

Motor Vehicle

Drivers name: _____

Drivers Signature: _____

Vehicle no.: _____

Week Starting Date: _____

√ for good working order/ Ok

X for not in good working order/broken/ damaged

ITEM	Mon	Tue	Wed	Thu	Fri	Sat	Sun
EXTERIOR VISUAL CHECK							
Vehicle clean/body/paintwork undamaged							
Windows/mirrors clean/in good order							
Tyres: Tread/ pressures / rims/ wheelnuts / spare wheel							
Service lines and couplings/brake hoses							
Tow hitch/trailer electrical connection							
Reflectors: Sides and rear/chevrons/reflective tape							
Registration plates							
ENGINE COMPARTMENT							
Clean							
Radiator full							
Oil level correct							
Batter: water level correct/terminals clean							
Brake fluid level correct							
No oil/water leaks							
Fan and other drive belts tensioned correctly							
Tilt cab securing mechanism operating correctly							
LIGHTS/SIGNALS							
Headlights: Main beam/dipped beam/park lights							
Indicators: Front/rear/hazard lights							
Tail lights/brake lights/reverse lights							
INTERIOR							
Door locks/seat/steering/rear view mirror							
Gear lever/handbrake/brake and clutch pedals							
Instrument panel: switches/gauges/warning lights							
Hooter and windscreen wipers							
Emergency triangles and fire extinguisher							
Driver's and vehicle licenses / permits							
Sufficient fuel							
OPERATIONAL							
Steering correctly							
Brakes working efficiently							
Gears/clutch operating properly							
Exhaust: No leaks							

Driver Comment:
