

Mine Traffic Management Checklist

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Pre-Shift Vehicle Inspection

Checklist for ensuring all vehicles are safe and roadworthy before the shift begins.

Engine RPM at Idle

Tyre Pressure (Front Left)

Tyre Pressure (Front Right)



Tyre Pressure (Rear Left)

Enter a number...

Tyre Pressure (Rear Right)

Enter a number...

Brake Pedal Feel

- Normal
- Soft
- Hard
- Spongy

Lights Operational (Check all)

- Headlights
- Tail Lights
- Brake Lights
- Turn Signals

Notes/Observations (if any defects found)

Write something...

Traffic Control Device Condition

Assessment of signage, lights, and barriers for effectiveness and maintenance needs.

Sign Visibility Rating (1-10)

Light Functionality

- Working Correctly
- Dim/Flickering
- Not Working
- Needs Cleaning

Barrier Condition

- Intact
- Minor Damage
- Significant Damage
- Missing/Displaced

Notes on Device Condition

Photo Evidence

 Upload File

Last Maintenance Date

Enter date...

Speed Limit Compliance

Verification that speed limits are posted and adhered to by all vehicles.

Posted Speed Limit (km/h)

Enter a number...

Observed Vehicle Speed (km/h)

Enter a number...

Speed Limit Signage Condition

- Excellent
- Good
- Fair
- Poor

Speed Limit Adherence Observed

- Always Adhered To
- Mostly Adhered To
- Occasionally Exceeded
- Frequently Exceeded

Comments/Observations (e.g., obscured signs, driver behavior)

Write something...

Vehicle Routing & Segregation

Confirmation that vehicle routes are clearly defined and separate from pedestrian/employee areas.

Are vehicle routes clearly marked?

- Yes
- No
- Partially

Is pedestrian/employee traffic segregated from vehicle traffic?

- Yes
- No
- Partially

Describe any observed intersections or merging points and their safety measures.

Write something...

Distance (meters) between vehicle routes and nearest pedestrian walkway.

Enter a number...

Are designated loading/unloading zones clearly defined?

- Yes
- No
- Partially

Note any deviations from planned routes observed.

Write something...

Load Security & Weight Limits

Check for proper load securing and adherence to weight limits for all vehicles.

Vehicle Gross Weight (kg)

Maximum Gross Vehicle Weight (kg)

Load Type

- Ore
- Waste Rock
- Explosives
- Equipment
- Other

Description of Load (if 'Other' selected)

Write something...

Load Securement Methods Used

- Tarp
- Straps
- Chains
- Pins
- Bolts
- Other

Other Securement Method Description (if 'Other' selected)

Write something...

Load Distribution

- Even
- Uneven
- Unsure

Driver Signature (Confirms Load Security)

Driver Fitness & Certification

Verification of driver licenses, certifications, and adherence to fatigue management protocols.

Driver License Validity

- Valid
- Expired
- Suspended
- Restricted

Driver License Expiration Date

Enter date...

Relevant Certifications (e.g., First Aid, HSR)

- First Aid/CPR Certified
- Health and Safety Representative
- Advanced Driving Course
- None

First Aid/CPR Certification Expiration Date

Enter date...

Hours Worked Today (for Fatigue Management)

Enter a number...

Start of Shift Time

Enter time...

Fit for Duty Assessment

- Fit for Duty
- Not Fit for Duty - Further Assessment Required

Comments (if 'Not Fit for Duty' selected)

Write something...

Communication & Incident Reporting

Review of communication systems and procedures for reporting traffic-related incidents.

Communication Method Used (e.g., radio, phone, text)

- Radio
- Phone
- Text
- Other

Description of Incident (if applicable)

Write something...

Number of Vehicles Involved (if applicable)

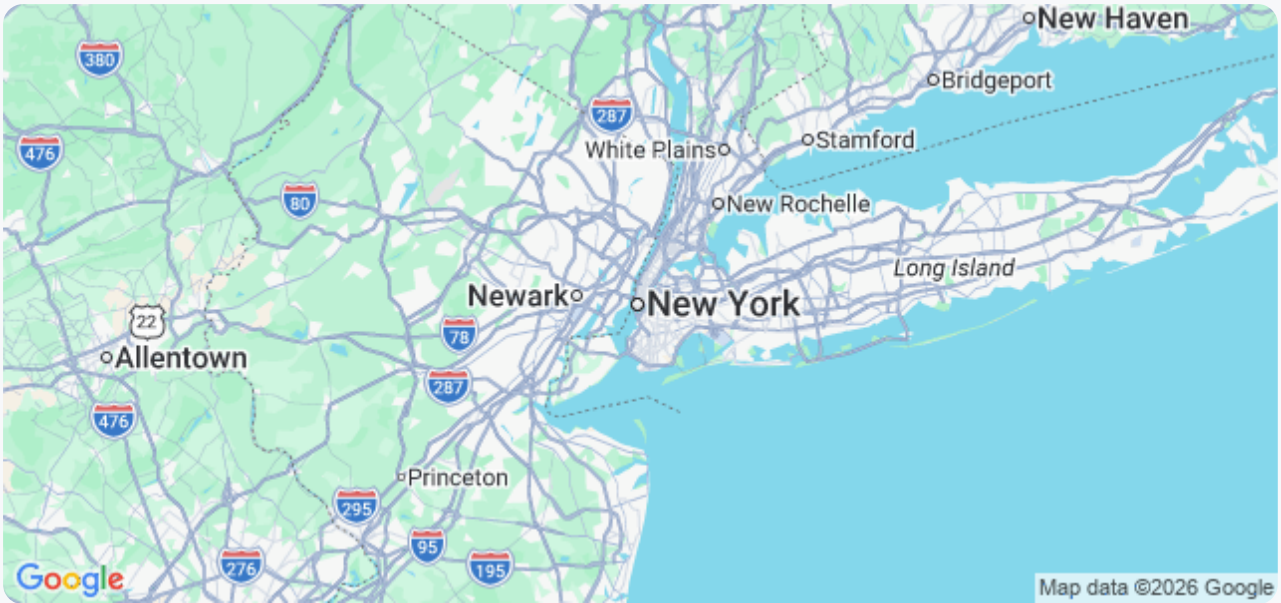
Enter a number...

Time of Incident (if applicable)

Enter time...

Incident Location (GPS Coordinates or Description)

 [Set My Current Location](#)



Incident Severity (e.g., Minor, Moderate, Major)

- Minor
- Moderate
- Major

Attach Photos/Videos (if available)

 [Upload File](#)

Traffic Management Plan Adherence

Assessment of compliance with the mine's established traffic management plan.

Traffic Management Plan Version Reviewed?

- Yes, current version
- No, outdated version

Summary of Plan Changes (if applicable)

Write something...

Communication of Plan to Personnel?

- Yes, documented training
- Yes, verbal briefing
- No

Date of Last Plan Review

Enter date...

Number of Personnel Trained on the Plan

Enter a number...

Any observed deviations from the traffic management plan?

Write something...

Pedestrian Safety Measures

Evaluation of measures to protect pedestrians in areas with vehicle traffic.

Are designated pedestrian walkways clearly marked?

- Yes
- No
- N/A

Distance between pedestrian walkways and traffic (meters)

Enter a number...

Are reflective clothing requirements enforced for pedestrians?

- Yes
- No
- N/A

Which safety barriers are in place?

- Jersey Barriers
- Chain Link Fencing
- Guard Rails
- None

Time of pedestrian safety sweep (for high-risk areas)

Enter time...

Is audible warning system functional near pedestrian crossings?

Yes

No

N/A

Any observed pedestrian safety concerns and corrective actions?

Write something...

Post-Shift Vehicle Inspection

Checklist for assessing vehicle condition after the shift to identify any issues.

Engine Hour Reading

Enter a number...

Odometer Reading (if applicable)

Enter a number...

Fluid Levels (Engine Oil, Coolant, Hydraulic)

- Normal
- Low
- High
- Needs Attention

Tire Condition

- Good
- Fair
- Poor - Needs Attention

Any Damage Observed?

Write something...

Brakes – Functionality

- Normal
- Slight Noise
- Needs Attention

Inspector Signature

Inspection Date

Enter date...