

OVER DIMENSION LOAD DAILY CHECKLIST

DRIVER _____ ESCORT _____

LOAD NO. _____ DATE _____

PRE-TRIP

- TRUCK
 - ___ PTI
 - ___ LOGBOOK CURRENT
 - ___ ALL REQUIRED PLACARDS, SIGNS, LIGHTS IN PLACE
 - ___ LOAD PROPERLY SECURED

- PERMITS
 - ___ PERMITS IN HAND FOR ALL STATES FOR THE DAY
 - ___ REVIEW ROUTES AND RESTRICTIONS
 - ___ PROVISION SHEETS IN HAND
 - ___ REVIEW RESTRICTIONS
 - ___ ROUTE SURVEY IN HAND
 - ___ REVIEW ROUTE SURVEY
 - ___ IF BEING ESCORTED, DOES ESCORT HAVE PERMITS, ROUTE SURVEY AND PROV. SHEETS?
 - ___ REVIEW ROUTE AND RESTRICTIONS WITH ESCORT
 - REVIEW SAFE STOP LOCATIONS, AND CONDITIONS UNDER WHICH TO STOP

- HIGH POLE CARS
 - ___ MEASURE LOAD
 - ___ ESCORT MEASURE LOAD INDEPENDENTLY
 - ___ MEASURE HI POLE
 - ___ DOES POLE LOOK TO BE OF GOOD QUALITY AND CONDITION
 - ___ ESTABLISH PROPER FOLLOWING DISTANCE, NO LESS THAN ¼ MI.
 - ___ ESTABLISH COMMUNICATION PROCEDURE
 - IF COMMUNICATIONS FAIL, STOP IMMEDIATELY!
 - ___ DISCUSS SPEED OF TRAVEL AND AREAS OF REDUCED SPEED
 - ___ DISCUSS COURSE OF ACTION IF POLE HITS ANY OBJECT
 - ___ SUBMIT THIS REQUIRED CHECKLIST TO DISPATCH BEFORE PROCEEDING

DRIVER SIGNATURE _____ DATE _____

ESCORT SIGNATURE _____ DATE _____

FAX TO _____ OR EMAIL TO _____

PAGE 2 ENROUTE

- AT ALL STOPS
 - ___ RE-MEASURE LOAD HEIGHT AND POLE HEIGHT IF POLE CAR PRESENT.
 - ___ ESCORT RE-MEASURE LOAD AND POLE HEIGHT

- AFTER ALL LOAD HEIGHT ADJUSTMENTS
 - ___ RE-MEASURE LOAD HEIGHT
 - ___ ESCORT RE-MEASURE LOAD HEIGHT
 - ___ REPORT DETAILS OF STOP TO DISPATCH **BEFORE** PROCEEDING!

HEIGHT CHECKS

1. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____
2. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____
3. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____
4. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____
5. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____
6. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____
7. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____
8. TIME _____ LOCATION _____
PURPOSE _____
DRIVER INITIALS _____ ESCORT INITIALS _____

- ___ SUBMIT THIS CHECK LIST TO DISPATCH AT THE END OF THE DAY.

FAX TO _____ OR EMAIL TO _____