**TRAFFIC MANAGEMENT CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS** | | | | | | | | | |
| Site: |  | | | | | Assessment Date: | |  | |
| **HAZARD IDENTIFICATION CHECKLIST** | | | | | | | | | |
| *Use this checklist to determine if there are any traffic hazards in the workplace and also to conduct a review of implemented traffic hazard control measures. Refer Traffic Management Procedure (28).* | | | | | | | | | |
| **Hazards** | | | **Yes** | **No** | **NA** | | **Comments** | | |
| 1. **Preparation** | | | | | | | | | |
| 1.1 Has the floorplan of the workplace been checked? Sketching the layout of the workplace can also help. | | |  |  |  | |  | | |
| 1.2 Have workers, pedestrians, and visiting drivers reported traffic management problems / incidents they have encountered at the workplace? | | |  |  |  | |  | | |
| 1.3 Have incident, injury and hazard reports been reviewed? | | |  |  |  | |  | | |
| 1.4 Is there security footage that can be reviewed to identify areas where pedestrians and vehicles interact? | | |  |  |  | |  | | |
| 1.5 Do powered mobile plant use the same area as pedestrians? | | |  |  |  | | Type of mobile plant? | | |
| 1. **Separation** | | | **Yes** | **No** | **NA** | |  | | |
| 2.1 Are separate entries and exits provided for vehicles and pedestrians (including visitors)? | | |  |  |  | |  | | |
| 2.2 Do the entries and exits protect pedestrians from being struck by vehicles? | | |  |  |  | |  | | |
| 2.3 Does the layout of the workplace effectively separate pedestrians, vehicle and mobile plant? | | |  |  |  | |  | | |
| 2.4 Are systems in place to keep pedestrians and moving vehicles or plant apart? e.g. physical barriers, exclusion zones, safety zones | | |  |  |  | |  | | |
| 1. **Vehicle Routes** | | | **Yes** | **No** | **NA** | |  | | |
| 3.1 Are the roads and pathways within the workplace suitable for the types of volumes of traffic? | | |  |  |  | |  | |  |
| 3.2 Is contact with stationary objects possible? e.g. overhead structures, stationary plant, or stored / discarded items? | | |  |  |  | |  | |  |
| 3.3 Are loading zones clearly marked? | | |  |  |  | |  | |  |
| 3.4 Do vehicle route designs take into account vehicle characteristics under all conditions? e.g. emergency braking, running out of fuel, adverse weather | | |  |  |  | |  | |  |
| 3.5 Are there enough parking places for vehicles and are they used? | | |  |  |  | |  | |  |
| 3.6 Are traffic directions clearly marked and visible? | | |  |  |  | |  | |  |
| 3.7 If a one way system is provided for vehicle routes within the workplace is it properly designed, signposted and used? | | |  |  |  | |  | |  |
| 3.8 Are vehicle routes wide enough to separate vehicles and pedestrians and for the largest vehicle using them? | | |  |  |  | |  | |  |
| 3.9 Do vehicle routes have firm and even surfaces? | | |  |  |  | |  | |  |
| 3.10 Are vehicle routes kept clear from obstructions and other hazards? | | |  |  |  | |  | |  |
| 3.11 Are vehicle routes well maintained? | | |  |  |  | |  | |  |
| 3.12 Are there potential collision locations? e.g.   * intersections and bottleneck areas around driveways and entrances * ‘blind’, sharp or convex corners * where vehicles work close to other vehicles or pedestrians * lack of disabled access to and within a workplace e.g. where a person in a wheelchair shares a ramp used by forklifts | | |  |  |  | |  | |  |
| 3.13 Do vehicles and pedestrians interact? | | |  |  |  | | How often?    Where? | |  |
| 3.14 Can work be scheduled to minimise interaction? e.g. loading and unloading at night, before businesses open or when people leave the work | | |  |  |  | |  | |  |
| 3.15 Are vehicle activities done close to public areas? e.g. schools during peak traffic periods | | |  |  |  | |  | |  |
| 3.16 Are traffic volumes higher at certain times? e.g. pick-up and delivery times and vehicles arriving and leaving | | |  |  |  | | When? | |  |
| 3.17 Are there certain times when there are more people moving around the workplace? e.g. break times, start and end of work | | |  |  |  | | When? | |  |
| 3.18 Are workers and visitors safe from vehicles when hitching and unhitching trailers, carrying out maintenance, getting on and off vehicles, securing loads? | | |  |  |  | | When? | |  |
| 1. **Pedestrian Routes** | | | **Yes** | **No** | **NA** | |  | | |
| 4.1 Are pedestrian walkways separated from vehicles? | | |  |  |  | |  | |  |
| 4.2 Where necessary, are there safe pedestrian crossings on vehicle routes? | | |  |  |  | |  | |  |
| 4.3 Is there a safe pedestrian route that allows visitors to access the site office and facilities? | | |  |  |  | |  | |  |
| 4.4 Are pedestrian walkways clearly marked? | | |  |  |  | |  | |  |
| 4.5 Are pedestrian walkways well maintained? | | |  |  |  | |  | |  |
| 4.6 Are pedestrian walkways subject to noise, emissions, falling objects, or other hazards? | | |  |  |  | |  | |  |
| 4.7 Are pedestrian routes designed so pedestrians will not take shortcuts? | | |  |  |  | |  | |  |
| 1. **Vehicle Movement** | | | **Yes** | **No** | **NA** | |  | | |
| 5.1 Have drive-through, one-way systems been used to reduce the need for reversing? | | |  |  |  | |  | |  |
| 5.2 Are non-essential workers excluded from areas where reversing occurs? | | |  |  |  | |  | |  |
| 5.3 Are vehicles slowed to safe speeds, for example speed limiters on mobile plant or chicanes on vehicle routes? | | |  |  |  | |  | |  |
| 5.4 Do drivers use the correct routes, drive within the speed limit and follow site rules? | | |  |  |  | |  | |  |
| 5.5 Can pedestrians easily be seen when plant is reversing, moving at speed or has a load? | | |  |  |  | |  | |  |
| 5.6 Do vehicles queue in a way that could create risks to pedestrians, for example crossing walkways or obstructing people’s view of vehicles? | | |  |  |  | |  | |  |
| 1. **Signs** | | | **Yes** | **No** | **NA** | |  | | |
| 6.1 Are there speed limit signs? | | |  |  |  | |  | |  |
| 6.2 Are there clear warnings of powered mobile plant hazards? | | |  |  |  | |  | |  |
| 6.3 Is there clear signage of pedestrian and powered mobile plant exclusion zones? | | |  |  |  | |  | |  |
| 6.4 Is there enough lighting to ensure signs are visible, upon approach particularly at night? | | |  |  |  | |  | |  |
| 1. **Warning Devices** | | | **Yes** | **No** | **NA** | |  | | |
| 7.1 Are flashing lights, sensors and reversing alarms installed on powered mobile plant? | | |  |  |  | |  | |  |
| 1. **Information, Training, Supervision** | | | **Yes** | **No** | **NA** | |  | | |
| 8.1 Do powered mobile plant operators have relevant high risk work licences? | | |  |  |  | |  | |  |
| 8.2 Have powered mobile plant operators been trained in operating the particular model of plant being used? | | |  |  |  | |  | |  |
| 8.3 Have workers received site specific training and information on traffic hazards, speed limits, parking and loading areas? | | |  |  |  | |  | |  |
| 8.4 Is information and instruction about safe movement around the workplace provided to visitors and external delivery drivers? | | |  |  |  | |  | |  |
| 8.5 Is the level of supervision sufficient to check traffic movement and ensure the safety of pedestrians and drivers? | | |  |  |  | |  | |  |
| 8.6 If there is a monitored school crossing has training been given to the traffic monitors? | | |  |  |  | |  | |  |
| 1. **Personal Protective Equipment** | | | **Yes** | **No** | **NA** | |  | | |
| 9.1 Is PPE like high visibility clothing provided and used where necessary? | | |  |  |  | |  | |  |
| 1. **Other** | | | **Yes** | **No** | **NA** | |  | | |
| 10.1 Does the physical environment impact traffic management? e.g. road surfaces, poor drainage and flooding, lighting levels and visibility, shade and light glare at different times of day | | |  |  |  | |  | |  |
| 10.2 Are there any other hazards specific to the workplace that need to be controlled e.g. special or short term events, complex traffic situations, emergency situations etc.? | | |  |  |  | |  | |  |
| **CORRECTIVE ACTIONS** | | | | | | | | | |
| ***Complete action plan below if there are known controls for the hazards identified above. If there are no know controls complete a risk assessment.*** | | | | | | | | | |
| **List the corrective action** | | | **Priority**  **(H,M,L)** | | | | **By whom** | | **By when** |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
| **SIGN OFF** | | | | | | | | | |
| **Assessment Team Names** | | **Job Title** | | | | | **Signature** | | **Date** |
|  | |  | | | | |  | |  |
|  | |  | | | | |  | |  |
|  | |  | | | | |  | |  |
|  | |  | | | | |  | |  |