# Vehicle Safety Inspection Checklist



|  |  |
| --- | --- |
| **Driver** |  |
| **Licence number** |  |
| **Plant ID No** |  |
| **Vehicle registration** |  |
| **Insurance policy** |  |
| **Date of inspection** |  |

| **Item** | **Yes** | **No** | **Action To Be Taken** | |
| --- | --- | --- | --- | --- |
| **Lights** | | | | |
| Check operation and visibility of: |  |  |  | |
| Headlights |  |  |  | |
| Parking lights |  |  |  | |
| **Indicators/blinker** | | | | |
| Hazard lights |  |  |  | |
| Brake lights |  |  |  | |
| Reverse lights |  |  |  | |
| If trailer attached: |  |  |  |
| Parking lights |  |  |  |
| **Indicators/blinkers** | | | |
| Hazard lights |  |  |  |
| Brake lights |  |  |  |
| Reverse lights |  |  |  |
| **Brakes and Warnings** | | | | |
| Check operation of handbrake |  |  |  | |
| Check for firm brake pedal |  |  |  | |
| Check operation of horn |  |  |  | |
| **Interior** | | | | |
| ‘No Smoking’ signs displayed prominently |  |  |  | |
| Internal cleanliness maintained, including upholstery |  |  |  | |
| Cargo barrier in place, where appropriate |  |  |  | |
| Safety belts in good order |  |  |  | |
| **Exterior** | | | | |
| Any damage to body work noted |  |  |  | |
| Windscreen in good order and clean |  |  |  | |
| Windscreen wipers and washers operating |  |  |  | |
| Water in windscreen washer reservoir |  |  |  | |
| Tyre tread checked for wear |  |  |  | |
| Treads matching for front and rear tyres |  |  |  | |
| Tyre pressure checked |  |  |  | |
| **General Safety** | | | | |
| System in place for reporting problems |  |  |  | |
| Servicing as required |  |  |  | |
| **First Aid Kit, Sunscreen, Insect Repellent** | | | | |
| Contents assessed in compliance with first aid requirements |  |  |  | |
| Container and contents clean and orderly |  |  |  | |
| System in place to replenish kit items |  |  |  | |
| Expiry dates checked |  |  |  | |
| Out of date items disposed of |  |  |  | |
| **Transportation of Clients** | | | | |
| Wheelchair hoist fitted, if required |  |  |  | |
| Appropriate for the transport of clients |  |  |  | |
| Facility to secure clients appropriately |  |  |  | |
| Client behaviour while travelling in a vehicle is known |  |  |  | |
| **Other Issues** | | | | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

**Return completed form to** : [Insert Position (e.g. CEO/Director/Owner)]

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed by [name]:** |  | | |
| **Position:** |  | | |
| **Date:** |  | **Date for next inspection:** |  |