



Oversize and/or Overmass Load Movement Record Form

Instructions

The (lead) escort driver must complete the information contained in this form and provide it to his/her escort vehicle service provider with a copy of the information contained in the Oversize and/or Overmass (OSOM) driver's work diary.

OSOM vehicle details

Note: For platforms and other vehicles with more than 5 registration numbers in the combination, combine all registrations in fields registration fields 2 to 5.

Permit number

Date

OSOM vehicle registration details

Registration 1 – prime mover(s)

Registration 2 – trailer

Registration 3 – trailer

Registration 4 – trailer

Registration 5 – trailer

OSOM vehicle driver's name

Driver licence

Transport company

Company name

Company phone number

Address

Postcode

Combination overall dimensions (m)

Length

Width

Height

Forward projection from steering wheel

Rear overhang

Load dimensions and description

Axle no.	Number of tyres	Distance to next axle (metres)	Overall ground contact width of axle (metres)	Tyre size (millimetres)	Total mass on each axle (tonnes)

Travel details

Departure date Departure time

Arrival date Arrival time

Departure address

Suburb

State Postcode

Arrival address

Suburb

State Postcode

Route taken

Detail each road taken including turns at intersections and bridges crossed etc (please use a separate sheet, if needed and sign and date).

Fatigue and other breaks

Insert location, time, duration of each fatigue, meal, overnight, inclement weather or other breaks along the route (please use a separate sheet, if needed and sign and date).

Escort vehicle driver and Pilot vehicle details

Name	Role	Authorisation no. <i>(for escorts)</i>	Accreditation no. <i>(for service providers)</i>	State	Driver licence	State	Vehicle registration	State
	<input type="checkbox"/> Escort <input type="checkbox"/> Pilot							
	<input type="checkbox"/> Escort <input type="checkbox"/> Pilot							
	<input type="checkbox"/> Escort <input type="checkbox"/> Pilot							
	<input type="checkbox"/> Escort <input type="checkbox"/> Pilot							
	<input type="checkbox"/> Escort <input type="checkbox"/> Pilot							

Police involvement in traffic control, if any *(provide location and duration)*

Accident/incident details

Report to Police on **000** any major traffic crash where someone has been killed or injured. Report any minor crashes to the Police Assistance Line on **131 444**. Also report the circumstances of the accident to the Traffic Management Centre on **131 700**.

Date occurred

Time occurred

Reported to

Location

.....
.....
Postcode

Police attended Yes No

Police station (if known)

Description

Please use a separate sheet, if needed and put your signature and date.

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.....
.....

Remedial action taken

Please use a separate sheet, if needed and put your signature and date.

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.....
.....
.....

I declare that the above information is true and correct.

Escort vehicle driver completing this form (print name)

Signed

Date

Privacy Disclaimer: Information collected on this form is for the purpose of maintaining escort vehicle or pilot activity and OSOM load movement records in accordance with the requirements outlined in the Business Rules and the Operating Guidelines for escort vehicle drivers/pilots in NSW. This information must be provided on request to an authorised officer of Transport for NSW or to a police officer. Personal information will not be disclosed to any other third party without your consent or unless required by law.