# 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:  Headlights  Parking lights  Indicators  Hazard lights  Brake lights  Reverse lights and beeper | | | |  |  | | | | |
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| **BRAKES AND WARNINGS**  Check the operation of the handbrake  Check for firm brake pedal  Check the operation of the horn | | | |  |  | | | | |
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| **TYRES (including spares)**  Tyre tread checked for wear  Tyre pressure checked  Tyres and wheels checked for damage | | | |  |  | | | | |
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| **INTERIOR**  Cargo barrier in place, where appropriate  Safety belts in good order  Mirrors – no cracks or imperfections | | | |  |  | | | | |
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| **EXTERIOR**  Mirrors – no cracks or imperfections  The windscreen is in good order and clean  Windscreen wipers and washers operating  Water in the windscreen washer reservoir | | | |  |  | | | | |
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| **SAFETY EQUIPMENT**  Fire Extinguisher  First 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:** | |  |