**Weekly Vehicle Safety Checklist**

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| --- | --- | --- | --- |
| Driver | Vehicle: | Registration Number : | Date: |

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| --- | --- | --- | --- |
| **Item** | **Yes if OK,**  **No if defective** | |  | | --- | | **Details of Defect** | |
| Tyres: Pressure, Tread\* and Damage |  |  |
| Lights: Side, Head, Rear and Reverse |  |  |
| Indicators/ Hazard Warning lights |  |  |
| Windscreen |  |  |
| Wipers: Dirt and damage |  |  |
| Number Plates |  |  |
| Tax Disc |  |  |
| Mirrors: Wing and Rear view |  |  |
| Vehicle Handbook in vehicle |  |  |
| Horn |  |  |
| Internal Lights, including dash board warning lights |  |  |
| Window Demisters: Front and Rear |  |  |
| Seatbelts: Operational, no sign of damage |  |  |
| Brakes |  |  |
| Hand Brake / Parking Brake |  |  |
| Fire Extinguisher |  |  |
| First Aid Kit |  |  |
| Under Bonnet Checks |  |  |
| Coolant/Water |  |  |
| Engine Oil |  |  |
| Battery |  |  |
| Brake Fluid |  |  |
| Power Steering Fluid |  |  |
| Screen Wash |  |  |