

STEVENSON LOGISTICS

ROUS HEAD THIRD PARTY DRIVER SAFETY INDUCTION

Stevenson Logistics takes safety seriously and is committed to the health and safety of all people entering its Rous Head site. The Third Party Driver Safety Induction must be completed by all third party drivers accessing the site. A failure to adhere to any of the site safety rules may result in removal from the premises.

Please read the following information and sign confirming your understanding of the following safety information. Any questions can be directed to the Company Representative assigned to you.

Site Safety Security	A high visibility safety vest must be worn at all times in the terminal.
Access	Enclosed safety foot wear must also be worn outside administrative offices
	Safety signage must be observed and obeyed at all times
	No drugs, alcohol or smoking
	All incidents should be reported to supervisor or OHS officer.
Traffic Management	All persons must observe and obey traffic management sign
	Give way to pedestrians and forklifts at all times.
	No mobile phone or multimedia device to be used while operating vehicle.
	Drivers must be licensed to operate the truck & handle cargo on manifest.
	Do not leave vehicles unattended in the yard.
	When getting out of vehicle to adjust twistlocks beware of other mobile plant.
Restricted Areas	Do not enter or attempt to enter the fumigation area when the fumigation
	danger signs are displayed. These are restricted access areas.
	Do not enter or attempt to enter dangerous goods area as it is a restricted
	access area.
Emergency Events	In the event of an emergency please follow the instructions of your Company
	Representative or member of the Emergency Response Team. The Chief and
	Deputy wardens will be visible in orange vests. Members of the ERT include
	the Chief Warden, Deputy Warden and First Aid Officer.
	Please inform your supervisor or OHS officer should you require first aid
	The muster point for the site is at the south east corner of the car park.
Hazards and Incidents	Please report any identified hazard or incident to the supervisor or OHS
	Officer.
	Please report any injury sustained during your visit immediately to the
	supervisor or OHS officer.
Driver Name:	Company:
	Company.
Driver	Date
Signature:	Date:
Inductor Signature:	Date

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