

## MAINTENANCE MANAGEMENT POLICY STATEMENT

In order to provide a safe, reliable transport service, I and my nominated drivers understand, and are committed to the need to maintain safe, reliable and roadworthy vehicles through a suitably planned and executed maintenance program in accordance with *Western Australian Heavy Vehicle Accreditation*.

When operating under permit my nominated drivers and I will only use vehicles that are covered by a Maintenance Management System meeting *Western Australian Heavy Vehicle Accreditation* requirements.

This Maintenance Management Program is structured on and adheres to the requirements of *Western Australian Heavy Vehicle Accreditation*. I and my nominated drivers will comply with the eight Maintenance Management Module standards: daily vehicle checks, scheduled vehicle servicing, responsibilities, records and documentation, internal review, training and education, effective fault reporting, identifying priorities and repair of faults.

The procedures outlined in this manual are a true account of my Maintenance Management practices.

_____	_____	_____
Owner Name	Owner Signature	Date

_____	_____	_____
Driver Name	Driver Signature	Date

_____	_____	_____
Driver Name	Driver Signature	Date

_____	_____	_____
Driver Name	Driver Signature	Date

_____	_____	_____
Driver Name	Driver Signature	Date

_____	_____	_____
Driver Name	Driver Signature	Date

## FATIGUE MANAGEMENT POLICY STATEMENT

I, as the owner of this company and my nominated drivers, are committed to ensuring a safe and healthy work environment. My nominated drivers and I will not be in a fatigued state or under the influence of alcohol or drugs at any time while we are in charge of, or operating, any equipment owned or operated by myself, or any company. My nominated drivers and I accept and will only operate in accordance with the Occupational Safety and Health Act and *Western Australian Heavy Vehicle Accreditation*.

To ensure that I meet this policy in all respects, my nominated drivers and I will monitor our fitness for duty prior to commencement of work. I and my nominated drivers will comply with the nine Fatigue Management Module standards: scheduling, rostering, fitness for work, workplace conditions, training and education, responsibilities, documentation and records, management of incidents and internal review.

The procedures outlined in this manual are a true account of my Fatigue Management practices.

Owner Name	Owner Signature	Date
------------	-----------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------



## **MASS MANAGEMENT POLICY STATEMENT**

I, as the owner of this company and my nominated drivers, are committed to provide a safe, reliable transport service. My nominated drivers and I understand and are committed to the need to ensure all of my vehicles entering the public road system are compliant with any regulatory requirements in regards to operating vehicle combinations in excess of the prescribed mass limits, under approved concessional loading schemes in accordance with *Western Australian Heavy Vehicle Accreditation*.

To meet this policy in all respects, I and my nominated drivers will monitor all loads transported by my vehicle(s) to ensure they will only be loaded to the limits allowed under the Accredited Mass Management Scheme permit issued to the vehicle(s), before they enter the public road system. I and my nominated drivers will comply with the seven Mass management standards: eligibility requirements, vehicle control, vehicle loading – mass, responsibilities, records and documentation, internal review and training and education.

### **DRIVER'S RESPONSIBILITIES**

- Ensure vehicle has sufficient ratings to conform to the higher mass limits
- Ensure load is positioned so vehicle's gross mass is within allowable limits
- Ensure load is positioned so vehicle's axle distributions are within allowable limits
- Ensure load is appropriately restrained
- Ensure appropriate permits are in place and understood before the journey commences
- Ensure proposed route is approved for the particular vehicle combination and permit
- Ensure auditable records are kept of each journey undertaken to show all standards have been adhered to

The procedures outlined in this manual are a true account of my Mass Management practices.

Owner Name	Owner Signature	Date
------------	-----------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

## STATEMENT OF RESPONSIBILITIES

I am solely responsible for the management, operation and overall compliance of my Dimension and Loading Management, Mass Management, Maintenance Management and Fatigue Management Systems that have been implemented to meet the requirements of *Western Australian Heavy Vehicle Accreditation*.

All tasks required by the systems will be undertaken by me and I have a thorough and clear understanding of the requirements for Dimension and Loading, Mass Management, Maintenance Management and Fatigue Management as stated in the Dimension and Loading Management Module Standards, Mass Management Module Standards, Maintenance Management Module Standards and the Fatigue Management Module Standards of *Western Australian Heavy Vehicle Accreditation*.

### **DRIVER'S RESPONSIBILITIES**

- Fit for Duty
- Daily Vehicle Checks
- Daily Trip Sheet Recording
- Dimension and Loading Checks
- Fault Recording and Reporting
- Accident/Incident form completion

Owner Name	Owner Signature	Date
------------	-----------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

Driver Name	Driver Signature	Date
-------------	------------------	------

## ALCOHOL & DRUGS POLICY

The company, managers, employees and sub-contractors are committed to providing a safe, healthy and productive workplace. The company acknowledges that Alcohol and other Drug abuse can have a severe effect upon employees and sub-contractors abilities to perform safely and effectively and as a consequence endanger themselves, their fellow workers and the public, along with exposing a risk to the company.

All employees and sub-contractors shall not be permitted to perform any task whilst under the influence of Alcohol, Prescription Drugs or any other illegal Drug. The company will stand an employee or sub-contractor down if they are suspected of being under the influence, without pay, until a medical practitioner of our choice has assessed them and have cleared them to return to normal duties. If the driver chooses not to attend then this will be recorded as a positive test.

The company, where practicable, will monitor and appraise drivers prior to commencing work or starting trips. This may involve, for example, breath testing for alcohol and random drug testing and usage of fitness for duty devices. Again, if the driver chooses not to attend then this will be recorded as a positive test.

Employees or sub-contractors shall not use, possess, distribute or sell alcoholic beverages, illicit or non-prescribed drugs or misuse legitimate prescription drugs while on duty at work. An employee or sub-contractor must notify the company if they are taking any prescription medication.

Any employee found operating a vehicle under the influence of alcohol or any illicit drug may be terminated immediately and without notice.

The company will make every endeavour to provide assistance and rehabilitation in the form of reference to medical help or counselling if a company employee or sub-contractor recognises there is a problem with alcohol or drugs.

_____ Owner Name	_____ Owner Signature	_____ Date
---------------------	--------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

## DRIVERS READINESS FOR DUTY/DRUG & ALCOHOL STATEMENT

The Director/Owner/Operator and drivers understand that their ability to do the driving task is directly affected by the way they have used rest breaks and time away from work.

They will take into account a second job or other work related tasks that may impact on my fitness to perform the driving task.

They will not commence work when fatigued. They will ensure, when working, that they are able to properly drive or operate equipment, to communicate clearly and to exercise reasonable judgement when making decisions.

They are aware and understand that misuse of prescription drugs, alcohol and the use of illicit drugs, put the safety of all people involved in danger and that Drug and Alcohol tests may be conducted at random, and that if they test positive than they shall be liable for the costs incurred. The drivers realise that they are accountable for their actions and will not drive when in a condition that impairs their ability to do their job, or endangers the safety of themselves or others, or may cause equipment or property damage.

They are also aware that Management reserves the right to request that they attend a medical practitioner of the company's choice and/or an assistant councillor if they suspect that they are unable to safely perform their duties because of fatigue or other forms of impairment. If however they choose not to attend, that this will be recorded as a positive test and further action may be taken.

_____ Owner Name	_____ Owner Signature	_____ Date
---------------------	--------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------

_____ Driver Name	_____ Driver Signature	_____ Date
----------------------	---------------------------	---------------