

Transportation Safety Checklist

To assess the need for improvement and to more adequately keep your members and volunteers safe and secure in the area of transportation, please complete the following safety checklist.

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| **Question** | **Yes** | **No** |
| 1. Is there a team or person who oversees church transportation? |  |  |
| 2. Do we have a written and clearly communicated “Transportation Policy?” |  |  |
| 3. Do we pre-select and screen all drivers? |  |  |
| 4. Do we require drivers to be between the ages of 25-70? |  |  |
| 5. Do we conduct pre- and post-trip inspections on all church and privately owned vehicles? |  |  |
| 6. Are trip safety procedures clearly stated to participants prior to each departure? |  |  |
| 7. Are vehicles equipped with seat belts? |  |  |
| 8. Is seat belt use mandatory? |  |  |
| 9. Are vehicles equipped with safety equipment (for example, fire extinguisher and first aid kit)? |  |  |
| 10. Do we have an accident reporting kit in each vehicle? |  |  |
| 11. Are drivers or trip leaders equipped with cell phones or another method of communication? |  |  |
| 12. Has our insurance agent been consulted about our transportation plans? |  |  |
| 13. Does our church have business auto insurance coverage? |  |  |
| 14. Does our church have non-owned and hired automobile liability coverage? |  |  |
| 15. Has our church developed a policy regarding the personal use of private vehicles in transportation for church events? |  |  |
| 16. Have we discussed the serious rollover and crash risks associated with 15- passenger vans? |  |  |
| 17. Have we considered banning the use of 15-passenger vans or requiring that vans are equipped with proper safety equipment (for example, dual rear wheels and stability control systems)? |  |  |
| 18. Do we recognize that mini-buses meeting federal school bus standards are among the safest vehicles on the road? |  |  |

**Important:** If you answered “No” to any of the questions above, corrective action should be taken as soon as possible. Please see page 2.



Transportation Safety Checklist 2

**Corrective Actions Taken**

Please define the corrective actions taken for any “No” responses to the questions on page 1.

**Completed by: Date:**

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| **"No" Item** | **Corrective Action Taken** |
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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.