

TRANSPORT OPERATORS SANITISATION PROCEDURES WHEN DELIVERING ESSENTIAL GOODS SAFE WORK PROCEDURE



ALL Transport Operators must read and sign to indicate they understand and will abide by this procedure

PERSONAL PROTECTIVE EQUIPMENT



Gloves must be worn.



Hi Viz Clothing must be worn.



Face masks must be worn if within 2 metres of others.



Safety Goggles should be worn if within 2 metres of others.



Hand sanitiser should be put in the cab and used frequently.

PRE-OPERATIONAL SAFETY CHECKS

- ✓ Make sure you have enough cleaning and anti-bacterial products to hand.
- ✓ Ensure gloves and hand sanitisers are available in the cab.

OPERATIONAL SAFETY CHECKS

- ✓ Ensure all surfaces in the cab are wiped down using anti-bacterial wipes or spray.
- ✓ Use hand sanitiser prior to loading and after unloading.
- ✓ When refuelling, wear disposable gloves or wipe petrol pump handles with anti-bacterial wipes before commencing.
- ✓ When needing to touch anything when loading vehicles, wear suitable gloves and dispose of these safely after use.
- ✓ Basically, any surface where hands would have touched, needs to be sanitised.
- ✓ If outside the vehicle, make sure you stay 2 metres away from any other person on site at all times.

ENDING OPERATIONS AND CLEANING UP

- ✓ Place used gloves and anti-bacterial wipes in rubbish bin.
- ✓ Put any cleaning products away in a safe location.
- ✓ Wash and dry hands.

DON'T

- ✗ Do not have passengers in the cab at any time.
- ✗ Do not clean or use spray with other people in the vicinity.
- ✗ Do not store cleaning products where others can access them, especially children.

POTENTIAL HAZARDS AND INJURIES

- ⓘ Health issues
- ⓘ Contracting a disease or virus
- ⓘ Poisoning from chemicals

Note: This SWP does not necessarily cover all possible hazards associated with this activity and should be used in conjunction with other references. It is designed as a guide to be used to complement training and as a reminder to users prior to commencing the activity.

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Note: By signing the below, we acknowledge that all workers undertaking this task have successfully completed training prior to undertaking and are deemed competent.

Assessment Date	Company Name	Worker Name	Worker Signature	Manager Signature