



# Chain of Responsibility Checklist

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## PURPOSE

This document was developed by the Transport Industry Safety Group as a guide for those authorities involved in the investigation of heavy vehicle accidents involving a fatality. The checklist raises a wide range of industry question topics in relation to the responsibilities of those within the transport chain.

The checklist should not be seen as an all-inclusive document but to assist in highlighting for the investigators some of the issues to be investigated for coronial inquiries. From time to time the issues referred to in the checklist will be amended as new issues are identified during investigations

The Transport Industry Safety Group comprises senior executives from those organisations shown on the frontispiece. The document has been developed in consultation with the Victorian State Coroner..

Additional information on toxicology, condition of the road ( including crash statistics), design issues associated with the vehicle, the consignor / receiver of the freight etc, may also need to to be covered in the investigation

## Heavy Vehicle Driver Details

Name: .....

Age: .....

Observed Medical/Physical Condition: .....

Diet/ Meals: .....

On Medications: .....

Drug Test Records: .....

Date Joined Company;.....

Induction & Training Records: .....

Fatigue Management Training provided Y N .....

If so what fatigue scheme.....

Mobile Phone Details.....

## Company/ Owner- Details

Company Name.....

Address: .....

Home Base/ Depot: .....

Business Name: .....

Company Vehicle/Subcontractor:- .....

Industry Classification, i.e. Hire and Reward, Primary Producer Special Purpose Vehicle e.g. Waste, Crane .....

## Operational Details

Task Summary:.....  
Sleeping Arrangements: .....  
Depot & Base: .....  
Regular Run: .....  
Accident History: .....  
Other Employment /Contracts: .....  
WorkCover Claims/ Records: .....  
Demerit Points/ Fines: .....

## Work Profile

Consignor / Sender: .....  
Consignee / Receiver: .....  
Load description: .....  
Dangerous / Hazardous Goods.....  
Last Loading Point: .....  
Planned arrival time: .....  
Name of Dispatcher: .....  
Instructions, verbal/ personal/ phone/ fax/: .....  
Date &Time Started: .....

Work Profile Last 30 days- Phone record  
Fuel record  
Pay record  
Log Book Records & Audited  
Job sheets  
Computer Records ( Fleetcom etc)

## Vehicle Details

Vehicle Type: .....

Configuration.....

GVM/GCM.....

Trailer & Ancillary Eqpt e.g. sideloader.....

Cruise Control Fitted Y N .....Active Y N .....

Combination Length.....

Combination Height.....

Over dimensional permit.....

Combination Weight.....

Combination Width.....

Insurance.....

Accreditation Scheme- Mass, Maintenance or other.....

Maintenance Records- Defect System.....

Modifications from original specifications.....

Sleeper Cab.....

Daily Checks- records.....

Presentation, General Vehicle Condition.....

Passenger Y N authorised Y N

## Employment / Engagement Details

Employment Pay Method- Hourly/ Kilometre/ Trip:.....

Owner Driver rate: .....

Incentives/ penalties (Early or Late) .....

Hours worked past 24 hours .....

Breaks that day: .....

Time of day of The Accident: .....

Operating Solo or Two Up Driver.....

## Details of Police Attending

Was a Victorian Police VP 510 Submitted Y N .....

Name of Police Officer attending.....

Registered Number of Officer attending.....

Attending Officer's Station.....

Telephone Number of Station.....