



## A Self Assessment Driver Selection guide for Employers

Risk management of your driving risk is a key to lowering your claims costs, which can lead to cheaper insurance for you. By actively incorporating the following questions into your employment and business practices, you will create an opportunity within your business to identify, manage and control risk and reduce opportunities for accidents.

We recommend that you and the driver should work through these questions.

Driver Applicant Name: ..... Age: .....

Licence Number: ..... for Vehicle Types of: .....

State of Issue: ..... Expiry Date: .....

		Yes	No	Preferred Answer
1.	Is the Driver's Licence: Current Suitable for the type of Vehicles to be driven	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes Yes
2.	Has there be any DUI convictions or appearances pending in the previous 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	No
3.	Has there been a Driver's Licence warning letter, show cause notice, suspension, restriction or cancellation notice in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	No
4.	Age and Experience provisions for (a) Rigid Vehicles Is the driver under 23? Or has less than 2 years practical, continual experience? (b) Articulated Vehicles Is the driver under 25? Or has less than 2 years practical, continual experience?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No No No No
5.	Has the driver been involved in any accidents in the last 5 years where the amount of damage exceeded \$20,000 in total?	<input type="checkbox"/>	<input type="checkbox"/>	No
6.	Have the driver references been verified for their relevant experience in the vehicle combination and licence category required? Was this done by: Reference checking each nominated company provided by the driver? General discussion and knowledge of the driver?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes Yes Yes
7.	Has the driver's licence history been checked by obtaining the relevant drivers licence authority printout of offences, convictions and demerit points and do you have a copy of this printout for your records?	<input type="checkbox"/>	<input type="checkbox"/>	Yes
8.	Has your driver had a driving assessment by a qualified assessor? OR in house formal testing assessment? Do you have the report on record?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Either Yes Yes
9.	Has the driver completed a PAQS driver profile? Is the PAQS safety index score 36 or above?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Yes Yes
10.	Does the driver understand the occupational health and safety guidelines and rules applying to your business? Positive answers to the following questions would indicate that you have in place systems and procedures which would satisfy a statutory audit of your workplace practices and demonstrate a commitment to safe work practices as required by today's business environment. (a) Has this driver been examined by a medical examiner and passed as fit to drive a commercial vehicle in the relevant freight task? (b) Does the driver suffer from any medical condition which may be likely to impact upon the driver's ability to perform the job (eg. sleep disorders such as sleep apnea, diabetes)? (c) If yes, ensure details of the condition and treatment are obtained and recorded, and ascertain whether medical opinion is necessary. (d) Do you allow for discretionary sleep ie. when your driver is tired, are they allowed to nap or rest as required to continue in a safe manner.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes  Yes Either Yes Yes

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		Yes	No	Preferred Answer
	(e) Do you have any other fatigue management systems in place?	<input type="checkbox"/>	<input type="checkbox"/>	Yes
	(f) Do you have any electronic on board monitoring systems or GPS tracking?	<input type="checkbox"/>	<input type="checkbox"/>	Either
11.	Has the driver completed a knowledge quiz relevant to your field of operation including basic load restraint training?	<input type="checkbox"/>	<input type="checkbox"/>	Yes
12.	Advise the driver			
	(a) that it is their responsibility to advise you immediately of any traffic offences, fines, convictions, accidents, events or other matters, which could impact on their ability to maintain their Drivers Licence.	<input type="checkbox"/>	<input type="checkbox"/>	Yes
	(b) If other circumstances change in the information relied upon in all of the above questions, that they will immediately let you know of that change.	<input type="checkbox"/>	<input type="checkbox"/>	Yes
	(c) Importantly, if they are found to be unlicensed at the time of an event, they may be personally liable for any loss or damage or injury to the parties.	<input type="checkbox"/>	<input type="checkbox"/>	Yes
	(d) If they have an alcohol or drug level in their body above that permitted by law or regulation, they may be personally liable for any loss or damage or injury to third parties.	<input type="checkbox"/>	<input type="checkbox"/>	Yes
13.	Do you have a formal quality assurance program in the operation of your vehicles / driver management / business operations?	<input type="checkbox"/>	<input type="checkbox"/>	Yes

**Refer also to the SRS Driver Declaration for further questions and information to assist you in your driver selection and business risk management program.**

Driver's Signature:..... Date: .....

Employer's Signature: ..... Date: .....

Name:.....

Position within Company: