

Owner Operator Checklist: 1 Truck

1. Equipment Details:

Make: _____ Model: _____ Truck Rego: _____ Annual Kms: _____

2. Ratio of prime contract work to subcontract work:

List major clients including other transport companies

Prime Contract: _____ %

Subcontract: _____ %

3. How often are casual drivers used? _____

4. Do you own any other Commercial Motor Vehicles? If so please list _____
(If insufficient space, please attach list)

5. Type of freight carried: (i.e. steel, timber, produce etc) "General Freight" is not an acceptable description

6. What percentage of your freight is: a) Next day delivery? _____ %
b) Time sensitive? _____ %
c) Overnight Express freight? _____ %

7. If you are a Tow Haulier:

7.1 Who is your Principal Carrier: _____

7.2 Who owns the trailer(s): _____

8. Ratio of own maintenance to outsourced maintenance:

Own: % _____

Outsourced: % _____

9. What is your normal daily sleep pattern? (i.e. 2pm-7pm, 8pm-3am etc) _____

10. What is your normal weekly work pattern? i.e Syd / Bris 3 times per week. 6pm ETD & 8am ETA.
Leave Sunday and home Saturday

11. Do you regularly drive between the hours of 11pm and 7am? _____

12. How often do you have a medical? _____

13. If tired, does your regular schedule allow you to pull over and sleep during a trip when you feel like it? _____

14. Does your business have any form of accreditation (i.e. TruckSafe, TFMS, Dangerous Goods)

Signed: _____ Print Name: _____ Date: _____