



VEHICLE ACCIDENTS & STAFF INJURIES: ☐ NIL ☐ AS BELOW

All vehicle accidents and injuries to staff MUST be reported IMMEDIATELY to your supervisor. An Incident/Accident/Improvement Form and relevant insurance forms MUST be completed upon return to the yard.

Please detail accidents and or damage to Third party vehicles or property, and any injuries to public & staff (yourself or loaders) here.

Include any near misses. NB: Accident/injury procedures are contained in your Truck Procedures Booklet.

OTHER:

(e.g. damage to glazing, fuel tanks, body of vehicle, air tanks, reflectors or lack of PPE)

DRIVER'S SIGNATURE:

DATE:

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By Signing above, I acknowledge that I have:

- i. Had no accidents or third party incidents with respect to the performance of my duties today. (Accidents if any have been reported in the above section and necessary forms filled)
- ii. Taken breaks as recorded on the front of this sheet, and
- iii. that I have, in the last 24 hours, complied with the rest requirements in accordance with Heavy Vehicle Driver Fatigue laws. In the event that I am unsure of my obligations / responsibilities regarding these fatigue laws, I am aware that I can reference these requirements from the Company Pay Office.  
NB: A 30 minute break must be taken after the first 5 hours of continual work and another 30 minute break after another 5 hours worked.
- iv. My driver's licence is current and I further understand that in the event my licence is suspended or cancelled, I will immediately inform my Supervisor as as I will be unable to continue in my role as a driver with the company. On renewal of my licence, I will arrange for my Supervisor to take a copy to update company records.
- v. My crew and myself are wearing URM uniforms (hi viz shirts, shorts/track pants, suitable footwear with adequate tread, gloves, glasses, URM hats/URM caps, URM sweaters (as appropriate)). We have also requested appropriate PPE (glasses, sunscreen, gloves, ear plugs) as necessary for the function. If for any reason crews or yourself are not in uniform or have not sourced PPE, write reason in the OTHER section above, and inform your Supervisor. All pre operational and end of shift inspections have been undertaken.

NB: For any false declaration above, appropriate disciplinary measures will be taken.

Supervisor Confirmation:

I acknowledge that the relevant paperwork for the accidents reported by the driver in the above section has been sent to Head Office and senior management have been advised of reported incidents.

SUPERVISOR'S SIGNATURE: