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| **New South Wales Agricultural Vehicle Route Assessment** |
| It is a condition of the Notice that this Agricultural Vehicle Route Assessment (Route Assessment) be completed by the driver and/or operator of an agricultural vehicle or combination that exceeds 6.5 metres in width when travelling in New South Wales under the National Class 1 Agricultural Vehicle and Combination Mass and Dimension Exemption Notice 2019  (Notice); and the driver must keep a completed copy of the Route Assessment in the driving compartment of the vehicle  when travelling under the Notice. This document is the approved template for completing a Route Assessment and comprises the following sections, which must all be completed:   1. **Movement details** 2. **Communication protocols** 3. **Emergency procedures** 4. **Route survey** 5. **Declaration** |

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| **Movement Details** |

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| **Vehicle details** | |
| Please list details of the vehicle. | |
| **Unit** | **Description or Image – (can insert or attach images below, or include images in a separate document as an attachment to this template)** |
| **Hauling Unit:** |  |
| **Towed Unit 1 (if applicable)** |  |
| **Towed Unit 2 (if applicable)** |  |

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| **Vehicle/Combination Dimensions** | |
| Please list the maximum dimensions of the agricultural vehicle and/or combination. | |
| **Dimension** | **Metres** |
| **Width:** |  |
| **Length:** |  |
| **Height:** |  |
| **Rear Overhang:** |  |
| **Front Projection:** |  |

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| **Route Details** | |
| Please list the start point and end point of the route to be travelled. | |
| **Route** | **Address** |
| **Start Point:** |  |
| **Finish Point:** |  |

| **Route Description** |
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| Please list the names of the roads to be travelled on this route. |
| **Provide a description:** |
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| **Communication Protocols** |
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| Please detail how communication will occur between the parties, including the pilot vehicle and escort vehicle (if applicable). |
| **Provide a description:** |
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| **Emergency and Contingency Procedures** | | | |
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| Please emergency and contingency plans in the event of an emergency or other incident, such as break down or build-up of traffic behind the vehicle/combination. | | | |
| **Provide a description:** | | | |
|  | | | |
| **Emergency contact person details** | | | |
| Please emergency and contingency plans in the event of an emergency or other incident, such as break down or build-up  of traffic behind the vehicle/combination. | | | |
| **Name:** |  | | |
| **Work phone:** |  | **Mobile phone:** |  |

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| **Route Survey** | | |
| Please identify the pinch points and procedures for managing access through pinch points on the route. Please add more  rows if needed. | | |
| **Number** | **Pinch Point - (Detail of the location of the pinch point and dimension constraints of the pinch point. Can include photo)** | **Procedures - (Details of procedures for safely managing access through the pinch point)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

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| **Declaration** | | | |
| **I hereby confirm that the information provided in this document is correct and accurate to the best of my knowledge** | | | |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |