**VEHICLE SAFETY INSPECTION CHECKLIST**

This template is intended to assist member businesses develop their own workplace checklist. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also aid both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

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VEHICLE SAFETY INSPECTION CHECKLIST

|  |  |
| --- | --- |
| **Driver:** |  |
| **Licence number:** |  |
| **Plant ID No:** |  |
| **Vehicle registration:** |  |
| **Current insurance policy & type:** |  |
| **Date of inspection:** |  |

| **Item** | **Yes** | **No** | **Action to Be Taken** |
| --- | --- | --- | --- |
| **Lights** | | | |
| Check operation and visibility of: | ❒ | ❒ |  |
| Headlights | ❒ | ❒ |  |
| Parking lights | ❒ | ❒ |  |
| **Indicators/blinker** | | | |
| Hazard lights | ❒ | ❒ |  |
| Brake lights | ❒ | ❒ |  |
| Reverse lights | ❒ | ❒ |  |
| If trailer attached: |  |  |  |
| 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 | ❒ | ❒ |  |
| **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 checked for wear | ❒ | ❒ |  |
| Treads matching for front and rear tyres | ❒ | ❒ |  |
| Tyre pressure checked | ❒ | ❒ |  |
| **General Safety** | | | |
| System in place for reporting problems | ❒ | ❒ |  |
| Servicing as required | ❒ | ❒ |  |
| **First Aid Kit, Sunscreen, Insect Repellent** | | | |
| Contents assessed in compliance with first aid requirements | ❒ | ❒ |  |
| Container and contents clean and orderly | ❒ | ❒ |  |
| System in place to replenish kit items | ❒ | ❒ |  |
| Expiry dates checked | ❒ | ❒ |  |
| Out of date items disposed of | ❒ | ❒ |  |
| **Transportation of Clients** | | | |
| Wheelchair hoist fitted, if required | ❒ | ❒ |  |
| Appropriate for the transport of clients | ❒ | ❒ |  |
| Facility to secure clients appropriately | ❒ | ❒ |  |
| Client behaviour while travelling in a vehicle is known | ❒ | ❒ |  |
| **Other Issues** | | | |
|  | ❒ | ❒ |  |
|  | ❒ | ❒ |  |

**Return completed form to**: Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed by [name]:** |  | | |
| **Position:** |  | | |
| **Date:** |  | **Date for next inspection:** |  |