

Checklist - FTL Driver(s)

Origin Facility/Location _____ Destination Facility/Location _____

TRAILER NUMBER _____ TRACTOR Number _____

Bill of Lading Number(s) _____, _____, _____,

Bill of Lading Number(s) _____, _____, _____,

Bill of Lading Number(s) _____, _____, _____

If more than nine (9) bills and list numbers on reverse.

Outbound Trailer Seal # _____ Origin Verification by: _____ Printed Name: _____

Inbound Trailer Seal # _____ Inbound Verification by: _____ Printed Name: _____

General

- Driver(s) has confirmed that all equipment, including communication and GPS equipment, is in good working order.
- Driver(s) has fueled before pickup.
- Driver(s) has/will not discuss details of the load with anyone and will not carry unauthorized passengers

In-transit

- Driver(s) will not stop before traveling 200 miles from origin, unless at final destination.
- Driver(s) will not take the load home or make unauthorized stops of any kind
- Driver(s) will not leave the truck unattended. One member of team MUST remain with the vehicle at ALL TIMES.
- Driver(s) will back trailer against a wall or pole to prevent doors from being opened, if a stop is necessary.
- Driver(s) will contact their dispatch if they suspect they are being followed.
- Driver(s) will communicate the status of their trip to their dispatch every 2 hours unless otherwise communicated automatically.

Loading/Unloading

- Driver(s) did witness the trailer/container door sealing and/or did verify the seal number
- Driver(s) did confirm the loaded trailer/container number on the Bill of Lading (BOL).
- Driver(s) and the shipping department did sign the BOL.
- Driver(s) acknowledges receipt of the load.
- Driver(s) will ensure the receiving representative at destination compares the cargo door seal number(s) and signs the documentation and BOL

Driver(s) Agree to Comply with All of the Above:

Driver #1:	Driver #2	Origin Shipping Representative
Name: _____	Name: _____	Name: _____
Company: _____	Company: _____	Facility/Location _____
DL# _____ State _____	DL# _____ State _____	Date: _____