

Appendix C: Daily inspection checklist

You can use various technical solutions to capture information included in this checklist. For example, digital registers that let you keep records and insert photos.

| Items you should check: | |
|----------------------------|---|
| Lighting | Tail, headlight, brake, indicator, hazard, reversing, instrument lighting, safety beacons (if fitted), taxi roof light (if fitted). |
| Vision | Condition of glass, wipers/ washers, mirrors (internal and external). |
| Horn | Horn and reversing alarms. |
| Brakes | Service (foot) brake and hand brake, ensure brake pedal rubber is fitted. |
| Wheel assembly | Tyres and rims, inflation and condition, wheel nuts. |
| Fluid levels | Engine oil, radiator coolant, washer water. |
| Visible leaks | Under and around the vehicle for leaks from engine, transmission, radiator, brakes/ clutch fluid, battery and fuel. |
| General safety | Seat belts, seat adjustment, body damage, spare wheel and required tools. |
| General cleanliness | Reasonable cleanliness (outside and inside). |
| Operating check | All controls and gauges should be in good working order. Check for any abnormal noises and that equipment is working correctly for example, wheelchair hoist (if fitted). |
| Fire equipment | Fire extinguisher – must be current (every 6 months) and stored correctly (if fitted). |
| Safety equipment | First aid kits, safety triangles, break window hammers fitted, all emergency exits operational. |
| Communications | Mobile phones, two-way radios, satellite phones should be in good working order if required. |

Log Details:

Vehicle registration #: _____ Date and time: _____

Start KM: _____ End KM: _____

Driver's name: _____

Driver's licence #: _____

Have you ever driven this vehicle before? Yes No

If no, please familiarise yourself with the operator's manual and safety features of the vehicle.

Check details of each item listed opposite.

Satisfactory Defect

| Items | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Initial if defected | Defect No. if generated |
|---------------------|-----|-----|-----|-----|-----|-----|-----|---------------------|-------------------------|
| Lighting | | | | | | | | | |
| Vision | | | | | | | | | |
| Horn | | | | | | | | | |
| Brakes | | | | | | | | | |
| Wheel assembly | | | | | | | | | |
| Fluid levels | | | | | | | | | |
| Visible leaks | | | | | | | | | |
| General safety | | | | | | | | | |
| General cleanliness | | | | | | | | | |
| Operating check | | | | | | | | | |
| Fire equipment | | | | | | | | | |
| Safety equipment | | | | | | | | | |
| Communications | | | | | | | | | |

Please provide information about the defect: _____

Driver's declaration:

I have inspected the vehicle as required and to the best of my knowledge the vehicle is in a suitable equipped and safe condition.

I declare myself in a fit state to drive this vehicle.

Driver to acknowledge above statement by completing the below:

Driver's name: _____

Driver's signature: _____ Date: _____