

Weekly Vehicle Checklist

The following checklist is to assist employees who drive employer vehicles to determine the safety of the vehicle within his/her operation. Any "no" answer should be cause for concern and corrective action must be taken prior to the vehicle being used:

Vehicle Registration Number _____ Date _____

	Yes	No
Warrant of fitness is current	<input type="checkbox"/>	<input type="checkbox"/>
Registration is current	<input type="checkbox"/>	<input type="checkbox"/>
Adequate rearview mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Seat belts work.	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wipers work	<input type="checkbox"/>	<input type="checkbox"/>
Horn works	<input type="checkbox"/>	<input type="checkbox"/>
Correctly adjusted headlights that work	<input type="checkbox"/>	<input type="checkbox"/>
Brakes with adequate stopping power	<input type="checkbox"/>	<input type="checkbox"/>
Hand brake works	<input type="checkbox"/>	<input type="checkbox"/>
Indicators work	<input type="checkbox"/>	<input type="checkbox"/>
Good tires with adequate tread?	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>
Taillights	<input type="checkbox"/>	<input type="checkbox"/>
License plate light	<input type="checkbox"/>	<input type="checkbox"/>
Tight muffler system	<input type="checkbox"/>	<input type="checkbox"/>
Intact windshield, with no cracks	<input type="checkbox"/>	<input type="checkbox"/>
The interior of the vehicle is in a clean and tidy condition and there is no loose rubbish on the floor.	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate oil in the engine	<input type="checkbox"/>	<input type="checkbox"/>
The radiator water level is full.	<input type="checkbox"/>	<input type="checkbox"/>
The windscreen wiper wash is full	<input type="checkbox"/>	<input type="checkbox"/>
The automatic transmission level is full. (Where fitted)	<input type="checkbox"/>	<input type="checkbox"/>
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The brake fluid level is full.	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature

Supervisor's Signature

Please indicate on the pictures below any paint or panel damage



Dent in bumper