

ATV SAFETY CHECKLIST

JOB: _____

LOCATION: _____

If you mark a **No** box on the checklist, you need to take action to eliminate or control the hazard.

Is the ATV the safest vehicle for the job to be performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you conducted a risk assessment on the suitability of the ATV for the terrain where it is intended to be used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any alternative more suitable vehicles been considered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the ATV inspected and maintained in good condition?		
• serviced to manufacturers specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• regularly maintained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• guards and safety features in place and in good condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• brakes functional/tyres in good condition and inflated to correct pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• interlocked throttle – neutral gear	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• footrests	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• seat	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• carrier frames	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• tow hitch	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ensured the intended operator is over 16?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the operator trained and instructed in correct use of the ATV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the operator been instructed about special risks associated with ATVs such as roll over or riding with passengers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the ATV operation manual available for workers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have users read the manual and do they understand it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is personal protective equipment available for individual operators, in good condition and worn by users?		
• helmet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• eye protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• hand protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• long sleeve shirt and full length pants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• sturdy footwear	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Disclaimer

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