

Vehicle Inspection

Document No: # 145

Form: 45.1

Section: 45

Registration No:		Description:	
Location:			
Registration expiry date:		Current odometer reading	km
Date of last service:		Odometer reading last service	km
Date next service due		Odometer reading next service due	km
General condition/comments:			
VEHICLE / PLANT CHECKS	CHECKED	ACTION REQUIRED	ACTION COMPLETED
Engine oil	<input type="checkbox"/>		
Transmission oil	<input type="checkbox"/>		
Radiator water level (when cold)	<input type="checkbox"/>		
Windscreen water reservoir	<input type="checkbox"/>		
Tyre pressure & condition	<input type="checkbox"/>		
Wheel nuts in place and secure	<input type="checkbox"/>		
Towball and Chains	<input type="checkbox"/>		
Driving lights	<input type="checkbox"/>		
Brake lights	<input type="checkbox"/>		
Indicators	<input type="checkbox"/>		
Warning lights	<input type="checkbox"/>		
Reversing lights	<input type="checkbox"/>		
Brakes working	<input type="checkbox"/>		
Hand brake	<input type="checkbox"/>		
Windscreen wipers/washers	<input type="checkbox"/>		
Fire extinguisher tested < 6mths ago	<input type="checkbox"/>		
Seat belts	<input type="checkbox"/>		
Vehicle clean & tidy	<input type="checkbox"/>		
First Aid Kit	<input type="checkbox"/>		
Spill kit	<input type="checkbox"/>		
Driver / Operators name:			
Driver / Operators signature:		Date:	

Submit completed form to site Manager.