Loading Dock Equipment Restraint Safety Audit Checklist

1.0 Form Objective & Scope

This checklist ensures compliance with Transport Canada's Motor Vehicle Transport Act and Occupational Health and Safety regulations regarding loading dock equipment restraints. It is designed to verify that all dock restraint systems (e.g., vehicle restraints, wheel chocks, dock levelers) are properly installed, maintained, and operated to prevent accidents during loading/unloading operations.

Scope includes daily pre-operation inspections, monthly comprehensive audits, and corrective action tracking for any identified deficiencies.

2.0 Administrative Details

Date of Audit: _____

Auditor Name / ID: _____

Facility / Dock Location: _____

Dock Door Number(s) Inspected: _____

Equipment Manufacturer / Model (if applicable): _____

3.0 Audit / Evaluation Matrix

☐ Pass ☐ Fail - Vehicle restraint hook engages trailer ICC bar securely and audibly confirms engagement.

☐ Pass ☐ Fail - Wheel chocks are present, undamaged, and properly sized for trailer tires.

☐ Pass ☐ Fail - Dock leveler lip extends fully and rests securely on trailer bed without gaps.

☐ Pass ☐ Fail - Red/green communication light system (or equivalent) is functional and clearly visible to driver and dock worker.

☐ Pass ☐ Fail - Emergency stop button or shut-off is accessible and tested for immediate response.

☐ Pass ☐ Fail - Restraint system has no visible corrosion, cracks, or deformation on structural components.

☐ Pass ☐ Fail - Hydraulic or pneumatic lines (if applicable) show no leaks, kinks, or wear.

☐ Pass ☐ Fail - Dock bumpers are intact and provide adequate cushioning between dock and trailer.

☐ Pass ☐ Fail - Operator manual and safety decals are present and legible on or near the equipment.

☐ Pass ☐ Fail - Last maintenance/service date is recorded and within recommended interval (per manufacturer or facility policy).

4.0 Discrepancy & Action Plan

Identified Defect / Non-Compliance: _____

Dock Door Number(s) Affected: _____

Required Corrective Action: _____

Assigned To (Name/Department): _____

Target Completion Date: _____

Status (Open / In Progress / Closed): _____

5.0 Sign-off & Authorization

Auditor Signature: _____ Date: _____

Facility Manager / Supervisor Signature: _____ Date: _____

Date of Sign-off: _____ Date: _____