# Vehicle mechanical failure – daily vehicle inspection check lists

## Daily vehicle safety check cover sheet (page one)

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|  | **Items that require checking** |
| **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, brake pedal rubber fitted. |
| **Wheel Assembly** | Tyres and rims, inflation and condition, wheel nuts. |
| **Levels** | Engine oil, radiator coolant, washer water. |
| **Visible Leaks** | Check under and the surrounds of 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 both internally and externally. |
| **Operating Check** | All controls and gauges are in good working order, Check for any abnormal noises, check serviceability of wheelchair hoist (if fitted). |
| **Fire Equipment** | Fire Extinguisher is 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 (if required are in working order). |

## Daily vehicle safety check sheet and driver’s declaration (page two)

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle registration #.: |  | Trip date: |  |
| 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*.*

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| --- | --- |
| **✓ Satisfactory** | **🗶 Defect** |
| Check details of each item listed opposite. | **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:

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**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: |  |

The above two pages are to sit side by side (as below):

