

Vehicle Inspection

Date: 2022-07-14

Worker: null Stakeholder: Consultant Division: CISP

Unit #: 321 License Plate #: plate123 Milage: 123456 Insurance Expiry Date: 2022-07-14

The items on this inspection sheet should be checked monthly. A separate sheet should be filled out for each vehicle driven. Place an ✓ by any item that needs attention. Any discrepancies should be detailed on the bottom of this sheet.

| | |
|---|---|
| Ignition Key | Check inside Engine compartment for Leaks/ loose items |
| Fuel Key, check used | Start Engine & check Transmission Fluid Level (Fluid should be hot) |
| Oil Level | Check Highlight/Signal lights/4way flashes/Tail lights/Backup lights |
| Washer Fluid Level | Check fuel level (Should Not be Less Than ½ Tank) |
| Coolant Level | Check First Aid Kit available and full, check expiry dates on contents |
| Power Steering Fluid Level | Check Fire Extinguisher on board/Gauge showing charged, proper seal, pin and inspection |
| Check for Air Gauge | Survival kit: candles, emergency blanket, tow rope, booster cables, light sticks, water |
| Check Horn | Check Tires for wear and pressure (as per manufacturer) |
| Check Heater/Defroster | Check Spill Kit, if required |
| Check Windshield Wipers/Washers | |
| Check all signal lights | |
| Check Interior lights | |
| Check Mirrors for damage and adjustments | |
| Windshield clear visibility, no cracks | |
| Check Radio (Two-way check), if required | |
| Visual Inspection for Exterior Damage/Leaks under vehicle | |

As you drive, continually check for any strange smells, sounds, vibrations, or Anything that does not feel right.

****Vehicles should be serviced as per manufacturer's recommendations and repairs made only by competent accredited personnel.**

Discrepancies

| Description | Details |
|------------------|---------|
| No Discrepancies | |

Corrective Actions

| Description | Details | Date Requested | Date Completed | Person Responsible |
|-----------------------|---------|----------------|----------------|--------------------|
| No corrective actions | | | | |

Driver's Signature: null

Date: 2022-07-14

Manager/Supervisor Signature: Form Loco

Date: To be determined

For monthly inspections done by the employee: This vehicle inspection was done by myself and not by an accredited mechanic. There were no issues or problems identified at the time of inspection and therefore, no corrective actions are necessary to be undertaken. The employee completing this form takes full responsibility of the completeness and accuracy of this inspection as per PP20 IP (Inspection Policy).

Messages

date: 7/14/2022

2: 28: 07 PM

message: Created by alvin.tol@hotmail.com