

OCC Managers  
 Heads of all Establishments/Settings  
 Governors/Management Committees  
 Trade Union Safety Representatives  
 Employee Noticeboards  
 Intranet



## TRANSPORT SAFETY

### Minibus Safety Operator Guide

#### Scope

This covers all people who drive minibuses (Operatives)

#### Requirements

- All relevant employees/volunteers i.e. all drivers and those accompanying/escorting, have read and signed that they have understood the Minibus Regulations at least annually.
- All operatives must have passed the OCC Minibus Test regardless of any other DVLA Licence held (such as Category B PCV or Category D), as the Minibus Test is an OCC insurance requirement.
- All managers and drivers complete the relevant risk assessments and checklist inspections before allowing vehicles on the highway (see Annex 1)
- A designated employee is responsible for overseeing such vehicles and has been provided with employee transport documents and will keep appropriate records. (See Annex 2)

#### For further information and advice:

	Email and web addresses	Telephone
<b>Specialist:</b>		
<b>ITU – Vehicle Fleet Management Team</b>	Email: <a href="mailto:ITUFleetTransport@oxfordshire.gov.uk">ITUFleetTransport@oxfordshire.gov.uk</a>	<b>01865 323800</b>
<b>General:</b>		
<b>Health, Safety &amp; Wellbeing Team</b>	Email: <a href="mailto:healthandsafetyhelp@oxfordshire.gov.uk">healthandsafetyhelp@oxfordshire.gov.uk</a>	<b>01865 797222</b>

**TRANSPORT SAFETY****MINIBUS SAFETY RISK ASSESSMENT****DRIVER'S CHECKLIST**

You, as the driver, are the person legally responsible for making these decisions. If in doubt, or needing advice, check with your Head or whoever is responsible in your establishment/setting for minibus safety.

Description of Journey:.....

Date of Journey: .....

**1. Pre-Planning**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ▪ Am I familiar with the vehicle?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Do I need more practice?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Have I read all the recent Regulations?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Will the journey take more than 1 ½ / 2 hours?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ If Yes, have I allowed for a break on the way?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Do I need a rest period before I set off?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Will I get the chance to take a rest period before driving back? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ If No, can I take a co-driver?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ▪ Do I need a second adult with me for any other reasons?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - because the route is unfamiliar?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - because the passengers are very young/old?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - or have individual needs?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - because of the possibility of behaviour problems?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Vehicle Registration .....

Checklist completed (date) .....

Signed: .....(driver) Signed: ..... (Head/Manager/Co-ordinator)

## 2. Before Setting Off

### Administrative Details

- Have I given to the establishment/setting details of all the passengers and home telephone numbers (children and adults)? Yes  No
- Does the establishment/setting know our expected arrival times? Yes  No
- Do I know who to contact if the vehicle breaks down or has an accident or if someone is taken ill? Yes  No

Contact details: .....

### Mechanical Details

Do I have evidence that the minibus has had all its routine maintenance checks properly carried out by a qualified competent mechanic? (see Defects Book)

Yes  No

- Is Section 19 permit displayed? Yes  No
- Is the vehicle tax and insurance in order? Yes  No

Have I checked

- tyres for air pressure or damage/wear? Yes
- lights (including brake lights)? Yes
- windscreen wipers and washers? Yes
- all windows for clear vision? Yes
- mirrors? Yes
- oil? Yes
- fuel? Yes
- previous log sheet and defect sheet? Yes
- Am I sure everything I need is on board? Yes
- first aid container Yes
- fire extinguisher? Yes
- warning triangle? Yes
- contact numbers of establishment/setting and breakdown service? Yes
- list of passengers and telephone numbers? Yes
- map/SAT NAV co-ordinates of route? Yes
- Have I completed the log sheet? Yes

### Personal Details

- I am fit to drive? Yes  No
- not too tired? Yes  No
- not ill? Yes  No
- not unfit for any other reason? Yes  No
- Have I discussed this visit with the person responsible in my setting? Yes  No
- Am I taking any medication that may impair my driving? Yes  No
- Is my First Aid Certificate valid? Yes  No

**3. Setting Off**

Am I sure the minibus is not:

Overloaded with passengers and/or equipment? Yes

Are the doors closed securely? Yes

Are all exits and aisles free of luggage to allow emergency exit? Yes

Is the roof rack and luggage secure? Yes

Has every passenger put on a seat belt properly? Yes

Have I got a mobile phone? Yes

Signed: ..... (driver) Date: .....

Vehicle Registration:..... Time: .....

**IF IN DOUBT ABOUT ANY ASPECT OF SAFETY, ERR ON THE SIDE OF CAUTION**

**DO NOT ATTEMPT TO PUT YOURSELF OR PASSENGERS AT RISK**



**VEHICLE CHECK SHEET****ANNEX 2**

<b>Vehicle Reg No:</b>	<b>Plant Code:</b>	<b>Mileage:</b>
<b>Make / Model:</b>	<b>Department:</b>	<b>Date :</b>

Results of check codes: ✓ = Satisfactory    R = Repair Required    X = Safety Item Defect    N/A = Not Applicable

**EXTERNAL**

CHECK NO	ITEM INSPECTED	RESULT	DEFECT FOUND FURTHER COMMENTS / PTO
1	<b>Vehicle Exterior</b> - Look Under Vehicle - For any Leaks		
2	<b>Vehicle Exterior</b> - Livery, Rear Markers, Mudflaps		
3	<b>Vehicle Exterior</b> - Condition of Body & Accident Damage		
4	<b>Road Wheels</b> - Condition of Rims (dents) & Security		
5	<b>Tyres</b> - Condition, Uneven Wear & Pressures		
6	<b>Spare Wheel</b> - Condition, Pressure & Security		
7	<b>All doors/Entrances/Exits</b> - Operation & Locking		
8	<b>RFL (TAX DISC) &amp; Section 19 Permit</b> - in Windscreen		
9	<b>Engine Compartment</b> - All Fluid Levels - Engine Oil, Coolant/ Antifreeze, W/Screen Washer, Power Steering, Brake Fluid. Also Check for Signs of Any Leaks		
10			

**INTERNAL**

11	<b>All Seats</b> : Drivers, Passengers - Security & Operation		
12	<b>All Seats Belts</b> - Condition & Operation		
13	<b>All Driving Mirrors</b> - Condition, Security & Operation		
14	<b>All Driving Controls, Switch Gear &amp; Horn</b> - Operation		
15	<b>Windscreen Wipers &amp; Washers</b> - Condition & Operation		
16	<b>All Glass (including windscreen)</b> - Any Damage & View of the Road		
17	<b>Foot Brake</b> - Firm Pedal, Even Braking, Fluid Level		
18	<b>Hand Brake</b> - Operation		
19	<b>Vehicle Interior</b> - Condition/Security of fittings & fixtures, Emergency Hammers, Warning Signs/Notices, Operation of Interior Lights		
20	<b>Safety Kit</b> - Warning Triangle, First Aid Kit, Spill Kit, Reflective Jacket, Torch		
21	<b>Fire Extinguishers</b> - Pressure Gauge, Safety Seal, Expiry Date Location Signs		
22	<b>Wheelchair fixings</b> - Condition & Operation		
23			

**STATIC TEST / DRIVING**

24	<b>All Lights</b> - Operation & Condition of Lens (crack etc)		
25	<b>Auxiliary Heater/Climate Control</b> - Full Operation		
26	<b>Tail Lift/Ramp/Side Step</b> - Operation & Test Date		
27	<b>Winch</b> - Test Operation, Fittings & Security		
28	<b>Suspension</b> - Operation (lowering) Unusual Noise		
29	<b>Steering Mechanism</b> - Smooth Operation, Unusual Noise		
30	<b>Exhaust System</b> - Security, Emissions & Unusual Noise		
31	<b>Transmission</b> - Selection of Gears, Unusual Noise		
32	<b>Speedometer / Tachometer</b> - Operation		

**FURTHER COMMENTS ON FAULTS FOUND**

**ANNEX 2**

<b>CHECK NO</b>	<b>FAULT DETAILS</b>

**Inspection Carried Out By :**

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Position \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that the defects found have been reported to:

(Name) \_\_\_\_\_

(Position) \_\_\_\_\_

On Date: \_\_\_\_\_

**ACTION TAKEN ON FAULTS FOUND**

<b>CHECK NO</b>	<b>DETAILS OF ACTION TAKEN</b>	<b>NAME: DATE:</b>

I; (Name) \_\_\_\_\_

confirm that the defects found have been Actioned as above:

(Position) \_\_\_\_\_

Date: \_\_\_\_\_

**SHEETS MUST BE HANDED INTO OPERATIONAL SUPERVISOR / LINE MANAGER**

**NOTE:**

**IT IS THE RESPONSIBILITY OF THE DRIVER TO ENSURE THAT THE VEHICLE IS IN A SAFE,LEGAL AND ROADWORTHY CONDITION BEFORE USE ON THE ROAD**