



Contractor Delivery Truck Authorization Checklist

Delivery Date: _____ Time: ____ AM / PM Project Delivery Zone: _____
 Contractor: _____ Competent Person: _____
 Vendor Name: _____ Vendor USDOT No. _____

Truck Information:

- Annual Inspection Current
- Operator License
- Medical Certificate
- Parking Brake is Set
- Truck Tires Must Be: Off Ground
 On Ground

Loader Information:

- Copy of Annual Inspection
- Copy of State Hoisting License
- Copy of OSHA Forklift Training Certification
- Loader has $\geq 360^\circ$ Rotation Capacity, if not Explain

Delivery Method:

- Outriggers are Fully Extended
- Outrigger Jacks are Fully Deployed
- Outrigger Jacks Pads are Cribbed (3x Pad Area)
- Forklift
- Articulating Boom
- Trolley Boom
- Hand Cart

Inspect Delivery Zone:

- Within 1% of Level
- Stable Ground
- No Overhead Utility Hazards (+10' away)
- No Underground Utility / Structure Hazards
- Swing Area Barricaded
- Alternate Route Provided

Describe Load:

Item No. 1 _____ Weight _____ lbs
 Item No. 2 _____ Weight _____ lbs
 Item No. 3 _____ Weight _____ lbs

For Delivery Equipment with Booms:

- Reach Required _____ feet
- Elevation Required _____ feet
- The Reach and Elevation Required for Described Items is within the Capacity of Equipment

Operator Certification: I _____ certify that I am qualified to inspect and operate this loading equipment and that a pre-shift inspection was conducted today and is safe for use. I have inspected the delivery area, equipment setup, load, equipment capacity and have established that the delivery is safe to proceed.

Operators Signature

Date

