

# TRANSPORTATION AND LOGISTICS INDUSTRY RISK ASSESSMENT

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## Document Information

Field	Details
Company Name	_____
Operation Type	<input type="checkbox"/> Trucking <input type="checkbox"/> Warehousing <input type="checkbox"/> Freight <input type="checkbox"/> Courier <input type="checkbox"/> Shipping <input type="checkbox"/> Other: _____
Assessment Date	_____
Assessor Name	_____
Assessor Position	_____
Department/Division	_____
Review Date	_____
Document Reference No.	RA-TRANS-_____

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## 1. Introduction

This Risk Assessment document is designed to identify, evaluate, and control hazards associated with transportation and logistics operations. This industry presents significant risks including vehicle accidents, manual handling injuries, loading/unloading hazards, fatigue-related incidents, and warehouse equipment hazards. This assessment aims to ensure the health and safety of all drivers, warehouse workers, and other personnel by systematically identifying potential

hazards and implementing appropriate control measures in accordance with transportation safety regulations and occupational health and safety standards.

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## 2. Scope of Assessment

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This risk assessment covers the following transportation and logistics activities and areas:

- Vehicle operations (trucks, vans, cars)
- Loading and unloading operations
- Warehouse operations
- Forklift and MHE operations
- Freight handling
- Distribution center operations
- Last-mile delivery
- Cross-docking operations
- Vehicle maintenance
- Yard operations
- Office and administrative areas
- Other: \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Fleet Size:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Operating Hours:** \_\_\_\_\_

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### 3. Risk Identification

Risk ID	Risk Description	Risk Category	Affected Area/Personnel
TRANS-001			
TRANS-002			
TRANS-003			
TRANS-004			
TRANS-005			
TRANS-006			
TRANS-007			
TRANS-008			
TRANS-009			
TRANS-010			

### 4. Risk Analysis Matrix

#### Risk Scoring Criteria

##### Likelihood Scale:

Score	Likelihood	Description
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur but not expected
3	Possible	Might occur at some time
4	Likely	Will probably occur in most circumstances
5	Almost Certain	Expected to occur in most circumstances

## Impact Scale:

Score	Impact	Description
1	Negligible	Minor injury, minor property damage
2	Minor	First aid treatment, minor vehicle damage
3	Moderate	Medical treatment, significant property damage
4	Major	Serious injury, major accident
5	Catastrophic	Fatality, multiple casualties

## Risk Analysis Table

Risk ID	Likelihood (1-5)	Impact (1-5)	Risk Score (L×I)	Risk Level
TRANS-001				
TRANS-002				
TRANS-003				
TRANS-004				
TRANS-005				
TRANS-006				
TRANS-007				
TRANS-008				
TRANS-009				
TRANS-010				

## Risk Level Classification:

- **Low (1-4):** Acceptable risk, monitor and review
- **Medium (5-9):** Action required within reasonable timeframe
- **High (10-16):** Immediate action required

- **Critical (17-25):** Operations must cease until risk is reduced

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## 5. Risk Control Measures

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Risk ID	Current Controls	Additional Controls Required	Responsible Person	Target Date	Status
TRANS-001					<input type="checkbox"/>
TRANS-002					<input type="checkbox"/>
TRANS-003					<input type="checkbox"/>
TRANS-004					<input type="checkbox"/>
TRANS-005					<input type="checkbox"/>
TRANS-006					<input type="checkbox"/>
TRANS-007					<input type="checkbox"/>
TRANS-008					<input type="checkbox"/>
TRANS-009					<input type="checkbox"/>
TRANS-010					<input type="checkbox"/>

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## 6. Transportation and Logistics Industry-Specific Hazards

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The following hazards are commonly encountered in transportation and logistics operations:

### 6.1 Vehicle Operation Hazards

- Road traffic accidents
- Vehicle rollovers
- Reversing incidents
- Blind spot collisions
- Brake failures
- Tire blowouts

### 6.2 Driver Fatigue

- Long driving hours
- Inadequate rest breaks
- Night driving
- Sleep disorders
- Monotonous routes
- Tight delivery schedules

### 6.3 Loading/Unloading Hazards

- Falling objects
- Unstable loads
- Dock falls
- Trailer creep
- Forklift interactions
- Manual handling injuries

## 6.4 Warehouse Hazards

- Forklift operations
- Racking collapses
- Falling stock
- Conveyor systems
- Pedestrian/vehicle interactions
- Slips, trips, and falls

## 6.5 Manual Handling Hazards

- Heavy package lifting
- Repetitive movements
- Awkward postures
- Pushing and pulling loads
- Carrying items on stairs

## 6.6 Environmental Hazards

- Extreme temperatures
- Weather conditions (rain, ice, snow)
- Poor visibility
- Noise exposure
- Exhaust fumes

## 6.7 Security Hazards

- Cargo theft
- Vehicle hijacking
- Robbery during deliveries
- Unauthorized access
- Violence from public

## 6.8 Hazardous Materials

- Dangerous goods transport
- Chemical spills
- Fuel handling
- Battery acid
- Refrigerant gases

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## 7. Vehicle Safety Assessment

### 7.1 Pre-Trip Inspection Checklist

Item	Checked	Defects Found
Tires (condition, pressure)	<input type="checkbox"/>	
Brakes (operation, air pressure)	<input type="checkbox"/>	
Lights (headlights, signals, brake)	<input type="checkbox"/>	
Mirrors (condition, adjustment)	<input type="checkbox"/>	
Windshield/wipers	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	
Fluid levels	<input type="checkbox"/>	
Coupling devices (if applicable)	<input type="checkbox"/>	
Load security	<input type="checkbox"/>	
Emergency equipment	<input type="checkbox"/>	
Documentation	<input type="checkbox"/>	

## 7.2 Fleet Safety Status

Vehicle ID	Last Inspection	Next Service	Safety Issues

## 7.3 Driver Compliance

Requirement	Compliant	Details
Valid license for vehicle class	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical certificate current	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours of service compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug and alcohol testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Defensive driving training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hazmat endorsement (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 8. Warehouse Safety Assessment

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### 8.1 Forklift/MHE Safety

Item	Compliant	Action Required
Operators licensed/certified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-shift inspections completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seat belts worn	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speed limits observed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pedestrian separation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Load capacity observed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Charging areas ventilated	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### 8.2 Racking Safety

Item	Compliant	Action Required
Racking inspected regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Load limits posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Damaged uprights reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Column protectors in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anti-collapse mesh installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 8.3 Loading Dock Safety

Item	Compliant	Action Required
Dock locks/wheel chocks used	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dock levelers maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fall protection in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Traffic management	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Emergency Response Procedures

### 9.1 Emergency Contacts

Role	Name	Contact Number
Operations Manager		
Fleet Manager		
Safety Manager		
Dispatch/Control Room		
Emergency Services		911 / 000 / 999
Roadside Assistance		
Insurance Company		
Hazmat Response		

### 9.2 Emergency Procedures

#### Vehicle Accident:

1. Ensure personal safety first

2. Call emergency services if injuries
3. Move to safe location if possible
4. Exchange information with other parties
5. Document scene (photos, witness info)
6. Report to dispatch/management immediately
7. Do not admit fault
8. Complete accident report

#### **Breakdown:**

1. Move vehicle to safe location if possible
2. Activate hazard lights
3. Place warning triangles/flares
4. Contact dispatch for assistance
5. Stay with vehicle in safe location
6. Do not attempt repairs on roadside

#### **Load Shift/Spill:**

1. Stop vehicle safely
2. Assess situation before exiting
3. Secure area with warning devices
4. Contact dispatch immediately
5. Do not attempt to re-secure load if unsafe
6. Wait for assistance

#### **Hazardous Material Incident:**

1. Stop vehicle and evacuate area
2. Identify material from shipping papers
3. Call emergency services immediately
4. Stay upwind and uphill
5. Do not attempt cleanup

6. Provide information to responders

**Warehouse Emergency (Fire):**

1. Activate fire alarm
2. Evacuate all personnel
3. Call emergency services
4. Account for all staff at muster point
5. Do not re-enter until cleared

**Forklift Incident:**

1. Stop operations immediately
2. Secure the area
3. Provide first aid if trained
4. Call emergency services if required
5. Preserve scene for investigation
6. Complete incident report

**Assembly Points:**

- Warehouse: \_\_\_\_\_
- Yard: \_\_\_\_\_

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## 10. Personal Protective Equipment (PPE) Requirements

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PPE Item	Required	Specification
Safety Footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steel toe: <input type="checkbox"/> Yes <input type="checkbox"/> No
High-Visibility Vest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____
Hard Hat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Safety Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Hearing Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	NRR: _____
Back Support Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Cold Weather Gear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Reflective Rain Gear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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## 11. Fatigue Management

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### 11.1 Hours of Service Compliance

Requirement	Policy	Monitoring Method
Maximum driving hours		
Required rest breaks		
Off-duty requirements		
Weekly limits		

## 11.2 Fatigue Risk Controls

Control Measure	Implemented	Details
ELD/Tachograph monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fatigue awareness training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rest area information	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scheduling considers fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fitness for duty checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 12. Sign-Off and Approval

### Assessor Declaration

I confirm that this risk assessment has been conducted in accordance with applicable transportation safety and health and safety regulations and represents an accurate evaluation of the identified hazards.

Assessor Name:	_____
Signature:	_____
Date:	_____

### Reviewer Declaration

I have reviewed this risk assessment and confirm that the control measures identified are appropriate and adequate.

Reviewer Name:	_____
Position:	_____
Signature:	_____
Date:	_____

## Management Approval

I approve this risk assessment and authorize the implementation of the identified control measures.

Manager Name:	_____
Position:	_____
Signature:	_____
Date:	_____

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## 13. Review Schedule

Review Type	Frequency	Next Review Date
Pre-Trip Inspections	Daily	
Vehicle Maintenance	Per schedule	
Warehouse Safety Walk	Weekly	
Comprehensive Review	Annually	
Post-Incident Review	As required	

### Triggers for Immediate Review:

- Any accident or near-miss
- Vehicle defects identified

- Changes in routes or operations
- New equipment or vehicles
- Regulatory changes
- Driver/worker feedback
- Customer complaints

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## Document Control

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Version	Date	Author	Changes Made
1.0			Initial version

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*This document is a template and should be customized to meet specific operational requirements and local transportation regulations.*