

# ROUTE OBSERVATION RESULT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Route #: \_\_\_\_\_ ( ) Truck #: \_\_\_\_\_

Date: \_\_\_\_\_ Driver Type: ProFlush Trailer Service Tech Road Conditions: Dry Wet Snowy Icy

| Must Pass   | Yes | No | Not Observed | Comments |
|---|-----|----|--------------|----------|
| Valid license in possession?                                |     |    |              |          |
| Medical card in possession?                                 |     |    |              |          |
| Full pre-trip complete? (📷 must take picture of pre-trip)   |     |    |              |          |
| Safe Driving  | Yes | No | Not Observed | Comments |
| Drives at appropriate speed for conditions                  |     |    |              |          |
| Allows 5-7 seconds following distance                       |     |    |              |          |
| Does not operate phone while driving                        |     |    |              |          |
| Wears seatbelt at all times while vehicle in motion         |     |    |              |          |
| Adjusts/cleans/checks mirrors (look & lean for blindspots)  |     |    |              |          |
| Avoids backing/backs cautiously/gets out to look            |     |    |              |          |
| Uses turn signals in advance of turn/lane change            |     |    |              |          |
| Complete stop at signs & right turns on red                 |     |    |              |          |
| Stops and starts with caution                               |     |    |              |          |
| Turns to & from correct lanes & yields right of ways        |     |    |              |          |
| Truck and trailer lights all properly functioning           |     |    |              |          |
| Applies 4 way flashers & beacon when at work stop           |     |    |              |          |
| Personal Safety   | Yes | No | Not Observed | Comments |
| SSI uniform/outer layer hi-visibility/safety toe boots      |     |    |              |          |
| Safety glasses/gloves when servicing/pumping                |     |    |              |          |
| 3 points of contact when entering/exiting vehicle           |     |    |              |          |
| Proper lifting/uses dolly to load/unload/move units         |     |    |              |          |
| Service Standards   | Yes | No | Not Observed | Comments |
| Follows delivery & service procedures (and auth #'s)        |     |    |              |          |
| Adds appropriate work order notes into tablet               |     |    |              |          |
| Completes work in an acceptable amount of time              |     |    |              |          |
| Equipment/Other   | Yes | No | Not Observed | Comments |
| Chemical containers labeled & stored                        |     |    |              |          |
| Units secured w/correct number of straps                    |     |    |              |          |
| Minor traffic/safety violation (list violation in comments) |     |    |              |          |
| Major traffic/safety violation (list violation in comments) |     |    |              |          |

Driver Signature: \_\_\_\_\_ Observer Name: \_\_\_\_\_ Unit %