

	STANDARD FORM	Document ID	TNCL-OHS-FRM-0026
		Document Owner	OHS Manager
	VEHICLE SAFETY COMPLIANCE FORM	Revision	01
		Approval Date	21 st August 2024

VEHICLE SAFETY COMPLIANCE FORM

VEHICLE IDENTIFICATION

- Company Name: _____
- Vehicle Registration No: _____
- Vehicle Make model: _____
- Odometer Reading: _____
- Inspection Date: _____
- Next Inspection Date: _____

BRAKES

<input type="checkbox"/> Brake Components	<input type="checkbox"/> Brake pipe condition
<input type="checkbox"/> Service Brake	<input type="checkbox"/> Park Brake

STEERING AND SUSPENSION

<input type="checkbox"/> Steering Wheel	<input type="checkbox"/> Steering Free Play
<input type="checkbox"/> Arms/Linkages/Components	<input type="checkbox"/> Steering Box/Pump condition
<input type="checkbox"/> Shock Absorbers	<input type="checkbox"/> Air Bag/Spring/Coil

WHEELS, TYRES AND HUBS


<input type="checkbox"/> Wheels/Rims	<input type="checkbox"/> Wheel Nuts/Fasteners
<input type="checkbox"/> Tyres condition	<input type="checkbox"/> Hubs
<input type="checkbox"/> Wheel Bearings	<input type="checkbox"/> Spare tire
<input type="checkbox"/> Wheel nut Indicators	

STRUCTURE, BODY AND INTERIOR CONDITIONS

<input type="checkbox"/> Body Panels/Fittings	<input type="checkbox"/> Body and Mounting
<input type="checkbox"/> Mudguards	<input type="checkbox"/> Mud flaps
<input type="checkbox"/> Door handle and lock	<input type="checkbox"/> Cabin/Body Condition
<input type="checkbox"/> Number Plates	<input type="checkbox"/> Front Underrun Protection
<input type="checkbox"/> Electrical Equipment's	<input type="checkbox"/> Horn
<input type="checkbox"/> Chassis	<input type="checkbox"/> Dash camera
<input type="checkbox"/> Gauges	<input type="checkbox"/> 4WD
<input type="checkbox"/> Tow Hitch	<input type="checkbox"/> IVMS (Tracking system)

SEATS AND SEATBELTS

<input type="checkbox"/> Seat condition	<input type="checkbox"/> Seatbelts
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LIGHTS AND REFLECTORS

<input type="checkbox"/>	Headlights (high beam)	<input type="checkbox"/>	Low beam
<input type="checkbox"/>	Front Position Light	<input type="checkbox"/>	Hazard Light
<input type="checkbox"/>	Direction Indicator Lights	<input type="checkbox"/>	Beacon Light
<input type="checkbox"/>	Reflectors (front/side/rear) and Flag	<input type="checkbox"/>	Brake Lights
<input type="checkbox"/>	Taillights	<input type="checkbox"/>	Reversing Lights
<input type="checkbox"/>	Dashboard Light	<input type="checkbox"/>	Reverse Alarm

WINDSCREEN AND WINDOWS

<input type="checkbox"/>	Glazing	<input type="checkbox"/>	Wipers/Demisters/Washers
<input type="checkbox"/>	Windows	<input type="checkbox"/>	Rear View Mirror(s)
<input type="checkbox"/>	Windscreen		

ENGINE, DRIVELINE AND EXHAUST

<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	Noise Emissions
<input type="checkbox"/>	Engine/Driveline	<input type="checkbox"/>	Gearbox/Differential/Power Steering condition
<input type="checkbox"/>	Fuel Tank condition	<input type="checkbox"/>	Oil / Fuel / Water Leaks

SAFETY ITEMS

<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	Warning Triangle	<input type="checkbox"/>	Jack and handle
<input type="checkbox"/>	Wheel Chocks	<input type="checkbox"/>	Prestart book and Valid service record
<input type="checkbox"/>	Toolkit		

INSPECTOR COMMENTS FROM THE ABOVE INSPECTION CHECK

VEHICLE QUALIFICATION/VERIFICATION

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Conditional Acceptance, Faulty items to be fixed	<input type="checkbox"/> Not Acceptable for use.
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APPROVALS

Inspector Name: _____
Inspector Signature: _____
Driver Name: _____
Driver Signature: _____
Supervisor Name: _____
Supervisor Signature: _____