Pre-drive checklist and travel plan

Pre-drive checklist

☐ Ensure there is enough fuel to get to the destination; or

☐ Determine the location of suitable fuel stations on route (A fuel card is supplied for all vehicles).

☐ Check where the fuel inlet is and how to open fuel cap cover.

☐ Visually inspect the condition of tyres.

☐ Ensure windows are clean and that the windscreen washer reservoir has sufficient liquid.

☐ Test lights to make sure they are all working. Check location of hazard light button.

☐ Check driving adjustments such as seat and steering wheel.

☐ Check handbrake operation – hand or foot controlled.

☐ Check mirrors are clean and properly adjusted.

☐ Notify fleet management or equivalent in regions/schools and TAFE for vehicle maintenance if the vehicle is suspected to be unsafe.

☐ Don’t use the vehicle if it is suspected of being unsafe.

☐ (optional) check oil (dipstick indicates level) and radiator fluid (only check if engine is cold).

☐ Assess space for reversing or maneuvering. If there is a passenger with you, get them to assist with directions and positioning if possible.

☐ If you are using a mobile phone, make sure voicemail is on and turn the phone off before driving to ensure it isn’t a distraction.
Travel planning checklist

The following are some risk factors that should be considered before undertaking car travel. Go through the list, and document how you have planned to manage those factors.

☐ Have you planned the route you will take on the journey?
________________________________________________________________________________
________________________________________________________________________________

☐ Is the route appropriate for the vehicle undertaking the journey? Is the quality of the road a factor in the journey? Is a 4WD or AWD vehicle required to undertake the journey?
________________________________________________________________________________

☐ Is the schedule realistic? Do journey times take account of road types and condition and allow for rest breaks?
________________________________________________________________________________
________________________________________________________________________________

☐ Have periods when drivers are most likely to feel fatigue been considered when planning work schedules?
________________________________________________________________________________
________________________________________________________________________________

☐ Has the length of work day been considered in relation to this trip? Remember that sometimes employees will start a journey from home.
________________________________________________________________________________

☐ Can long journeys be eliminated or reduced with other methods of transport?
________________________________________________________________________________

☐ Can drivers make an overnight stay rather than complete a long road journey at the end of the day?
________________________________________________________________________________

☐ Has consideration been given to adverse weather conditions such as rain, high winds and flash flooding when planning the journey? Can journey times and routes be rescheduled to take account of adverse weather conditions?
________________________________________________________________________________
# Travel Details

**Description of Travel:**

| ______________________________________________________ |
| ______________________________________________________ |
| ______________________________________________________ |

**Origin:**

| ________________________________________________ |

**Destination:**

| ________________________________________________ |

**Total km:**

| ________________________________________________ |

**Estimated Travel Time:**

| ________________________________________________ |

**Driver/s:**

| ____________________________ | Contact No: ____________________________ |

**Contact Officer:**

| ____________________________ | Contact No: ____________________________ |

**Manager:**

| ____________________________ | Contact No: ____________________________ |

## Scheduled Check – Ins/Steps (every 2 hours)

| Time: ____________________________ | Location: ____________________________ |
| Time: ____________________________ | Location: ____________________________ |
| Time: ____________________________ | Location: ____________________________ |

## Signed

**Driver:**

| ____________________________ | Date: ____________________________ |

**Contact Officer:**

| ____________________________ | Date: ____________________________ |

## Approval

**Manager:**

| ____________________________ | Date: ____________________________ |

**Approved:**

- Yes [ ]
- No [ ]

**Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________