**Vehicle Inspection Checklist**

The checklist is to be completed prior to your first shift with Your Choice Matters. It does not require a qualified mechanic. You will be advised when the inspection is due for renewal.

|  |  |  |
| --- | --- | --- |
| **Employee name** |  | |
|  |  | |
| **Drivers Licence number** |  | |
|  |  | |
| **Vehicle registration** |  | |
|  |  | |
| **Comprehensive insurance provider** |  | |
|  |  |  |
| **Date of inspection** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Please tick** | | | **Action required** |
| **YES** | **NO** | |
| **Lights** | | | | |
| Check operation and visibility of: |  |  | |  |
| Headlights |  |  | |  |
| 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 |  | |  |  |
| Contact details for service readily available |  | |  |  |
|  | | | | |
| **Exterior** | | | | |
| Any damage to bodywork noted |  | |  |  |
| Windscreen in good order and clean |  | |  |  |
| Windscreen wipers and washers operating |  | |  |  |
| Water in windscreen washer reservoir |  | |  |  |
| Tyre tread checks for wear |  | |  |  |
| Treads matching for front and rear tyres |  | |  |  |
| Tyre pressure checked |  | |  |  |
|  | | | | |
| **General Safety** | | | | |
| System in place for reporting problems |  | |  |  |
| Servicing as required logged |  | |  |  |
| First aid kit, sunscreen and insect repellent available |  | |  |  |
| Bluetooth fitted for phone use |  | |  |  |
| Comprehensive Insurance up to date and in place (sent to admin) |  | |  |  |
|  | | | | |
| **Transporting participants** | | | | |
| Appropriate for the transport needs of clients |  | |  |  |
| Wheelchair hoist fitted, if required |  | |  |  |
| Client transport behaviour issues addressed |  | |  |  |
|  | | | | |
| **Any other identified issues** | | | | |
|  | | | | |

Once complete, please return form to dave@yourchoicematters.com.au

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed by** |  | | |
|  |  | | |
| **Position** |  | | |
|  |  | | |
| **Date** |  | **Review date** |  |