# Form 22 - Vehicle Safety Inspection Checklist

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| **Vehicle Make/Model:** |  | **Vehicle Registration Number:** |  |
| ***DIRECTIONS.*** *The following form should be used during the inspection. Record [****-]*** *Not applicable* ***[X]*** *Repair required* ***[√]*** *Satisfactory against each item. Write comments if the item is regarded as requiring attention.* |
| **Items to be Checked** | ***[X] [√]*** | **Comments** |
| **LIGHTS**Check operation and visibility of:HeadlightsParking lightsIndicatorsHazard lightsBrake lightsReverse lights and beeper |  |  |
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| **BRAKES AND WARNINGS**Check the operation of the handbrakeCheck for firm brake pedalCheck the operation of the horn |  |  |
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| **TYRES (including spares)**Tyre tread checked for wearTyre pressure checkedTyres and wheels checked for damage |  |  |
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| **INTERIOR**Cargo barrier in place, where appropriateSafety belts in good orderMirrors – no cracks or imperfections |  |  |
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| **EXTERIOR**Mirrors – no cracks or imperfectionsThe windscreen is in good order and cleanWindscreen wipers and washers operatingWater in the windscreen washer reservoir |  |  |
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| **SAFETY EQUIPMENT**Fire ExtinguisherFirst Aid Kit |  |  |
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| **VEHICLE SERVICING**Service records maintained. |  |  |
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| **Notify the employer of any hazards identified that require repair(X).****DO NOT use the vehicle if faults may cause an accident.** |
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| **Checklist completed by:** | **Name:** |  | **Signature:** |  | **Date:** |  |