# NHVAS Audit Summary Report

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| **Tick as appropriate**  |
| **NHVAS** | **Mass** |  | **Entry Audit** |  |
| **Maintenance** |  | **Initial Compliance Audit** |  |
| **Basic Fatigue**  |  | **Compliance Audit**  |  |
| **Advanced Fatigue** |  | **Spot Check** |  |
|  |  | **Triggered Audit** |  |

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| **Audit Information** |
|  Date of Audit |  \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  Location of audit |  |
|  Auditor name |  |
|  Audit Matrix Identifier  (Name or Number) |  |
|  Auditor Exemplar Global Reg No. |  |  expiry Date: | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  NHVR Auditor Registration Number |  |  expiry Date: | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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| **Operator Information** |
| Operator name(Legal entity) |  |
| NHVAS Accreditation No. (If applicable) |  |
| Registered trading name/s |  |
| Australian Company Number |  |  |  |  |  |  |  |  |  |
| NHVAS Manual (Policies and Procedures) developed by |  |
|  |
| **Operator contact details** |
| Operator business address |  |
| Operator Postal address |  |
| Email address |  |
| Operator Telephone Number |  |

## NHVAS Audit Summary Report

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| **Attendance List (Names and Position Titles)** |
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| **Nature of the Operators Business (Summary):** |
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| **Accreditation Vehicle Summary**  |
| **Number of powered vehicles** |  | **Number of trailing vehicles** |  |

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| **Accreditation Driver Summary**  |
| **Number of drivers in BFM** |  | **Number of drivers in AFM** |  |

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| **Compliance Codes** |
| **V** | **Conformance Verified** | **TNC** | **Transitional Non-Conformance requiring rectification** |
| **SFI** | **Suggestion For Improvement** | **NC** | **Non-Conformance requiring rectification** |
| **NA** | **Not Assessed at this Audit** | **NAP** | **Not Applicable** |

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| **Corrective Action Request Identification**  |
| **Title**  | **Abbreviation** | **Description** |
| **Corrective action request** | **CAR** | A standard has not been met and requires corrective action |
| **Transitional Corrective action request** | **TCAR** | A new or changed standard has not been met and requires corrective action  |

**NHVAS AUDIT SUMMARY REPORT**

TNC type TCARs for maintenance management may use a conditional close out date of “by next audit”.

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| **MAINTENANCE MANAGEMENT** |
| **REQUIREMENT OF** **STANDARD** | **Compliance** **Codes** | **Corrective Action** **Request Number** **(CAR) or (TCAR)** | **Conditional****Closeout Date** | **Unconditional** **Closeout Date** |
| **Std 1. Daily Check** |  |  |  |  |
| **Std 2. Fault Recording and** **Reporting** |  |  |  |  |
| **Std 3. Fault Repair** |  |  |  |  |
| **Std 4. Maintenance** **Schedules and Methods** |  |  |  |  |
| **Std 5. Records and** **Documentation** |  |  |  |  |
| **Std 6. Responsibilities** |  |  |  |  |
| **Std 7. Internal Review** |  |  |  |  |
| **Std 8. Training and** **Education** |  |  |  |  |

**NHVAS AUDIT SUMMARY REPORT**

TNC type TCARs for mass management may use a conditional close out date of “by next audit”.

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| **MASS MANAGEMENT** |
| **REQUIREMENT OF** **STANDARD** | **Compliance** **Codes** | **Corrective Action** **Request Number** **(CAR) or (TCAR)** | **Conditional****Closeout Date** | **Unconditional** **Closeout Date** |
| **Std 1. Responsibilities** |  |  |  |  |
| **Std 2. Vehicle Control** |  |  |  |  |
| **Std 3. Vehicle Use** |  |  |  |  |
| **Std 4. Records and** **Documentation** |  |  |  |  |
| **Std 5. Verification** |  |  |  |  |
| **Std 6. Internal Review** |  |  |  |  |
| **Std 7. Training and** **Education** |  |  |  |  |
| **Std 8. Maintenance of** **Suspension** |  |  |  |  |

**NHVAS AUDIT SUMMARY REPORT**

**TNC type** TCARs for fatigue management may use a conditional close out date of “by next audit”.

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| **FATIGUE MANAGEMENT (FM)** |
| **REQUIREMENT OF** **STANDARD** | **Compliance** **Codes** | **Corrective Action** **Request Number** **(CAR) or (TCAR)** | **Conditional****Closeout Date** | **Unconditional** **Closeout Date** |
| **Std 1. Scheduling and** **Rostering** |  |  |  |  |
| **Std 2. Health and wellbeing** **for performed duty** |  |  |  |  |
| **Std 3. Training and** **Education** |  |  |  |  |
| **Std 4. Responsibilities and management practices** |  |  |  |  |
| **Std 5. Internal Review** |  |  |  |  |
| **Std 6. Records and** **Documentation** |  |  |  |  |
| **Std 7. Workplace conditions** |  |  |  |  |

# Maintenance Management Summary of Audit findings

**Provide a summary of findings based on the evidence gathered during the audit.**

**Refer to audit matrix for details of evidence that supports the opinion represented in this report.**

| MAINTENANCE MANAGEMENT | **DETAILS** |
| --- | --- |
| Std 1. Daily Check(Review procedures/policy and evidence of completion, including documented fault reporting) |  |
| Std 2. Fault Recording and Reporting(Review procedures/policy, evidence of completion for both trailing and hauling equipment, and reporting mechanism)  |  |
| Std 3. Fault Repair(Review procedures/policy, evidence of assessment and prioritising, identification of responsible person, evidence of repairs conducted and maintenance of records) |  |
| Std 4. Maintenance Schedules and Methods(Review procedures/policy, evidence of roadworthiness certification, when applicable, maintenance schedules, tables of tolerance, identification of responsible person, evidence that maintenance is conducted with scheduled timeframe) |  |
| Std 5. Records and Documentation(Review availability of the documented maintenance system, and ensure the following is maintained:* Fleet register
* Daily checks
* Fault recording and reporting
* Fault repairs
* Scheduled maintenance
* Authorities and responsibilities
* Register of contraventions
* Internal review)
 |  |
| Std 6. Responsibilities(Review responsibilities for the maintenance management system, including defined responsibilities for the above dot points, and identification of external service providers) |  |
| Std 7. Internal Review(Review procedures/policy, evidence of completion of Compliance Statements and Internal Reviews, including records of any Interception Reports, NCRs raised and CARs to eliminate recurrence) |  |
| Std 8. Training and Education(Review procedures/policy, appropriateness of training, evidence of training records and identification of responsible person) |  |

# Mass Management Summary of Audit findings

**Provide a summary of findings based on the evidence gathered during the audit.**

**Refer to audit matrix for details of evidence that supports the opinion represented in this report.**

| MASS MANAGEMENT  | DETAILS |
| --- | --- |
| Std 1. Responsibilities(Review authorities, responsibilities and duties for the mass management system. Ensure that each is current, clearly defined, well documented and tasks rest with the appropriate people). |  |
| Std 2. Vehicle Control(Review comprehensive register of nominated vehicles (including sub-contractors) Ensure that nominated vehicles have the technical specifications and mass authorisations (if required) to use the road network). |  |
| Std 3. Vehicle Use(Review procedures/policy, documented instructions that objectively demonstrate how vehicle mass is weighed/assessed prior to departure. The system incorporates provisions for ensuring axle and gross weights are not exceeded) |  |
| Std 4. Records and Documentation(Review availability of the documented mass management system, and ensure the following trip records are kept and maintained:* Vehicle identifier
* Measured weight (mass of vehicle)
* Register of contraventions
* Date and time of trip)
 |  |
| Std 5. Verification(Review procedures/policy, including method used to verify weight of vehicle and load, the frequency at which verification is performed, how the verification process allows for different types of measurement methods) |  |
| Std 6. Internal Review(Review procedures/policy, evidence of completion of Compliance Statements and Internal Reviews, including the number of mass breaches, records of any NCRs raised and CARs to eliminate recurrence) |  |
| Std 7. Training and Education(Review procedures/policy, appropriateness of training, evidence of training records and identification of responsible person) |  |
| Std 8. Maintenance of Suspension(Review procedures/policy, documented evidence of:* Suspension fault reporting/recording mechanism
* Assigning priority to suspension related faults
* The person responsible for monitoring/deferring a suspension fault is identified/recorded
* Upon completion of a suspension fault, closeout details including test method is recorded)
 |  |

# Fatigue Management Summary of Audit findings

**Provide a summary of findings based on the evidence gathered during the audit.**

**Refer to audit matrix for details of evidence that supports the opinion represented in this report.**

| FATIGUE MANAGEMENT  | DETAILS |
| --- | --- |
| Std 1. Scheduling and Rostering(Review procedures/policy, identification of responsible person, where applicable policy for establishing operating limits , reporting procedure of operating over normal limits, and evidence of compliance, regular review of driver work diaries /trip schedules, including trip sheets, rosters, schedules, work diary records, system for use of relief/casual drivers, driver input) |  |
| Std 2. Health and wellbeing for performed duty(Review procedures for driver health, medical examinations, driver self-assessment of fitness, system for driver to notify operator that they are unfit for duty, two-up driver requirements if applicable)  |  |
| Std 3. Training and Education(Review procedures/policy, including identification of responsible persons, and policy statement relating to fatigue, alcohol and drugs. Review procedures/policy in relation to currency of knowledge, medical assessments, including monitoring process, and evidence of assessment, induction process for all responsible persons, evidence of fatigue training for drivers and schedulers) |  |
| Std 4. Responsibilities and management practicesReview responsibilities for the fatigue management system, defined responsibilities for managers, for those involved in scheduling/rostering, training, driver’s medicals, non-compliance reporting, freight task compatibility for drivers, counselling and disciplinary actions, personal performance management assessment & communication systems. |  |
| Std 5. Internal Review Review procedures/policy for reporting and recording of unsafe incidents, documented evidence, including documentation that demonstrates follow-up and remedial action) evidence of completion of Compliance Statements and Internal Reviews, including records of any Interception Reports, fatigue breaches, NCRs raised and CARs to eliminate recurrence. |  |
| Std 6. Records and DocumentationReview availability of the documented fatigue system (Fatigue Management Plan), and ensure the following is maintained, where applicable:* Schedules
* Rosters
* Training and medical records
* Trip sheets
* Incident report forms
* Authorities and responsibilities
* Internal review
* Medical Records
* Non-compliance Reports
* Driver Work Diary Duplicate daily sheets
 |  |
| Std 7. Workplace conditionsReview procedures/policy on company commitment to vehicle comfort, depot rest areas, rest areas provided in transit. |  |

**Vehicle Registration Numbers of Records Examined**

**MAINTENANCE MANAGEMENT**

*[Insert operator name]*

| No. | RegistrationNumber | Roadworthiness Certificates(Applicable for Entry Audit) | Maintenance Records (Record date range of records reviewed) | Daily Checks(Date Range) | Fault Recording/Reporting (Date Range) | Fault Repair (Date Range) |
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**Vehicle Registration Numbers of Records Examined**

**MASS MANAGEMENT**

*[Insert operator name]*

| No. | RegistrationNumber | Sub-contractor(Yes/No) | Sub-contracted VehiclesStatement of Compliance(Yes/No) | Weight Verification Records(Date Range) | RFS Suspension Certification #(N/A if not applicable) | Suspension System Maintenance(Date Range) | Trip Records(Date Range) | Fault Recording/Reporting on Suspension System(Date Range) |
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**Driver / Scheduler Records Examined**

FATIGUE MANAGEMENT

*[Insert operator name]*

| No. | Driver / Scheduler Name | Driver TLIF Course #Completed  | Scheduler TLIF Course # Completed  | Medical Certificates (Current Yes/No)Date of expiry | Roster / Schedule / Safe Driving Plan(Date Range) | Fit for Duty Statement Completed (Yes/No) | Trip Sheets/ Work Diary Pages (Page Numbers) |
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**CORRECTIVE ACTION REQUEST (CAR)**

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| --- | --- |
| **Operator’s Name (legal entity)** |  |

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| **Non-conformance type** *(please tick)* |
| **Un-conditional** [ ]  | **Conditional** [ ]  | **Transitional** [ ]  |

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| **Non-conformance Information** |
| **Non-conformance agreed close out date**(Transitional CARs may use “before next audit”) |  |
| **Module and Standard** |  |
| **Corrective Action Request (CAR) or (TCAR) Number** |  |
| **Non-conformance and action taken** |
| **Observed Non-conformance:** |
| **Corrective Action taken or to be taken by operator:** |
| **Operator or Representative Signature** |  | **Position** |  |
| **Date** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** |
| **Corrective Action Accepted and Recommended** |
| **Comments:** |
| **Auditor signature** |  | **Date** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** |

NHVAS APPROVED AUDITOR DECLARATION

|  |  |
| --- | --- |
| Print Name | **NHVR or Exemplar Global Auditor Registration Number**  |
|  |  |

|  |  |
| --- | --- |
| Audit was conducted on | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ |
| Unconditional CARs closed out on: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ |
| Conditional CARs to be closed out by: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ |
| Conditional TCARs to be closed out by: |  |

As an NHVAS Approved Auditor currently registered with the National Heavy Vehicle Regulator I hereby certify that I have conducted this audit in accordance with the NHVAS Business Rules and Standards, and

|  |  |
| --- | --- |
| (print accreditation name)  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state **“does”** or **“does not”)** meet all the requirements of the NHVAS Business Rules and Standards for the modules identified in this report.

This management system I have audited when followed will ensure compliance with the relevant NHVAS Business Rules & Standards.

AUDITOR SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** A declaration that a system **“does”** meet all the requirements of the NHVAS Business Rules and Standards refers to the status the operator’s system would considered to be in, afterall CARs issued during the audit would have been closed out.

**OPERATOR DECLARATION**

|  |  |
| --- | --- |
| Print Name | **Position Title** |
|  |  |

I hereby acknowledge and agree with the findings detailed in this NHVAS Audit Summary Report. I have read and understand the conditions applicable to the Scheme, including the NHVAS Business Rules and Standards.

The management system I have in place will ensure compliance with the relevant NHVAS Business Rules & Standards.

I hereby consent to information relating to my Accreditation to be shared with other law enforcement agencies, including a service provider authorised under the Heavy Vehicle National Law.

**OPERATOR SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**