop Yes No
- 4.18.3 External workshop/service provider Yes No
- 4.19 Are prime mover turntables and trailer kingpins inspected as part of regular service schedules? Yes No
- 4.20 Do your vehicles display driver conduct signage? ie. My driving conduct is on display, call (company phone #) for comments. Yes No
- 4.21 Are your vehicles easily identifiable by company signage? Yes No

5. Driver Management

- 5.1 Briefly describe your driver induction process

- 5.2 Do you conduct any form of psychological assessment on drivers? Yes No
- 5.2.1 If yes, what type of test and who is your service provider?

- 5.3 Are drivers required to take a full medical check-up? Yes No
- 5.3.1 Does the medical check include checks for:
- 5.3.2 Sleeping disorders? Yes No
- 5.3.3 Drug use? Yes No
- 5.3.4 How often is this required? _____
- 5.4 When a new driver starts, do they work with another driver first before going out on their own? Yes No
- 5.4.1 If yes, for how long? _____
- 5.5 How often do you conduct driver licence checks? _____
- 5.6 Do you keep a copy of the licence on file? Yes No
- 5.7 Are you aware of the Heavy Vehicle Licence Enquiry System (HVLES) where transport operators in NSW can check the licence of drivers who have provided written permission? Yes No N/A
- 5.7.1 If so, do you use the system? Yes No
- 5.8 Do you conduct reference checks with previous employers? Yes No

- 5.10 How many drivers do you employ? Number of Permanent drivers Permanent driver turnover in last 12 Months
- 5.10.1 Long haul (if applicable)
- 5.10.2 Local (if applicable)
- 5.11 How many casual and contract drivers are in your current workforce?

- 5.11.1 How often are they employed? _____
- 5.12 How many drivers under 25 are in your current workforce? _____
- 5.12.1 What vehicles are they driving? Provide rego number(s) _____

- 5.13 How many drivers without two years practical experience are in your current workforce? _____
- 5.13.1 What vehicles are they driving? Provide rego number(s) _____

- 5.14 Are your drivers supplied with any of the following equipment:
- 5.14.1 Company uniform Yes No N/A
- 5.14.2 Safety boots Yes No N/A
- 5.14.5 Hard hats Yes No N/A
- 5.14.6 Sunscreen Yes No N/A
- 5.14.7 High visibility vests Yes No N/A
- 5.14.8 Work or protective gloves Yes No N/A
- 5.14.9 If other, please provide details _____

6. Fatigue Management

- 6.1 Are drivers and staff trained in recognising the signs and symptoms of driver fatigue and how to reduce it? Yes No
- 6.2 What facilities are provided for your drivers at your depot:
- 6.2.1 Air conditioning Yes No
- 6.2.2 Sound proof sleeping facilities Yes No
- 6.2.3 Darkened rooms Yes No
- 6.2.4 Cooking facilities Yes No
- 6.2.5 Cleaning and washing facilities Yes No
- 6.2.6 Are these facilities available at your other depots Yes No
- 6.3. Do you use 'day cabs' (non-sleeper) on any long haul work? Yes No N/A
- 6.3.1 Are cabins fitted with air conditioning or ice packs Yes No N/A
- 6.3.2 Are these designed to be completely darkened Yes No N/A
- 6.4 Are vehicle bonnets painted 'matt black' to reduce glare? Yes No N/A
- 6.5 Do you have any drivers that drive between the hours of 11:00 pm and 6:00 am? Yes No
- 6.5.1 If yes, how many drivers? _____
- 6.5.2 How often do they do this? _____

