OVER HEIGHT LOAD DAILY CHECKLIST

DRIVER ________________________ ESCORT ________________________

LOAD NO. ______________ DATE ______________

PRE-TRIP
• TRUCK
  o ___ PRE TRIP INSPECTION
  o ___ LOGBOOK CURRENT
  o ___ ALL REQUIRED PLACARDS, SIGNS, LIGHTS IN PLACE
  o ___ LOAD PROPERLY SECURED
  o ___ USE OF SKIDDING DEVICES WHEN APPROPRIATE. REMEMBER, YOU ARE RESPONSIBLE FOR THE FIRST $10,000 OF ANY OVERHEAD STRIKE DAMAGE TO CARGO OR PROPERTY!

• PERMITS
  o ___ PERMITS IN HAND FOR ALL STATES FOR THE DAY
  o ___ REVIEW ROUTES AND RESTRICTIONS
  o ___ PROVISION SHEETS IN HAND
  o ___ REVIEW RESTRICTIONS
  o ___ ROUTE SURVEY IN HAND
  o ___ REVIEW ROUTE SURVEY
  o ___ ESCORT HAS A COPY OF ALL PERMITS, ROUTE SURVEY, AND PROV. SHEETS
  ▪ ___ REVIEW ROUTE AND RESTRICTIONS WITH ESCORT
  o REVIEW SAFE STOP LOCATIONS, AND CONDITIONS UNDER WHICH TO STOP

• HIGH POLE CARS
  o ___ MEASURE LOAD- BOTH PARTIES MUST MEASURE THE LOAD!
  o ___ MEASURE HI POLE- BOTH PARTIES MUST MEASURE THE HI POLE!
  o ___ POLE HAS BEEN SET 6 INCHES HIGHER THAN LOAD.
  o ___ POLE IS OF GOOD QUALITY AND CONDITION

• COMMUNICATIONS
  o ___ ESTABLISH PROPER FOLLOWING DISTANCE, NO LESS THAN ¼ MILE AND GENERALLY ½ MILE ON HIGHWAYS
  o ___ ESTABLISH COMMUNICATION PROCEDURE
  ▪ IF COMMUNICATIONS FAIL, STOP IMMEDIATELY!
  o ___ DISCUSS SPEED OF TRAVEL AND AREAS OF REDUCED SPEED
  o ___ DISCUSS COURSE OF ACTION IF POLE HITS ANY OBJECT- BOTH VEHICLES MUST STOP IMMEDIATELY IF THE POLE HITS ANY OVERHEAD OBJECT!
ENROUTE

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

- AFTER ALL LOAD HEIGHT ADJUSTMENTS
  - ___ CARRIER DRIVER RE-MEASURE LOAD HEIGHT
  - ___ ESCORT RE-MEASURE LOAD HEIGHT

HEIGHT CHECKS - THE FIRST HEIGHT CHECK IS TO BE MADE WITHIN TWO HOURS OF THE COMMENCEMENT OF TRAVEL EACH DAY.

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 ______

DRIVER AND ESCORT SIGN BELOW TO CERTIFY THAT ALL ABOVE PROCEDURES WERE COMPLETED

Driver Signature ___________________________ Date ________________

Escort Driver Signature ___________________________ Date ________________

THIS COMPLETED FORM MUST BE SUBMITTED WITH YOUR LOAD PAPERWORK