

**VEHICLE SAFETY INSPECTION CHECKLIST**

<b>Driver</b>	
<b>Licence number</b>	
<b>Plant ID No</b>	
<b>Vehicle registration</b>	
<b>Insurance policy</b>	
<b>Date of inspection</b>	

Item	Yes	No	Action To Be Taken
<b>Lights</b>			
Check operation and visibility of:	<input type="checkbox"/>	<input type="checkbox"/>	
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	
Parking lights	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Indicators/blinker</b>			
Hazard lights	<input type="checkbox"/>	<input type="checkbox"/>	
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>	
Reverse lights	<input type="checkbox"/>	<input type="checkbox"/>	
If trailer attached:			
Parking lights	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Indicators/blinkers</b>			
Hazard lights	<input type="checkbox"/>	<input type="checkbox"/>	
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>	
Reverse lights	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Brakes and Warnings</b>			
Check operation of handbrake	<input type="checkbox"/>	<input type="checkbox"/>	
Check for firm brake pedal	<input type="checkbox"/>	<input type="checkbox"/>	
Check operation of horn	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Interior</b>			
'No Smoking' signs displayed prominently	<input type="checkbox"/>	<input type="checkbox"/>	

Item	Yes	No	Action To Be Taken
Internal cleanliness maintained, including upholstery	<input type="checkbox"/>	<input type="checkbox"/>	
Cargo barrier in place, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
Safety belts in good order	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Exterior</b>			
Any damage to body work noted	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen in good order and clean	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen wipers and washers operating	<input type="checkbox"/>	<input type="checkbox"/>	
Water in windscreen washer reservoir	<input type="checkbox"/>	<input type="checkbox"/>	
Tyre tread checked for wear	<input type="checkbox"/>	<input type="checkbox"/>	
Treads matching for front and rear tyres	<input type="checkbox"/>	<input type="checkbox"/>	
Tyre pressure checked	<input type="checkbox"/>	<input type="checkbox"/>	
<b>General Safety</b>			
System in place for reporting problems	<input type="checkbox"/>	<input type="checkbox"/>	
Servicing as required	<input type="checkbox"/>	<input type="checkbox"/>	
<b>First Aid Kit, Sunscreen, Insect Repellent</b>			
Contents assessed in compliance with first aid requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Container and contents clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	
System in place to replenish kit items	<input type="checkbox"/>	<input type="checkbox"/>	
Expiry dates checked	<input type="checkbox"/>	<input type="checkbox"/>	
Out of date items disposed of	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Transportation of Clients</b>			
Wheelchair hoist fitted, if required	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate for the transport of clients	<input type="checkbox"/>	<input type="checkbox"/>	
Facility to secure clients appropriately	<input type="checkbox"/>	<input type="checkbox"/>	
Client behaviour while travelling in a vehicle is known	<input type="checkbox"/>	<input type="checkbox"/>	

Item	Yes	No	Action To Be Taken
<b>Other Issues</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Return completed form to : .....Position

<b>Reviewed by [name]:</b>			
<b>Position:</b>			
<b>Date:</b>		<b>Date for next inspection:</b>	