Vehicle Weekly Safety Checklist

Submit this form to your Manager/Supervisor every Monday following the week-ending date of the check. Safety-related defects arising during week must be reported ***immediately*** *to your* ***Manager/Supervisor****.*

Mark ***X*** *in either the "Okay" or "Defect" box and give details of defect. Mark N/A if not applicable*

Vehicle Make:	**Reg. No:**		**Week ending: / /**
Item	**Okay**	**Defect**	**Details of Defect / Comment on Problem:-**
Tyre tread depth* (including the spare)			
Tyre pressure * (including spare)			
Front, Brake, Rear Lights & Number Plate Light			
Indicators (operation)			
Fluid levels			
• Radiator			
• Oil			
• Power steering			
• Battery			
Battery terminals clean			
Coolant leaks			
Fuel leaks			
Oil leaks			
Wipers (effective rubber)			
Seat belts (Inertia operation/Damage)			
Seat Condition			
Brakes effective			
Horn			
Steering effective			
Instruments / alarms			
Wheel nuts (correct tension)			
Engine			
Interior clean and tidy			
Mirrors – wing & rear view (working)			
Exhaust smoke			
Any other defects			
Vehicle Body	**Okay**	**Defect**	**Details of Defect / Comment on Problem:-**
Accident damage / scrapes to vehicle body			
Exterior clean			
Interior clean			
Number plates (damage, dirty)			
Registration disc (current)			
Other equipment	**Okay**	**Defect**	**Details of Defect / Comment on Problem:-**
First Aid Kit			
Tyre Change Kit			
Fire Extinguisher (if fitted)			

* Must have a minimum of 2mm tread depth. No cuts more than 25mm or 10% of section width of tyre, whichever is greater, which expose the plies or cords. Inflated to correct pressure, as per manufacture's manual, with no lumps, bulges, tread separation or sidewall cracking.

PRINT NAME OF DRIVER COMPLETING END-OF-WEEK CHECKS:

Signature of Driver: ***Date: / /***

Checklist submitted to Manager/Supervisor (Name:) on: / /