



ROUTE SURVEY TRIP SHEET

DATE:

Company Name:

SURVEYOR :

Phone # :

Survey Being Done For:

Load Description:

Over All Dimensions: Width: FT IN **Height:** FT IN
Length: FT IN

<u>Pick-up Address:</u>	<u>Destination Address:</u>
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ROUTE:

DATE	START MILEAGE	ENDING MILEAGE	TOTAL MILES	OVER NIGHT
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL MILES:

TOTAL OVER NIGHTS:

Dead Head Miles To:

TOLLS:

Dead Head Miles From:

X
(SURVEYOR DRIVER'S SIGNITURE)

DATE:

Surveyor is responsible for all information contained on this form and that all routes are clear for travel and any and all obstructions are documented. **AS ALWAYS SAFETY FIRST!**