

Introduction to the safe driving for work checklist

Motor vehicle incidents are among the leading causes of traumatic workplace injuries and fatalities in BC. The Safe Driving for Work Checklist has been developed to help employers and their workers take proactive steps to manage driving-related risks. This checklist serves as a practical guide to reinforce safe driving practices and is designed to be used before, during, and after each trip.

Purpose and key messages

1. **Promote safe driving practices:** The checklist outlines essential actions that workers should take to ensure their vehicle is safe and that they are mentally and physically prepared to drive. From pre-trip vehicle inspections to assessing personal readiness, the checklist provides a comprehensive approach to minimizing risks on the road.
2. **Regular use encouraged:** Encourage workers to use this checklist consistently before each shift, trip, or whenever conditions change. Routine use helps reinforce good habits, ensuring that safety checks become an automatic part of their routine.
3. **Additional training may be needed:** While the checklist is a valuable tool, it may not cover all specific driving hazards or scenarios your workers may encounter. Additional training or information may be necessary, particularly for new employees, those assigned new driving duties, or those who operate in high-risk conditions such as winter driving. Employers are encouraged to provide ongoing training as needed.
4. **Reporting and communication:** The checklist encourages workers to communicate openly with supervisors about any hazards, near misses, or concerns encountered during their trips.
5. **Using the checklist:**
 - **Before the trip:** Ensure all vehicle checks are completed, hazards are assessed, and the trip plan is shared with supervisors.
 - **During the trip:** Emphasize adherence to traffic laws, maintaining focus, and managing fatigue or distractions.
 - **After the trip:** Review and report any incidents, near misses, or vehicle issues to supervisors immediately.

This checklist is designed to be a dynamic tool that evolves as new hazards are identified and as your organization's road safety needs change. By integrating the checklist into daily routines, encouraging regular training, and maintaining open communication about driving risks, employers can significantly contribute to reducing incidents and keeping workers safe on the road.

| | | |
|--|------------------------------|-----------------------------|
| Driver name: | Inspection date: | |
| Trip plan and check-in procedure prepared: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Before you drive:

| Action item | Yes | No | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Read your organization's road safety policy, road safety plan or safe work procedures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Talk to your supervisor if you need more information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Check weather and road conditions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Plan your route and have an alternative option. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Share your travel plan and schedule with your supervisor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Confirm emergency contact information is accessible and up to date. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Check the following for functionality and damage: | | | | |
| Headlights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Break lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Turn signals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tires (ensure spare tire is available) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mirrors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield wipers (and windshield wiper fluid) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield (cracks, clean inside and out) shield (cracks, clean inside and out) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Inspect vehicle for any leaks, loose parts of visible damage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure dashboard lights are working (oil, transmission, coolant, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure that documentation is valid (driver's license, insurance). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure the vehicle has sufficient fuel or is adequately charged, or plan for a stop to refuel or recharge during your trip. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Action item | Yes | No | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Test heating, ventilation and parking brake. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adjust seat, mirrors and headrest. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure you have your car manual and are prepared for road conditions and emergencies (winter tires, chains, jumper cables, emergency equipment, first aid kit). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wear weather appropriate clothing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Assess your fitness to drive (e.g. are you stressed, distracted, tired, taking medication that may impair your ability to drive). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure GPS or mobile devices are adequately charged, safely mounted and pre-programmed if being used for directions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

While driving:

| Action item | Yes | No | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Wear your seatbelt and any required corrective lenses. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Follow traffic laws and maintain a safe distance from other vehicles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Be alert to road conditions and other road users (drivers, pedestrians, cyclists). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pull over if you need to make a call, eat, rest or encounter unsafe road conditions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Report any unsafe conditions to your supervisor immediately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If you think you are being followed, drive to the nearest police station, fire hall or hospital and sound your horn to get attention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

After you drive:

| Action item | Yes | No | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Report accidents, near misses, vehicle damage, or maintenance needs to your supervisor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Share information about unsafe routes or hazards with your supervisor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Action item | Yes | No | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Request training on company policies, procedures and safe driving practices as new hazards arise. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Emergency contact information:

| | |
|----------------------|--|
| Supervisor: | |
| Roadside assistance: | |
| Emergency services: | |

REFERENCES/RESOURCES

Motor Vehicle Accident Crash Sheet

Date: _____ Time: _____

Location: _____

Weather and Road Conditions:

Other vehicle(s):

Year: _____ Make: _____ Model: _____

Driver's Name: _____ Telephone: _____

License Plate: _____ Driver's License # _____

Insurance company and policy number (if not ICBC):

Witness Contact Information

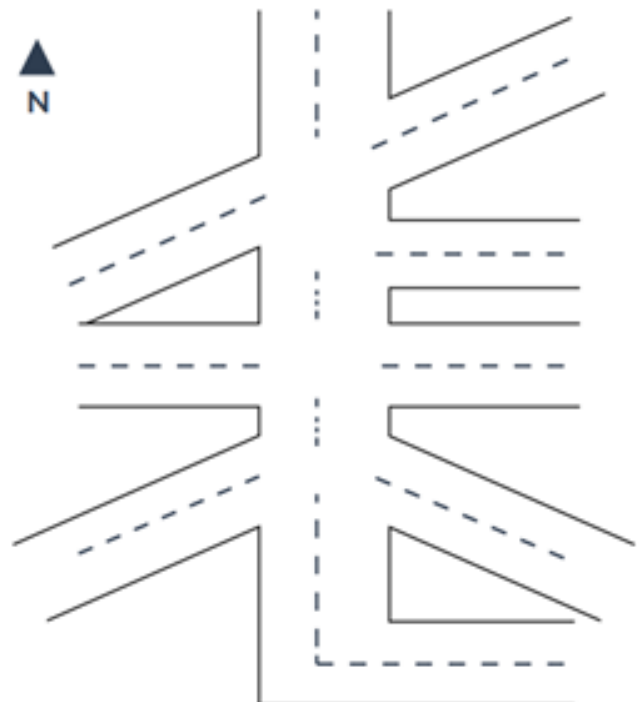
Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

48

Use This Diagram to Indicate What Happened



Resources:

SafeCare BC: Home Care and Community Health Support Pocketbook

safecarebc.ca | info@safecarebc.ca