

Incident Date _____
Incident Location _____
Investigated by _____

Forklift and Industrial Truck Incident Investigation Document

Issue 2.3

Issue	Date	Changes
2.0	28/03/2020	Major Revision, reformat and content changes
2.1	30/03/2020	Minor grammar changes ii Guidelines for conducting and Inspection or Investigation 4.1 and 4.2: Added Truck Min/Max Battery Weight, Mast/Pantograph and Variable Capacity rows 7.1: added Dead man switch to 'other functions' Appendix A: Included "Is incident notifiable to Authorities?"
2.2	06/04/2020	4.1.5 Truck 1 Photos – Changed Load Chart(s) to Capacity Plate(s)
2.3	17/07/2020	4.1 and 4.2: Amended 'Required Pressure' to 'Measured tyre Pressures' with Left and Right categories

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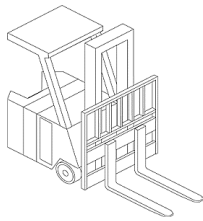


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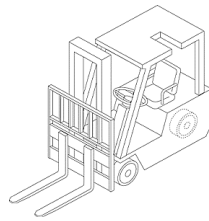
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i. Scope of Document

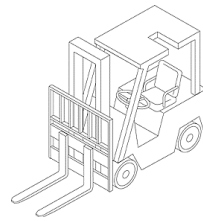
This document provides general guidance for investigating forklift and industrial truck related incidents and templates that you may wish to use when investigating incidents involving the following types of industrial trucks as outlined in AS2359.1: 2019 and ISO5053-1:2015.



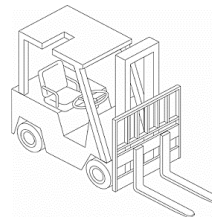
Electric Counterbalanced Rider Type, Stand-Up



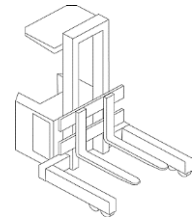
Electric Three Wheel Trucks, Sit-Down



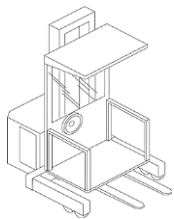
Electric Counterbalanced Rider, Cushion Tyre, Sit-Down



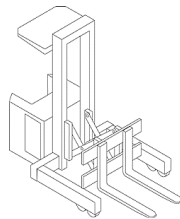
Electric Counterbalanced Rider, Pneumatic or either Type Tyre, Sit Down



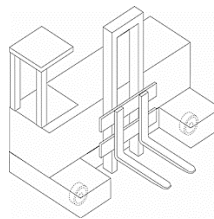
Electric Narrow Aisle High Lift Straddle



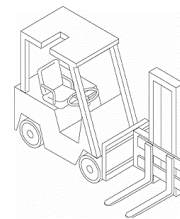
Electric Narrow Aisle Order Picker



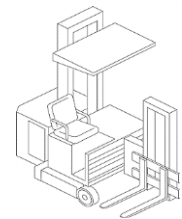
Electric Narrow Aisle Reach Type Outrigger



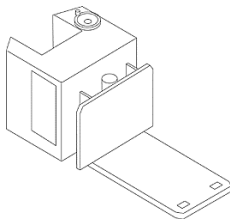
Electric Narrow Aisle Side loaders: Platforms



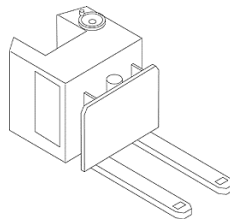
Electric Narrow Aisle Side loaders: High Lift Pallet



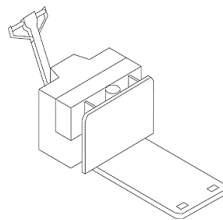
Electric Narrow Aisle Turret Trucks



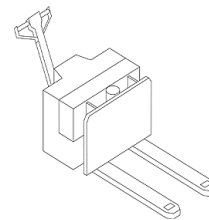
Electric Narrow Aisle Low Lift Platform



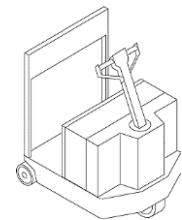
Electric Narrow Aisle Low Lift Pallet



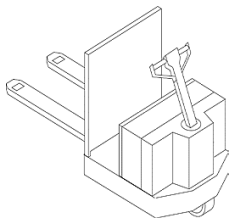
Electric Hand Low Lift Platform



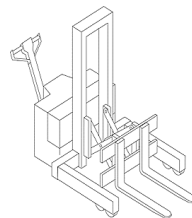
Electric Hand Low Lift Walkie Pallet



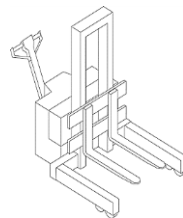
Electric Hand Rider Tow Tractor



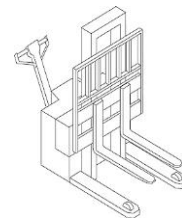
Electric Hand Trucks Low Lift Walkie/Centre Control



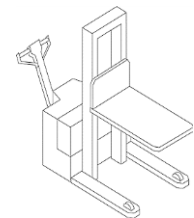
Electric Hand Trucks Reach Type Outrigger



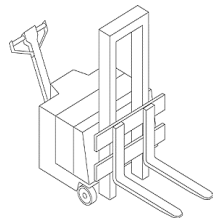
Electric Hand Trucks High Lift Straddle



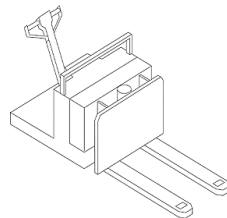
Electric Hand Trucks Single Face Pallet



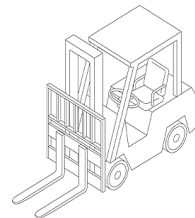
Electric Hand Trucks High Lift Platform



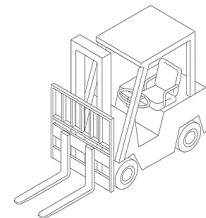
Electric Hand Trucks High Lift Counterbalanced



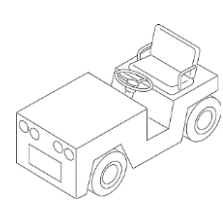
Electric Hand Trucks Low Lift Walkie/Rider Pallet and End Control



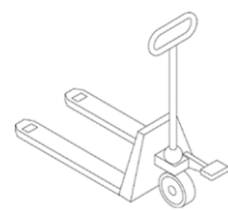
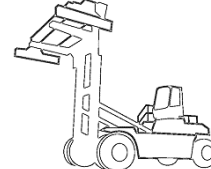
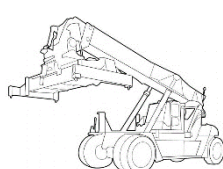
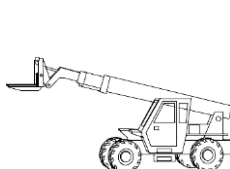
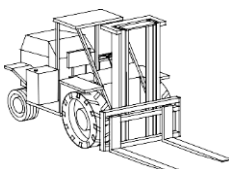
Internal Combustion Engine Fork, Counterbalanced, Cushion Tyre



Internal Combustion Engine Fork, Counterbalanced, Pneumatic Tyre



Electric and Internal Combustion Engine Tractors Sit Down Rider



ii. Guidelines for conducting an inspection or investigation:

Notification to the Authorities

If the incident is a notifiable incident, then the incident must be notified to the police or the relevant regulatory agency (the **Authorities**) as soon as possible.

Security

When there has been an incident, scene preservation is critical to ensuring crucial evidence is not lost, masked or tampered with. Some trucks may provide diagnostic capability, such as “last movement” recording, so do not operate the truck unless absolutely necessary to ensure the safety of the incident site or the safety of the people present at the incident site. If the incident is notifiable to the Authorities, it is a legislative requirement to ensure that the incident site is preserved and is not disturbed until an inspector arrives at the site and directs that it is safe to re-open. Penalties may occur if the scene is not preserved.

Where a truck has been recovered and removed from the incident scene, either to another location at the same site, or to a location away from the site, security of a truck should still be paramount. The truck in whole, or in part, may be used as evidence in any future legal proceedings.

When a truck involved in an incident is being examined/inspected after it has been recovered and removed from the incident scene, security of the truck must be carefully observed and recorded.

Where the incident is notified to an Authority, the incident site can only be re-opened when it is released by the relevant Authority. Where the incident is not notifiable, the scene of the incident should be returned into operation when it is safe to do so and after the relevant data has been collected.

Before conducting an Incident Investigation

- Be aware of other groups also conducting investigations such as the Authorities or the Manufacturer.
- Assist where needed and do not hinder the investigation being conducted by Authorities.

During the Investigation

- Do not enter areas isolated by Authorities without permission.
- Do not try to operate the truck or disturb the incident site until all observations are complete, permission has been granted by the relevant Authority and it is safe to do so.
- Provide fact-based observations only; no opinions, theories or commentary.
- Take as many photos of the scene as possible to assist with further investigation away from site. Use date stamp on image where possible.
- If you decide to interview witnesses or other people relevant to the incident, please ensure that any witness or person you interview is given the opportunity to have a support person present.

After the Investigation

- Do not share sensitive or confidential information without permission.
- Do not provide theories or draw conclusions until all aspects of the incident have been considered.
- Store investigation document(s) and images in a safe place for future reference. Note: the ownership of this document belongs to the writer and/or the person organising the investigation/inspection. Sharing the document is at the discretion of the owner of the document.



SECTION 1: Details of Person Completing Incident Investigation

1.1 Type of Representation

<input type="checkbox"/> Site Safety Representative <input type="checkbox"/> Health and Safety Representative <input type="checkbox"/> Safety Committee <input type="checkbox"/> Mines Department <input type="checkbox"/> Other.....	<input type="checkbox"/> Emergency Service Representative <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Other:
<input type="checkbox"/> Owner of Forklift <input type="checkbox"/> Contractor <input type="checkbox"/> Rental Company <input type="checkbox"/> Private Owner	<input type="checkbox"/> State or Territory Regulator <input type="checkbox"/> SafeWork NSW <input type="checkbox"/> Workplace Health and Safety QLD <input type="checkbox"/> WorkSafe ACT <input type="checkbox"/> WorkSafe NT <input type="checkbox"/> WorkSafe TAS <input type="checkbox"/> WorkSafe VIC <input type="checkbox"/> WorkSafe WA
<input type="checkbox"/> Forklift Manufacturer	
<input type="checkbox"/> Independent Engineer/Investigator	
<input type="checkbox"/> Operator at time of Incident	<input type="checkbox"/> Airport Authority
<input type="checkbox"/> Insurance Investigator	<input type="checkbox"/> Other _____ _____ _____
<input type="checkbox"/> Site user of Forklift (Contractor)	

1.2 Investigator Details

Name			
Organisation			
Address			
Position Title		Phone	
Email		Mobile	
Assisting Persons	1	Name	
		Position Title	
		Phone	
		Email	
	2	Name	
		Position Title	
		Phone	
		Email	



	3	Name		
		Position Title		
		Phone		
		Email		
Investigation Date			Start Time	AM / PM
			Finish Time	AM / PM

SECTION 2: Details of Incident Site				
Site Name				
Site Address				
Site Contact Person		Phone		
Email		Mobile		
Organisation				
Main Contractor				
Incident Date		Time	AM / PM	
Incident Location				
Weather Conditions at time of Incident				
Lighting Condition at time of Incident				
Ground/Supporting Surface Description				
2.1: Sketch of Incident Scene				
Sketch the site, truck and property damage in the area below. Note and mark with arrows where necessary. Attach additional pages if required				



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Additional Pages Attached for Site Layout		YES		NO
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SECTION 3: Details of Person(s) Involved

Fill in the details of the person, or persons involved in the incident. Be sure to note what their involvement was eg. Truck operator, spotter, bystander, etc. Attach additional persons or recount pages if required.

3.1: Injured Person 1

Person 1 Full Name			
Address			
Suburb		Postcode	
Email		Phone	
Organisation			
Usual Role			
Role During Incident	<input type="checkbox"/> Truck Operator – Operating Truck Number (refer Section 4) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other:		
	<input type="checkbox"/> Bystander <input type="checkbox"/> Spotter/Guide <input type="checkbox"/> Other:		
Relevant Training or Qualifications	<input type="checkbox"/> Duty of Care <input type="checkbox"/> HRW Licence: Class_____ HRW No:_____ Expiry_____		
	<input type="checkbox"/> Familiarisation <input type="checkbox"/> VOC <input type="checkbox"/> None <input type="checkbox"/> Other:		
Recount of Incident	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		

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3.2: Injured Person 2

Person 2 Full Name			
Address			
Suburb		Postcode	
Email		Phone	
Organisation			
Usual Role			
Role During Incident	<input type="checkbox"/> Truck Operator – Operating Truck Number (refer Section 4) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other:		
	<input type="checkbox"/> Bystander <input type="checkbox"/> Spotter/Guide <input type="checkbox"/> Other:		
Relevant Training or Qualifications	<input type="checkbox"/> Duty of Care <input type="checkbox"/> HRW Licence: Class_____ HRW No:_____ Expiry_____		
	<input type="checkbox"/> Familiarisation <input type="checkbox"/> VOC <input type="checkbox"/> None <input type="checkbox"/> Other:		
Recount of Incident	<div> <div></div> <div></div> <div></div> <div></div> </div>		



	Additional Pages Attached for Person 1		YES	NO

SECTION 4: Details of Forklift or Industrial Truck									
Fill in the details of the truck or trucks involved in the incident. Attach additional truck details pages if required.									
4.1: Forklift or Industrial Truck 1									
Type of Truck (as per Section i)			AS/ISO Standard complied to						
Make			Variant						
Model			Year Model						
Serial Number			Unit ID						
Mast/boom Height			No. of stages						
Max Lift Capacity	kg		Load Centre	mm					
Drawbar Pull	Newtons		Max Towed Weight	kg					
Type of Tyres			Measured Tyre Pressures	FRONT	LEFT	RIGHT	REAR	LEFT	RIGHT
Motive Power	<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Petrol <input type="checkbox"/> LPG <input type="checkbox"/> CNG <input type="checkbox"/> Other:								
Battery Type	<input type="checkbox"/> Lead Acid <input type="checkbox"/> Gel <input type="checkbox"/> Li-Ion Other:								
Truck Min/Max Battery Weight	MIN	kg	MAX	kg	Actual Battery Weight	kg			
Additional Relevant Truck Details <small>Other approved attachments and capacities, Registration numbers, Tyre pressures, etc</small>									



Modifications If there is any evidence of modifications, detail them here					
4.1.1 Truck 1 Owner Details					
Truck Owner					
Owner Address					
Suburb		Postcode			
Contact Name		Phone			
Email					
4.1.2 Truck 1 Configuration at Time of Incident					
Attachment Fitted		Max. Capacity of Attachment	kg		
Mast Height or Boom Extension	mm	Mast/Pantograph (for reach trucks)	<input type="checkbox"/> Reached	<input type="checkbox"/> Retracted	
Tilt/Boom Angle	Degrees	Variable Capacity Height/Extension/Angle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attachment Capacity at Height/Extension/Angle	kg	Weight of Load (if applicable)	kg		
Has the Truck been subject to any of the following post incident?	<input type="checkbox"/> Started <input type="checkbox"/> Driven <input type="checkbox"/> Mast Raised <input type="checkbox"/> Mast Lowered <input type="checkbox"/> Mast Tilted <input type="checkbox"/> Cabin Opened <input type="checkbox"/> Items Removed <input type="checkbox"/> Lifted by Crane <input type="checkbox"/> Lifted by Forklift <input type="checkbox"/> Removed by Transporter				
Reason for Above	<input type="checkbox"/> Free Operator <input type="checkbox"/> Free other Person <input type="checkbox"/> Stabilise after Incident <input type="checkbox"/> Assist Recovery <input type="checkbox"/> Clear Incident Site <input type="checkbox"/> Other:				
4.1.3 Truck 1 Damage					
Known Pre-Existing Damage on Truck	<div></div> <div></div> <div></div>				

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4.1.4 Truck 1 Damage Caused by Recovery (Section 4.1.2)

Description of Truck Damage Caused during Recovery	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
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4.1.5 Truck 1 Photos

Photos <small>tick each box once photos taken</small>	<input type="checkbox"/> ID/Name Plate	<input type="checkbox"/> Capacity Plate(s)	<input type="checkbox"/> Mod. Plate(s)	<input type="checkbox"/> LPG/CNG Plate	<input type="checkbox"/> Battery ID Plate
	<input type="checkbox"/> Attach. ID Plates	<input type="checkbox"/> Operator Manual	<input type="checkbox"/> Logbook	<input type="checkbox"/> Controls	<input type="checkbox"/> Gauges/Hours
	<input type="checkbox"/> Front	<input type="checkbox"/> Front LH at 45°	<input type="checkbox"/> LH side	<input type="checkbox"/> Rear LH at 45°	<input type="checkbox"/> Rear
	<input type="checkbox"/> Rear RH at 45°	<input type="checkbox"/> RH side	<input type="checkbox"/> Front RH at 45°	<input type="checkbox"/> Roof/Top (if possible)	<input type="checkbox"/> Undercarriage (if possible)
	<input type="checkbox"/> Mast/Boom	<input type="checkbox"/> Carriage	<input type="checkbox"/> Load Guard	<input type="checkbox"/> Attachment	<input type="checkbox"/> Wheels/Tyres
	<input type="checkbox"/> Seat/Seat belt	<input type="checkbox"/> Tow Hitch	<input type="checkbox"/> Modifications	<input type="checkbox"/> Damaged Items	<input type="checkbox"/> Impact Marks
Other Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2: Forklift or Industrial Truck 2

Type of Truck <small>(as per Section i)</small>		AS/ISO Standard complied to						
Make		Variant						
Model		Year Model						
Serial Number		Unit ID						
Mast/boom Height		No. of stages						
Max Lift Capacity	kg	Load Centre	mm					
Drawbar Pull	Newtons	Max Towed Weight	kg					
Type of Tyres		Measured Tyre Pressures	FRONT	LEFT	RIGHT	REAR	LEFT	RIGHT
Motive Power	<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Petrol <input type="checkbox"/> LPG <input type="checkbox"/> CNG <input type="checkbox"/> Other:							
Battery	<input type="checkbox"/> Lead Acid <input type="checkbox"/> Gel <input type="checkbox"/> Li-Ion Other:							
Truck Min/Max Battery Weight	MIN	kg	MAX	kg	Actual Battery Weight	kg		
Additional Relevant Truck Details <small>Other approved attachments and capacities, Registration numbers, Tyre pressures, etc</small>								



Modifications If there is any evidence of modifications, detail them here			
4.2.1 Truck 2 Owner Details			
Truck Owner			
Owner Address			
Suburb		Postcode	
Contact Name		Phone	
Email			
4.2.2 Truck 2 Configuration at Time of Incident			
Attachment Fitted		Max. Capacity of Attachment	kg
Mast Height or Boom Extension	mm	Mast/Pantograph (for reach trucks)	<input type="checkbox"/> Reached <input type="checkbox"/> Retracted
Tilt/Boom Angle	Degrees	Variable Capacity Height/Extension/Angle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment Capacity at Height/Extension/Angle	kg	Weight of Load (if applicable)	kg
Has the Truck been subject to any of the following post incident?	<input type="checkbox"/> Started <input type="checkbox"/> Driven <input type="checkbox"/> Mast Raised <input type="checkbox"/> Mast Lowered <input type="checkbox"/> Mast Tilted <input type="checkbox"/> Cabin Opened <input type="checkbox"/> Items Removed <input type="checkbox"/> Lifted by Crane <input type="checkbox"/> Lifted by Forklift <input type="checkbox"/> Removed by Transporter		
Reason for Above	<input type="checkbox"/> Free Operator <input type="checkbox"/> Free other Person <input type="checkbox"/> Stabilise after Incident <input type="checkbox"/> Assist Recovery <input type="checkbox"/> Clear Incident Site <input type="checkbox"/> Other:		
4.2.3 Truck 2 Damage			
Known Pre-Existing Damage on Truck	<hr/> <hr/> <hr/> <hr/>		

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4.2.4 Truck 2 Damage Caused by Recovery (Section 4.2.2)

Description of Truck Damage Caused during Recovery	

4.2.5 Truck 2 Photos

Photos <small>tick each box once photos taken</small>	<input type="checkbox"/> ID/Name Plate	<input type="checkbox"/> Capacity Plate(s)	<input type="checkbox"/> Mod. Plate(s)	<input type="checkbox"/> LPG/CNG Plate	<input type="checkbox"/> Battery ID Plate
	<input type="checkbox"/> Attach. ID Plates	<input type="checkbox"/> Operator Manual	<input type="checkbox"/> Logbook	<input type="checkbox"/> Controls	<input type="checkbox"/> Gauges/Hours
	<input type="checkbox"/> Front	<input type="checkbox"/> Front LH at 45°	<input type="checkbox"/> LH side	<input type="checkbox"/> Rear LH at 45°	<input type="checkbox"/> Rear
	<input type="checkbox"/> Rear RH at 45°	<input type="checkbox"/> RH side	<input type="checkbox"/> Front RH at 45°	<input type="checkbox"/> Roof/Top (if possible)	<input type="checkbox"/> Undercarriage (if possible)
	<input type="checkbox"/> Mast/Boom	<input type="checkbox"/> Carriage	<input type="checkbox"/> Load Guard	<input type="checkbox"/> Attachment	<input type="checkbox"/> Wheels/Tyres
	<input type="checkbox"/> Seat/Seat belt	<input type="checkbox"/> Tow Hitch	<input type="checkbox"/> Modifications	<input type="checkbox"/> Damaged Items	<input type="checkbox"/> Impact Marks
Other Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: Details of Property Damage

Provide details of property damaged caused as a result of the incident. Where possible, list and property damage that may have been present prior to the incident, or damage that may have contributed to the incident occurring. Include description of other equipment that was damaged during the incident. Attach additional pages if required.

5.1: Property Damage Observed

Site Name					
Address					
Suburb		State		Postcode	
Location on Site					
Additional Site Notes					
Pre-Existing Property Damage in the Vicinity of the Incident	<div></div> <div></div> <div></div> <div></div> <div></div>				



Observed Property Damage					
	Additional Pages Attached for Property Damage				YES
Photos <small>tick each box once photos taken</small>	<input type="checkbox"/> Ground Surface	<input type="checkbox"/> Ground Gradient	<input type="checkbox"/> Other Equipment	<input type="checkbox"/> Walkways	<input type="checkbox"/> Blind corners
	<input type="checkbox"/> Surrounding Buildings	<input type="checkbox"/> Overhead Structures	<input type="checkbox"/> Underground Services	<input type="checkbox"/> Obstructions	<input type="checkbox"/> Signage
Other Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: Details of Transport to Site

This section covers transport damage and unattended trucks that could be interfered with before entering site. Provide details of the transport company and driver. Attach additional pages if required.

6.1: Transport Company

Company Name					
Address					
Suburb		State		Postcode	
Driver Name					
Time with Company (months/years)					
Date of Delivery		Time	AM / PM		
Method of Transport <small>Tilt tray, low loader, transport trailer etc</small>					
Where was the truck left when delivered to site?					
Was the truck signed for at the site, or left unattended outside the site?					



Were the Ignition keys left in the truck when unattended?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comment:		
Copy of transport document collected and secured?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comment:		
Additional Comments from Transporter				
	Additional Pages Attached for Transport		<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 7: Further Investigation	
This section covers items which require further inspection or examination after the initial inspection is completed. Attach additional pages if required.	
7.1: Items Requiring Further Investigation or Examination	
Who completes the routine services/inspections?	Who completes hose repairs?
Who completes the annual service/inspections?	Has the hydraulic oil been replaced recently?
Who completes emergency repairs?	What specification hydraulic oil was used?
Who completes daily inspections?	Have there been any recent major repairs?
Who completes DC and AC electrical repairs?	Are there signs of electrical heat/melted wires, corrosion or fire?
Has the battery been replaced recently?	Are the correct specification batteries (including weight) installed?
Is the truck fitted with an oscillating axle?	Are there any powered outriggers installed?



Is the axle fitted with an axle lock or lateral stability control?	Were the powered outriggers deployed at the time of the incident?
Is the axle lock/stability control functioning correctly?	Are the powered outriggers interlocked to prevent retraction when the boom/mast is elevated?
Are the fork thicknesses within wear limits?	Does the boom/mast segments show any signs of stress or fatigue?
Are the tyres within wear limits?	Is there excess play in bearings / bushes / hubs / hinges?
Do the function controllers return to neutral?	Is the weight gauge/load indicator accurate (if fitted)
Is the horn functional?	Is the reverse beeper functional?
Are the work lights/blue lights functional?	Are the signal/park/brake/reverse lights functional?
Other functions (where applicable)	
Is the sequential seat belt interlock functional?	Is the mast height speed reduction system functional?
Is the seat switch functional?	Is the dead man switch functional?
Trucks with Elevating Platforms	
Are the fall arrest anchor points identified?	Was a fall arrest harness used in the platform?
Were the fall arrest harness's connected to the manufacturers designated anchor point?	Are the gate switches functioning?
Is the emergency lowering system accessible?	Is the emergency lowering system and functional?
Other Items	

APPENDIX A: Investigation Process and Completion Flow Chart

