

Title: LOADING / UNLOADING CHECKLIST
 Reviewed: 07/20
 Amended: 07/20
 Review Due: 07/22
 Form: S2272

LOADING / UNLOADING CHECKLIST

GENERAL	YES	NO
Does the driver have the correct PPE?	<input type="checkbox"/>	<input type="checkbox"/>
Are ground conditions suitable?	<input type="checkbox"/>	<input type="checkbox"/>
Is the truck/trailer correctly positioned and level?	<input type="checkbox"/>	<input type="checkbox"/>
LOADING	YES	NO
Have you considered using exclusion and safe zones? (LUEZ)	<input type="checkbox"/>	<input type="checkbox"/>
Is the area clear from obstructions? (people, vehicles, plant and other objects)	<input type="checkbox"/>	<input type="checkbox"/>
Are all items to be loaded packaged appropriately?	<input type="checkbox"/>	<input type="checkbox"/>
Has the driver instructed the placement/position of the load on the truck?	<input type="checkbox"/>	<input type="checkbox"/>
Do the restraint devices appear to be in a suitable condition?	<input type="checkbox"/>	<input type="checkbox"/>
Does the load appear to be restrained appropriately?	<input type="checkbox"/>	<input type="checkbox"/>
Have you asked the driver if all restraints for specific load requirements have been checked?	<input type="checkbox"/>	<input type="checkbox"/>
Has a 2x2 been completed?	<input type="checkbox"/>	<input type="checkbox"/>
UNLOADING	YES	NO
Have you considered using exclusion and safe zones? (LUEZ)	<input type="checkbox"/>	<input type="checkbox"/>
Is the area clear from obstructions? (people, vehicles, plant and other objects)	<input type="checkbox"/>	<input type="checkbox"/>
Are all items safe for unloading?	<input type="checkbox"/>	<input type="checkbox"/>
Does the load appear to be stable prior to unloading?	<input type="checkbox"/>	<input type="checkbox"/>
Are the items to be unloaded free from obvious signs of damage? <i>(If no conduct a 2x2)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you selected a RED (NO) box, the load cannot be loaded or unloaded, until additional controls are put in place. Once additional controls are in place mark with a GREEN (YES) box. Record additional controls in the comments sections below. Note: If an item CANNOT be rectified advise your supervisor before any further action.</p>		
APPROVALS		
CS Energy Representative Name	Signature	Date
Driver Name	Signature	Date
Transport Company		Vehicle Registration
ADDITIONAL CONTROLS / COMMENTS		
<p><i>All completed forms are to be saved into TRIM RM in the following site folders:</i> Callide - F/19/760 Kogan - F/19/414 Wivenhoe - F/19/759</p>		