# 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| Out of date items disposed of | [ ]  | [ ]  |  |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:** |  |