



Digi Clip | mobile forms

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SAFE DRIVING PLAN - MULTIPLE ROUTE

Driver's Details

Driver's Name: **Michael Harvey**

Phone Number: **0409089041**

License Class: **MC Multi Combination**

License Expiry: .

This plan is provided as a guide to manage personal fatigue. Rest periods must be taken to comply with national driving regulations. If a significant change from the plan is necessary and/or there is a possibility that driving hours will be breached, then the driver must contact their Supervisor for instruction.

Vehicle and Equipment Details

Prime Mover #: .

Registration #: .

A Trailer #: .

A Trailer Registration #: .

B Trailer #:

B Trailer Registration #:

Trip Details

Estimated journey time MUST take into account loading and unloading scheduling and queuing times.

Planned Trip: **Melbourne to Sydney**

Planned work: 12 hours

Planned rest: 3 hours

Planned total trip time: 15 hours

Other (if applicable)

Delivery Destination (Name and address): .

I am aware of and I will travel the most direct gazetted rout between the pickup location and the delivery destination (select yes or no):

Yes

Actual Trip

Standard hours – no more than 12 hours of work & minimum 1 hour rest.

BFM – no more than 14 hours & minimum 1 hour rest.

Work Start Time: **08:50**

Work Start Date: **21-Dec-2018**

Journey Start Time: **08:50**

Journey Start Date: **21-Dec-2018**

Work Finish Time: **08:50**

Work Finish Date: **21-Dec-2018**

Journey Finish Time: **08:50**

Journey Finish Date: **21-Dec-2018**

Time Worked (hours and minutes): .

Rest Time (hours & minutes): .

Trip Total (hours & minutes): .

Drivers Declaration

1. My heavy vehicle driver's license is current and is compliant with the class of vehicle being driven.

2. I am aware of suitable rest facilities and amenities (if applicable) on this route.

3. I have had the legally required rest periods before commencing this trip and I have the required work hours available and I am able comply with this safe journey plan.

4. I have had the legally required rest periods before commencing this trip and I have the required work hours available and I am able comply with this safe journey plan.

5. If a defect with my vehicle was found I have reported and rectified the problem prior to departing.

6. I am free from the affects of alcohol and/or drugs (prescribed or otherwise) that would impair my abilities to work/drive and I am fit to perform this trip as per this plan in a safe manner.

7. I am aware and am complying with the maximum legal weight on all individual axles and permitted dimensions for this vehicle.

8. I have restrained this load in accordance with the applicable standards and NTC Load Restraint Guide.

I answer 'Yes' to the questions in the above declaration: **Yes**

Drivers Signature:

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Driver's Name: **Michael Harvey**

Supervisors Signature:

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