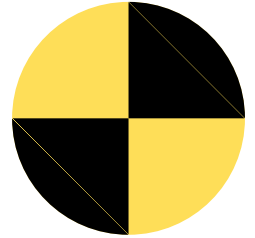




**International  
Association  
of Oil & Gas  
Producers**

# Land transportation safety recommended practice

**Additional guidance notes  
to OGP report no. 365**



## Road/vehicle accident checklist

This road/vehicle accident checklist may be used in investigating transport incidents to assist in revealing the underlying root causes of the incident.

This checklist includes the main points to be considered and may be added to for specific business requirements.

The checklist may be found on the reverse side of this sheet.

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### **Disclaimer**

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# Road/vehicle accident checklist

Question	Yes	No	Notes
<b>Driver</b>			
Did the driver: <ul style="list-style-type: none"> <li>Hold a valid licence for the class of vehicle involved in the incident?</li> <li>Have authority to use the vehicle?</li> <li>Use the vehicle for bona-fide business?</li> <li>Have familiarity with this specific vehicle?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the driver complete an approved driver-training programme?	<input type="checkbox"/>	<input type="checkbox"/>	Where & When? Obtain records.
Is there any evidence to suggest the driver drove the vehicle below the expected standard?	<input type="checkbox"/>	<input type="checkbox"/>	Consider vehicle speed for the existing conditions
Is there evidence to suggest the driver might have been impaired in any way?	<input type="checkbox"/>	<input type="checkbox"/>	Consider mental stress, health, alcohol, drugs, fatigue, other external influence
Were seat belts fitted and correctly worn by all vehicle occupants?	<input type="checkbox"/>	<input type="checkbox"/>	
Was additional PPE, such as crash helmets, gloves etc. issued & used?	<input type="checkbox"/>	<input type="checkbox"/>	
Was any communication device in the vehicle used during any part of the journey?	<input type="checkbox"/>	<input type="checkbox"/>	Obtain details
Had the driver completed this journey and or task previously?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vehicle</b>			
Was the vehicle involved "fit for purpose"?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the vehicle in good operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance records?
Did the vehicle have any driving monitor, e.g. tachograph, DriveRight, XATA etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Obtain & examine
Is there a record of the <ul style="list-style-type: none"> <li>Driver's recent work record?</li> <li>Vehicle recent work record?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the load including passengers secure and within legal and/ or design limits for the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the vehicle; <ul style="list-style-type: none"> <li>Stationary?</li> <li>Utilising "Right of Way"?</li> <li>Manoeuvring?</li> <li>Other?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	What was our vehicle doing at the time of the incident?
<b>Road</b>			
Was the vehicle being used on an authorised route?	<input type="checkbox"/>	<input type="checkbox"/>	
Had a risk assessment been completed for the route OR the task?	<input type="checkbox"/>	<input type="checkbox"/>	
Describe the weather conditions at the time of the incident using either Good, Average or Bad			
<b>3<sup>rd</sup> party</b>			
Was a third party involved?	<input type="checkbox"/>	<input type="checkbox"/>	Details
Did 3 <sup>rd</sup> party driver and/or vehicle conform to all legal regulations/requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
Has anyone indicated liability?	<input type="checkbox"/>	<input type="checkbox"/>	Include Police or other agencies, Drivers & witnesses
<b>You</b>			
Are there any additional comments you wish to make in respect of this incident?	<input type="checkbox"/>	<input type="checkbox"/>	