



Vehicle Checklist

Agency Drivers

Driver

Date

Company

Veh Reg

Trl No

DAILY CHECKS The following (where applicable) are to be checked on commencement of your shift. Defects to be detailed below and reported to the traffic office immediately.

- | | | |
|--|--|---|
| 1. Tyres <input type="checkbox"/> | 10. Fuel Level <input type="checkbox"/> | 19. Mobile Phone <input type="checkbox"/> |
| 2. Wheels (incl Nuts) <input type="checkbox"/> | 11. Wipers/Wash <input type="checkbox"/> | 20. Pallet Truck/Other Equipment <input type="checkbox"/> |
| 3. Mirrors & Glass <input type="checkbox"/> | 12. Brakes/Steering <input type="checkbox"/> | 21. Fuel Key (Bunker) <input type="checkbox"/> |
| 4. Horn <input type="checkbox"/> | 13. 5th Wheel/ Drawbar Coupling <input type="checkbox"/> | 22. Fuel Card <input type="checkbox"/> |
| 5. Hazard Signs <input type="checkbox"/> | 14. Suzie(s) <input type="checkbox"/> | 23. Vehicle/Trailer Keys <input type="checkbox"/> |
| 6. Lights/Indicators <input type="checkbox"/> | 15. Tachograph <input type="checkbox"/> | 24. Fire Extinguishers <input type="checkbox"/> |
| 7. Air Tanks (Bleeding) <input type="checkbox"/> | 16. Tail Lift <input type="checkbox"/> | 25. First Aid Box <input type="checkbox"/> |
| 8. Oil Level/Leaks <input type="checkbox"/> | 17. Load Restraints <input type="checkbox"/> | 26. Restraining Straps <input type="checkbox"/> |
| 9. Water/Coolant Level <input type="checkbox"/> | 18. Alarms <input type="checkbox"/> | 27. Bridge Passes/Money <input type="checkbox"/> |

/ = Safe & Serviceable X = Fault N/A = Not Applicable

DAILY RECORD

Vehicle Speedo / Odometer Reading

| | |
|-----------|-----|
| End | kms |
| Start | kms |
| Travelled | kms |

| | |
|---------------|---------------------|
| Fuel Obtained | Internal _____ ltrs |
| | External _____ ltrs |
| Oil Obtained | Internal _____ ltrs |
| | External _____ ltrs |

(All receipts to be attached)

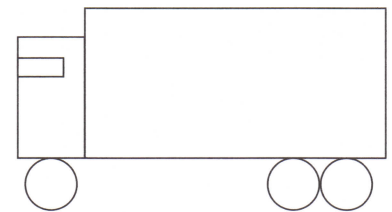
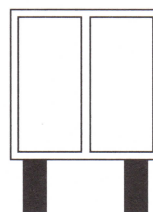
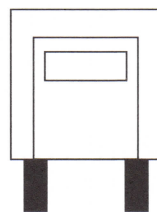
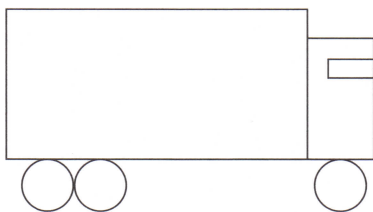
VEHICLE DAMAGE - Mark any apparent damage on the diagrams below with an "X" and give a brief description

OFF SIDE

FRONT

REAR

NEAR SIDE



Description of any other damage _____

Damage & Defects signed for and agreed with Traffic Office

Signed: Agency Drivers temp: _____

Transport Controller: _____