



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:	<input type="checkbox"/>	<input type="checkbox"/>	
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	
Parking lights	<input type="checkbox"/>	<input type="checkbox"/>	
Indicators/blinker			
Hazard lights	<input type="checkbox"/>	<input type="checkbox"/>	
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>	
Reverse lights	<input type="checkbox"/>	<input type="checkbox"/>	
If trailer attached:			
Parking lights	<input type="checkbox"/>	<input type="checkbox"/>	
Indicators/blinkers			
Hazard lights	<input type="checkbox"/>	<input type="checkbox"/>	
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>	
Reverse lights	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes and Warnings			
Check operation of handbrake	<input type="checkbox"/>	<input type="checkbox"/>	
Check for firm brake pedal	<input type="checkbox"/>	<input type="checkbox"/>	
Check operation of horn	<input type="checkbox"/>	<input type="checkbox"/>	
Interior			
'No Smoking' signs displayed prominently	<input type="checkbox"/>	<input type="checkbox"/>	



Item	Yes	No	Action To Be Taken
Internal cleanliness maintained, including upholstery	<input type="checkbox"/>	<input type="checkbox"/>	
Cargo barrier in place, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
Safety belts in good order	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior			
Any damage to body work noted	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen in good order and clean	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen wipers and washers operating	<input type="checkbox"/>	<input type="checkbox"/>	
Water in windscreen washer reservoir	<input type="checkbox"/>	<input type="checkbox"/>	
Tyre tread checked for wear	<input type="checkbox"/>	<input type="checkbox"/>	
Treads matching for front and rear tyres	<input type="checkbox"/>	<input type="checkbox"/>	
Tyre pressure checked	<input type="checkbox"/>	<input type="checkbox"/>	
General Safety			
System in place for reporting problems	<input type="checkbox"/>	<input type="checkbox"/>	
Servicing as required	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Kit, Sunscreen, Insect Repellent			
Contents assessed in compliance with first aid requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Container and contents clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	
System in place to replenish kit items	<input type="checkbox"/>	<input type="checkbox"/>	
Expiry dates checked	<input type="checkbox"/>	<input type="checkbox"/>	
Out of date items disposed of	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation of Clients			
Wheelchair hoist fitted, if required	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate for the transport of clients	<input type="checkbox"/>	<input type="checkbox"/>	
Facility to secure clients appropriately	<input type="checkbox"/>	<input type="checkbox"/>	
Client behaviour while travelling in a vehicle is known	<input type="checkbox"/>	<input type="checkbox"/>	



Item	Yes	No	Action To Be Taken
Other Issues			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Return completed form to :Position

Reviewed by [name]:			
Position:			
Date:		Date for next inspection:	