

Post Trip Evaluation and Checklist

End of Trip Date: _____ Time: _____ AM/PM

Information about Trip/Project:

Transporting Company name _____
Address: _____
City, State, Zip: _____, _____, _____
Telephone Number: (____) _____-_____
Person that retained your Pilot/Escort Services: _____
Driver's name: _____
Describe contents of load: _____

Delivered to (address/location): _____

Permits and Numbers: State/City/County: _____ Permit No: _____
 State/City/County: _____ Permit No: _____
 State/City/County: _____ Permit No: _____
 State/City/County: _____ Permit No: _____

Pilot/Escort Vehicle:

Retract, remove or cover "Oversize Load" sign(s):-----	Yes	No
Turn off, remove or cover "Amber Lights": -----	Yes	No
Remove "Height Pole": -----	Yes	No
Remove "Flags": -----	Yes	No
Remove, cover "Door Signs":-----	Yes	No

Pilot/Escort Driver:

Store Safety Vest for easy access in future: -----	Yes	No
Store Hard Hat for easy access in future: -----	Yes	No
Place Handheld Radio in place to be recharged: -----	Yes	No
Remove "Flags": -----	Yes	No
Remove, cover "Door Signs": -----	Yes	No

Did the "Pre-Trip Meeting" address the following items properly?

Was someone designated as being "In Charge" or the load movement? ----- Yes No

Were all of the risks and problem areas along the route identified? ----- Yes No
If no, explain: _____

Did all of the Team members have the proper communication equipment installed and was the communication devices verified to be working properly prior to load movement? ----- Yes No
If not, explain: _____

Were all of the Team members effective in performing their duties as outlined in the Pre-Trip Coordination meeting and did all of the Team members have sufficient time to perform these duties to the best of their abilities during the load movement? ----- Yes No
If not, explain: _____

Problem area assessment:

When problems with the movement developed, did the Team assess the situations and develop a plan that assured that the safety of the public, the oversize load and the Team members and to make sure that no one was put at risk? ----- Yes No
If not, explain: _____

The decisions that were made regarding these unforeseen items, were the decisions that were made the correct ones? ----- Yes No
If not, explain: _____

Could any of the problems been avoided through better planning? ----- Yes No
If yes, explain: _____

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Load Movement, Team Members Coordination:

In a review of the entire load movement, what could be done better to assure the safety of the public, safety of the Team members and safe movement of the load?

Explain:

Route Survey:

If a Route Survey was required, please complete the following:

How completed the Route Survey? (i.e. Trucking Company, Pilot/Escort Driver/Company)

Explain:

Did the Route Survey provide the correct route for the load?

Explain:

Did the Route Survey identify all of the risks and provide detailed information on how to address them? (i.e. railroad contacts, difficult turning situation, potential high-centering, utility companies identified, etc.)?

Explain:

Were all of the permitting agencies identified correctly and were proper permits acquired for the load movement?

Explain:

How could the Route Survey be improved?

Explain:

Summary, Report and Distribution:

If changes could be made to make the movement of the load safer for the public, team members and others associated with this load, what suggestions would you make?

Explain:

Distribution of this report is being provided to the following entities/agencies so as to aid in improving load movement, safety of the public and the team members:

Entity Name: _____
Entity Name: _____
Entity Name: _____
Entity Name: _____
Entity Name: _____

This Report was completed by: _____

Representing: _____

Contact Information: _____
