

HEAVY VEHICLE TRANSPORT SUPPLIER PREQUALIFICATION CHECKLIST

GF-65

| SUPPLIER DETAILS | | | |
|------------------|--|----------------|--|
| Name: | | Date: | |
| Address: | | | |
| Phone: | | Fax: | |
| Contact Name: | | Contact Phone: | |

| REQUIREMENT | Compliant | | | Documents Provided | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | Yes | No |
| Chain of Responsibility | | | | | |
| Does the Supplier have a Chain of Responsibility procedure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the procedure include management of breaches of COR requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the procedure include management of hazards and incidents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicles | | | | | |
| Vehicles maintained in accordance with legislation and manufacturers requirements (including NVHAS accreditation for maintenance management)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are maintenance records maintained and current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all on-road vehicle registrations current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all on-road vehicle insurances current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loading, Restraining and Unloading of Loads | | | | | |
| Are SWMS in place for loading and unloading, including confirming mass and dimension after loading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are SWMS in place for restraining of loads? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a procedure for the maintenance, storage and review of restraints? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver Information | | | | | |
| Are all Driver information recorded and maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is all Driver training relevant and current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are VOC's completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Journey Planning | | | | | |
| Is there a journey planning procedure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fatigue Management | | | | | |
| Does the Supplier have a Fatigue Management procedure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do Drivers have BFM or AFM accreditation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are copies of Driver work diaries available for review? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Record Keeping | | | | | |
| Is there a procedure for recording keeping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|-----------------|--|
| COMMENTS | |
|-----------------|--|

| | | | |
|--------------------|--|----------------------|-----------------|
| REVIEWED BY | | | |
| | (Name)(PM or Plant Coordinator) | (Signature) | (Date) |

| | | | |
|--------------------|----------------------------|----------------------|-----------------|
| APPROVED BY | | | |
| | (Name)(PM or COO) | (Signature) | (Date) |