**VEHICLE INSPECTION CHECKLIST**

|  |  |
| --- | --- |
| **Driver Name** |  |
| **Licence Number** |  |
| **Vehicle Registration** |  |
| **Insurance Policy** |  |
| **Date of Inspection** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Action to be taken** |
| Lights | | | |
| Check operation and visibility of: | **🞏** | **🞏** |  |
| Headlights | **🞏** | **🞏** |  |
| Parking lights | **🞏** | **🞏** |  |
| Indicators/blinkers | **🞏** | **🞏** |  |
| Hazard lights | **🞏** | **🞏** |  |
| Brake lights | **🞏** | **🞏** |  |
| Reverse lights | **🞏** | **🞏** |  |
| Brakes and Warnings | | | |
| Check operation of handbrake | **🞏** | **🞏** |  |
| Check for firm brake pedal | **🞏** | **🞏** |  |
| Check operation of horn | **🞏** | **🞏** |  |
| Interior | | | |
| ‘No smoking’ signs displayed prominently | **🞏** | **🞏** |  |
| Internal cleanliness maintained including upholstery | **🞏** | **🞏** |  |
| Cargo barrier in place, where appropriate | **🞏** | **🞏** |  |
| Safety belts in good order | **🞏** | **🞏** |  |
| Contact details for service available | **🞏** | **🞏** |  |
| Indication of vehicle dimension visible if appropriate | **🞏** | **🞏** |  |
| Exterior | | | |
| Any damage to body work noted | **🞏** | **🞏** |  |
| Windscreen in good order and clean | **🞏** | **🞏** |  |
| Windscreen wipers and washers operating | **🞏** | **🞏** |  |
| Water in windscreen washer reservoir | **🞏** | **🞏** |  |
| Tyre tread checks for wear | **🞏** | **🞏** |  |
| Treads matching for front and rear tyres | **🞏** | **🞏** |  |
| Tyre pressure checked | **🞏** | **🞏** |  |
| General safety | | | |
| System in place for reporting problems | **🞏** | **🞏** |  |
| Servicing as required logged | **🞏** | **🞏** |  |
| First aid kit, sunscreen and insect repellent available | **🞏** | **🞏** |  |
| Contents up to date and complete | **🞏** | **🞏** |  |
| Container and contents clean and orderly | **🞏** | **🞏** |  |
| System in place to replenish | **🞏** | **🞏** |  |
| Transportation of clients | | | |
| Appropriate for the transport needs of clients | **🞏** | **🞏** |  |
| Wheelchair hoist fitted if required | **🞏** | **🞏** |  |
| Wheelchair attachments fitted and in good order | **🞏** | **🞏** |  |
| Client transport behaviour issues addressed | **🞏** | **🞏** |  |
| Other issues | | | |
|  | **🞏** | **🞏** |  |
|  | **🞏** | **🞏** |  |

Return completed form to: ……………………………. Position

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewed by (name): | |  | |
| Position | |  | |
| Date: |  | Date of next inspection: |  |