

# 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: \_\_\_\_\_