

OVER HEIGHT LOAD DAILY CHECKLIST

DRIVER _____ ESCORT _____

LOAD NO. _____ DATE _____

PRE-TRIP

- TRUCK
 - ___ PRE TRIP INSPECTION
 - ___ LOGBOOK CURRENT
 - ___ ALL REQUIRED PLACARDS, SIGNS, LIGHTS IN PLACE
 - ___ LOAD PROPERLY SECURED
 - ___ 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
 - ___ 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
 - ___ ESCORT HAS A COPY OF ALL 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- **BOTH PARTIES MUST MEASURE THE LOAD!**
 - ___ MEASURE HI POLE- **BOTH PARTIES MUST MEASURE THE HI POLE!**
 - ___ POLE HAS BEEN SET 6 INCHES HIGHER THAN LOAD.
 - ___ POLE IS OF GOOD QUALITY AND CONDITION

- COMMUNICATIONS
 - ___ ESTABLISH PROPER FOLLOWING DISTANCE, NO LESS THAN ¼ MILE AND GENERALLY ½ MILE ON HIGHWAYS
 - ___ 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- **BOTH VEHICLES MUST STOP IMMEDIATELY IF THE POLE HITS ANY OVERHEAD OBJECT!**

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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