TEAM TRANSPORT & LOGISTICS SAFE DRIVING PLAN

Map attached Tick if yes	From:	To:		X Return; or
Freight Company	Team Transport & Logistics	TEAM Operations	Office Phone No	1300 138 326
Home Base Address	34 Iris Place, Acacia Ridge	Team Journey Manager: Heath Skinner Ph 0438 438 309	Team Breakdown: (Rodney) 0438 438 971	

DRIVER AND PASSENGER (IF APPLICABLE) DETAILS			
Name/s	Position/Workgroup	Driver's Licence	Contact No./MOB

Emergency communication details: *(communication device/number etc)*

Vehicle & Trailer Details (if applicable):		PM Reg. # :		Trailer 1 # :	
Rigid		Trailer 2 # :		Trailer 3 # :	
		Trailer 4 # :		Trailer 5 # :	

RESPONSIBLE LINE SUPERVISOR		
Name	Position/Workgroup	Contact No./MOB

Driver Declaration:					
Time	Activity		Driver Responses		
	Driver has been inducted and trained in Team Transport's OH&S Policy	YES	√	NO	
	Driver has been inducted and trained in Team Transport's Drug & Alcohol Policy	YES	√	NO	
	Driver has been issued with Team Transport's Employee Policy Hand Book	YES	√	NO	
	Driver has been inducted and trained in BFM	YES	√	NO	
	Driver has all appropriate permits and/or Performance Guidelines	YES	√	NO	
	Are you in a fit condition to drive today ?	YES		NO	
	Are you under the influence of drugs or alcohol today ?	YES		NO	
	Are you operating under a current valid driver's license for the vehilce you are driving today ?	YES		NO	
	Are there any fines/suspensions/D.U.I.'s against your license today ?	YES		NO	
	Have you completed a prestart check today ?	YES		NO	

FORWARD & RETURN TRAVEL PLAN						
Time	Est Travel Time	Activity				
Day 1						
04:30		*Conduct pre-trip inspection*				
04:30		*From*		*To*		
04:30		*From*		*To*		
04:30		*From*		*To*		
04:30		*From*		*To*		
04:30		*From*		*To*		
04:30		*From*		*To*		
04:30		*From*		*To*		
04:30		*From*		*To*		

Day 2					
6:00		*Conduct pre-trip inspection*			
6:00		*From*		*To*	
6:00		*From*		*To*	
6:00		*From*		*To*	
6:00		*From*		*To*	
6:00		*From*		*To*	
6:00		*From*		*To*	
6:00		*From*		*To*	
6:00		*From*		*To*	
6:00		*From*		*To*	

Journey details						
Destination	**Office/Location**					**Contact No.**
	Overnight Stay @	***Yes***		***No***		

Trip Completion					
Driver's Details		*Print Name*		*Signature*	
Date		*Time Signed Off at Completion of Trip*			