# Managing risks in manufacturing workplaces:Assessing risks — Mobile equipment

Regulatory requirements related to mobile equipment include sections [14.64 to 14.73](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-14-cranes-and-hoists#SectionNumber:14.64) and [Part 16](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-16-mobile-equipment) of the Occupational Health and Safety Regulation. See also the related [OHS guidelines](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-16).

For information and resources on this topic, see the following pages on worksafebc.com:

* [Forklifts & materials-handling equipment](https://www.worksafebc.com/en/health-safety/tools-machinery-equipment/cranes-mobile-equipment/types/forklifts-materials-handling-equipment)
* [Mobile cranes & boom trucks](https://www.worksafebc.com/en/health-safety/tools-machinery-equipment/cranes-mobile-equipment/types/mobile-cranes-boom-trucks)
* [All-terrain and utility vehicles](https://www.worksafebc.com/en/health-safety/tools-machinery-equipment/cranes-mobile-equipment/types/all-terrain-utility-vehicles)
* [Annual certification & inspection](https://www.worksafebc.com/en/health-safety/tools-machinery-equipment/cranes-mobile-equipment/annual-certification-and-inspection)

For assistance using this questionnaire, see [How to use the self-evaluation tool](https://www.worksafebc.com/en/resources/health-safety/information-sheets/managing-risks-manufacturing-how-to-use-self-evaluation).

Mobile equipment

|  |
| --- |
| 1. Have you conducted a risk assessment for the mobile equipment workers use in your workplace?

[ ]  Yes [ ]  No Describe how you carried out this assessment:      |
| 1. Does mobile equipment operate in areas where people might be?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. How do you manage the risk of collisions between mobile equipment and people?

      |
| 1. What role do the manufacturer’s instructions play in the selection, operation, inspection, and maintenance of mobile equipment in your workplace?

      |
| 1. Have you assessed the areas where mobile equipment operates for risks of rollover, collision with structures, or collision with other mobile equipment?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Have you developed maintenance procedures for mobile equipment?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. How is mobile equipment de-energized and locked out for maintenance?

      |
| 1. Has your workplace experienced collisions involving mobile equipment?

[ ]  Yes [ ]  No [ ]  N/A If so, what corrective actions were taken?      |

**Action plan for mobile equipment**

|  |
| --- |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |