**VEHICLE SAFETY CHECKLIST**

Submit this form to your Manager / Supervisor every three (3) months. Safety-related defects arising during the week must be reported immediately to your Manager / Supervisor.

Mark **X** in either the “okay” or “Defect” box and give details of the defect. Mark **N/A** if not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Allocated to:** |  | | | **Date:** | | |  | | |
| **Registration Number:** |  | | | **Current Kms:** | | |  | | |
| **Vehicle Make & Model:** |  | | | **Date Service Due:** | | |  | | |
|  | | | | | | | | | |
| **Item** | **Okay** | **Defect** | **Details of Defect / Comment or Problem** | | | | | | |
| **Tyre in good condition** |  |  | **RF** | | **RR** | **LF** | | **LR** | **Spare** |
|  | |  |  | |  |  |
| **Front, Brake, Rear Lights & Number Plate Lights working** |  |  |  | | | | | | |
| **Hazard lights functioning** |  |  |  | | | | | | |
| **Indicators working** |  |  |  | | | | | | |
| **Wiper Washer Fluid (full)** |  |  |  | | | | | | |
| **Seat belts (Inertia operation / damage)** |  |  |  | | | | | | |
| **Brakes work, with no squealing noises** |  |  |  | | | | | | |
| **Horn works** |  |  |  | | | | | | |
| **Instruments / alarms working** |  |  |  | | | | | | |
| **Any other defects** |  |  |  | | | | | | |
| **Accident damage / scrapes to vehicle body** |  |  |  | | | | | | |
| **Exterior clean** |  |  |  | | | | | | |
| **Interior clean** |  |  |  | | | | | | |
| **Number plates (damage / dirty)** |  |  |  | | | | | | |
| **First Aid Kit (available & in date)** |  |  |  | | | | | | |
| **Tyre Change Kit (available)** |  |  |  | | | | | | |
| **NAME OF DRIVER COMPLETING CHECK:** | | |  | | | | | | |
| **SIGNATURE:** | | |  | | | | | | |