

# CHECK LIST

## LOAD SECURING

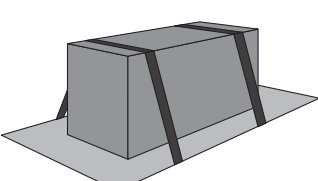
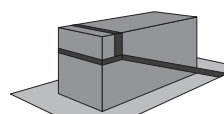
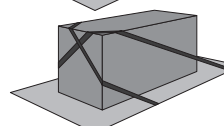
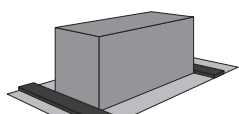
Haulage company: \_\_\_\_\_ reg. number – tractor unit: \_\_\_\_\_ reg. number – trailer: \_\_\_\_\_

Visual inspection Vehicle and driver	sufficient	not sufficient	not necessary	remarks
Roadworthy condition of vehicle (TÜV (technical standards certification), tyres, lights, etc.)				
Lashing points, lashing rails (suitable)				
Loading bed, undamaged, clean, grease and ice free				
Vehicle suitable for the cargo				
Other (e.g. driver)				

Load securing tools	sufficient	not sufficient	not necessary	remarks
Lashing straps, tensioning bars, etc.				
Edge angle / edge protection				
Anti-slip mats				
Hollow spaces filled				

**Securing method used**

**Lashing**
                         
  **Head Lashing**
                         
  **Blocking**

	 1 Lashing  2 Lashings													
No. of lashings:	No. of lashings:													
		<table border="1"> <thead> <tr> <th>To the front</th> <th>To the side</th> <th>To the rear</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> completely</td> <td><input type="checkbox"/> completely</td> <td><input type="checkbox"/> completely</td> </tr> <tr> <td><input type="checkbox"/> partly</td> <td><input type="checkbox"/> partly</td> <td><input type="checkbox"/> partly</td> </tr> <tr> <td><input type="checkbox"/> none</td> <td><input type="checkbox"/> none</td> <td><input type="checkbox"/> none</td> </tr> </tbody> </table>	To the front	To the side	To the rear	<input type="checkbox"/> completely	<input type="checkbox"/> completely	<input type="checkbox"/> completely	<input type="checkbox"/> partly	<input type="checkbox"/> partly	<input type="checkbox"/> partly	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none
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Load securing	sufficient	not sufficient	not necessary	remarks
Load secured to the rear				
Hazardous goods transport > 1000 points, then valid ADR certificate and visual inspection, fire extinguisher/ ADR warning panel, etc.				
In compliance with load distribution regulations				

Datum: \_\_\_\_\_

Signature, shipper: \_\_\_\_\_ Signature, driver: \_\_\_\_\_ Order no.: \_\_\_\_\_

Name in block capitals: \_\_\_\_\_ Name in block capitals: \_\_\_\_\_ Approved for transport  Yes  No

*This checklist makes no claim to being complete and is only intended to serve as orientation.*