

Date:		ESCORT PRE-TRIP CHECKLIST			#:	
ESCORT DRIVERS	Name		Phone		Certification Number	
Escort Company Name		Address		City, Province/State		
Carrier Company Name		Move Starting Location		Move Ending Location		
Truck Driver Name		Truck Driver Phone #		Radio Chanel		
Permit #(s) and Jurisdiction		Load Width	Load Length		Load Height	
1.	Do pilots have a copy of the permit(s)?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2.	Was load measured by pilot operator(s)?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3.	Was route discussed with all pilots and truck driver?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
4.	Have break locations been determined?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
5.	Does everyone have a working radio and is on the proper channel?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6.	Are all required signs up, visible and clear?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
7.	Are all required lights working?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8.	Do all pilot cars have the required equipment?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
9.	Is a height pole required, and if so, is it 6" above the height of load?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
10.	Are any enforcement escorts required?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
11.	Are utilities required to be moved?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
12.	Does everyone have each others cell phone # in case of an emergency?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
13.	Have all critical areas along the route been identified and discussed?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
14.	Was a route survey performed? Does everyone have a copy?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
15.	Is the route complicated and/or are directions difficult?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
16.	Does everyone understand the regulations and the permit?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
17.	Use of electronic communication discussed?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
18.	Was a Job Hazard Assessment conducted?				Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Name (Print)		Signature			Date & Time	
Remarks / Comments:						
Original: Pilot Company / Driver Canary: Transport Driver Pink: File / Other						