**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:** |  |