

Daily Vehicle Check

Damage check – Driver: _____ Date: _____

Time: _____ am/pm State: _____ Truck size: _____

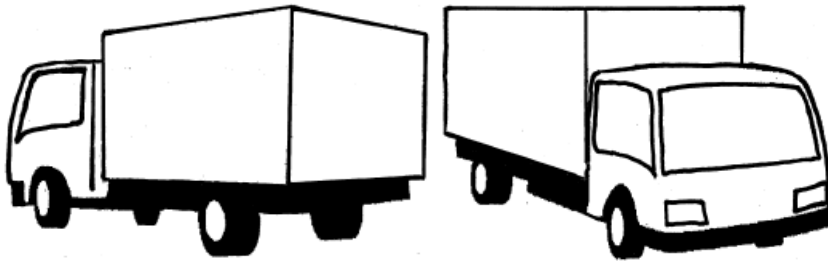
Start Odometer: _____ KM Registration: _____

Do you have a current licence to drive this vehicle: Yes No

Note: Drivers Responsibilities

1. To fully complete this form and return it to the office prior to departure.
2. To operate this vehicle in a legal, safe and courteous manner.
3. To ensure that the vehicle is left clean and tidy.

We urge you to check this form thoroughly before departing to ensure that all damage is indicated as you may be held liable for any damage not indicated.



Mark the Vehicle appropriately:

- X – Dent
- O – Scratch

FUEL				
E				F
½ Tank Minimum				

EQUIPMENT	
Gate Key:	Yes/No
Fuel Card:	Yes/No
Tail Lift Key:	Yes/No
First Aid Kit:	Yes/No
Truck Folder:	Yes/No
Safety Vest(s):	Yes/No
Caution Sign(s):	Yes/No

	OK	FAULTY	NA
Tyres/Wheels, including spare tyre/s			
Check tyre pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check tread depth – minimum 1.5mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel nuts secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack and wheel brace – present and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights and Reflectors			
Check lights – head lights, indicators, reversing lights, hazard lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check reflectors and lenses are in place and not damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows, Mirrors and Wipers			
Visibility - clean windscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wipers and windscreen washers operating correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check all windows and mirrors clean, adjusted and in a good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Structure and Bodywork			
Panels and structural elements – secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turntable – greased, no obvious faults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No leaks of any fluids (oil, fuel, air, water, refrigerant coolant, hydraulic fluid, brake fluid etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine			
Check oil levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check water/coolant level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check drive belts – alternator, air con, water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check batteries and terminals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes			
Check brake failure indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check pressure and vacuum gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draining air tanks (full air and air-over-hydraulic systems only on rigid and articulated combinations – except Buses and Coaches.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary Equipment			
Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straps, ropes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DGS signs, if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
I am alert and in good health	<input type="checkbox"/>	<input type="checkbox"/>
I am not under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>
I am not under the influence of illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>
I am not affected by prescription medications	<input type="checkbox"/>	<input type="checkbox"/>
I do not have a backlog of sleep deprivation	<input type="checkbox"/>	<input type="checkbox"/>
Trip has been discussed with a supervisor	<input type="checkbox"/>	<input type="checkbox"/>
National Work Diary is up to date and accurate	<input type="checkbox"/>	<input type="checkbox"/>
I have not had any traffic infringements since my last report	<input type="checkbox"/>	<input type="checkbox"/>



Are you under any form of self-isolation as the result of an order of any government authority or as the result of a recommendation of a health professional?	<input type="checkbox"/>	<input type="checkbox"/>
Are you waiting for the results of a COVID-19 test?	<input type="checkbox"/>	<input type="checkbox"/>
Are you suffering from any flu-like symptoms (including a sore throat, fever, tiredness or cough)?	<input type="checkbox"/>	<input type="checkbox"/>

Operations Notified: Yes No

Operational staff notified (name): _____

Drivers Signature: _____