

Employee's Heavy Vehicle Accreditation Responsibility Statement

As an employee of _____

I acknowledge that I _____ am solely responsible for the following:

1. Presenting myself for work rested and in a **Fit and Proper state** (and free from the effects of fatigue, drugs and alcohol) in accordance with my employers **Fatigue Management System**.
2. Complying with all aspects of my Employers **Fatigue Management System** and confirming that I hold a current **Commercial Vehicle Drivers Medical Certificate (Assessing Fitness to Drive 2012 standard)**.
3. Maintaining the appropriate license/s for the vehicles and machinery I operate during the course of my work duties; if my driving license is suspended or cancelled I undertake to notify my employer immediately.
4. Recording my driving periods, short-breaks, working and non-working periods in accordance with the **Fatigue Management System** operated by my Employer.
5. Conducting vehicle and equipment **Pre-start checks** in accordance with my Employers **Maintenance Management System** and recording the performance of these equipment checks as instructed.
6. Prioritising and recording equipment/mechanical faults in accordance with my Employers **Maintenance Management Systems**.
7. Ensuring that any vehicle I operate for my employer is loaded in accordance with the current **Load Restraint Guide**.
8. Ensuring that I am appropriately experienced and trained in the driving, loading and unloading tasks I am about to perform.
9. Ensuring that any route I am planning to use is suitably approved for the type of load, vehicle type & combination I am intending to drive on it.
10. Performing a pre-departure **Dimension and Loading check** and ensuring that all necessary documentation is carried in the vehicle always; this may include **Permits, Permit Operating Conditions** documents, **Gazette Notices** and copies of the combination's vehicle **registration documents**.

I _____ confirm that I fully comprehend and understand these responsibilities and tasks are a non-negotiable condition of my working with _____

Employee's Signature

Name

Position

Date

Witness's signature

Name

Position

Date