

Transport Safety Hazard Register

Record activities, assess operational risks and assign controls. Adapt to your operation and retain supporting evidence. Identify the task and people who influence it; assess foreseeable harm using an agreed risk method; select practical controls; assign an owner and deadline; verify effectiveness after implementation. Use the XLSX register for multiple hazards and calculated risk prioritisation.

English · CoR Australia branded · editable for your operation

Organisation: _____

Owner: _____

Review date: _____

Depot / business unit: _____

Activity and duty-holder scope: _____

Risk assessment method / matrix: _____

Consulted roles: _____

Register version / approval date: _____

Document version: _____

Prepared by / date: _____

Approved by / date: _____

Next review / change trigger: _____

☐ Activity / duty holder

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Hazard and causes

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Potential harm

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Existing controls

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Risk rating and method

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Further action

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Action owner

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Due date

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ Evidence reference

Status: Yes / Gap / N/A _____ Evidence / reference: _____

Action / owner / due date: _____ Verified by / date: _____

☐ **Review outcome**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Record the specific transport activity, location and operating conditions, including peak periods and foreseeable disruptions.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Identify executives and off-road parties able to influence scheduling, loading, contracts, facilities or vehicle condition.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Consider normal operations, changes, contractors, incidents and reasonably foreseeable abnormal conditions.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Assess speed pressure from delivery windows, incentives and penalties; check that realistic transit time and delays are allowed.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Assess fatigue exposure from work patterns, loading queues, secondary work and available rest arrangements.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Assess gross and axle mass, dimensions, restraint compatibility, loading sequence and route/access restrictions.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Assess vehicle defects, maintenance deferrals, inspection quality and release-to-service controls.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Record likelihood and consequence definitions and reasons for the initial risk assessment; avoid unsupported numerical ratings.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Consider elimination or redesign before relying only on procedures, training or individual behaviour.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Document residual risk after proposed controls and the authorised person who accepts or escalates it.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Verify controls with observations, work records and worker feedback; record who checked them and the result.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

☐ **Reassess after a route, load, contract, equipment, work-pattern or legal-guidance change; escalate overdue actions.**

Status: Yes / Gap / N/A _____ Evidence / reference: _____
Action / owner / due date: _____ Verified by / date: _____

Close-out and review

Outstanding actions / interim controls: _____

Verification evidence / reviewer / date: _____

Approval / next review date: _____