**AFEI Member Template: Planned WHS Inspection (Vehicles)**

**THIS DOCUMENT IS ONLY A GUIDE**

AFEI recommends members consider their specific requirements when adopting a template document or policy to ensure the document meets the particular needs of your organisation.

For assistance, please call the AFEI Hotline on 02 9264 2000.

**How to use this document:**

1: Check with the AFEI Hotline as to its suitability for your needs.

2: Edit to meet your requirements by:

* **Add** relevant information in the [yellow highlighted] sections.
* **Delete** comments in the *[blue highlighted]* areas.

***[Place on Organisation Letterhead]***

Planned WHS Inspection (Vehicles)

| **Ownership and Insurance** | | | | |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **N/A** | **Comments/Notes** |
| Do you own the vehicle? |  |  |  |  |
| Is the vehicle comprehensively insured? |  |  |  |  |
| When does the comprehensive insurance expire? | Date: | | | |
| Does the vehicle have Third Party Insurance? |  |  |  |  |
| When does the registration  expire? | Date: | | | |
| What is the year of vehicle manufacture? | Year: | | | |
| Have you attached a copy of your drivers’ licence and certificate of insurance with this form? |  |  |  |  |

| **Vehicle Details** | |
| --- | --- |
| **Item** | **Details** |
| What is the registration number? | Number: |
| What is the make and model? | Details: |
| What is the odometer reading? | KMs: |

| **Servicing** | |
| --- | --- |
| **Item** | **Details** |
| When was the vehicle last serviced? | Date: |
| When is the vehicle due for the next service? | Date: |
| Brake percentages at last service: | Front: Rear: |

| **Safety Check: (as completed by the employee)** | | | |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Comments/Notes** |
| Does the speedometer work? |  |  |  |
| Do the brakes stop the vehicle? |  |  |  |
| Do all brake lights work? |  |  |  |
| Do all headlights/reverse lamps work? |  |  |  |
| Do all turn signals work? |  |  |  |
| Are the windows clean and crack/chip free? |  |  |  |
| Can the vehicle be secured/locked? |  |  |  |
| Does the horn work? |  |  |  |
| Do all seatbelts work? |  |  |  |
| Is the seat comfortable? |  |  |  |
| Are the mirrors effective? |  |  |  |
| Is there a reverse camera? |  |  |  |
| Do the tyres have sufficient tread? |  |  |  |
| Is there any damage/rust? |  |  |  |
| Is the first aid kit in date and suitable? |  |  |  |

**Declaration by person completing form:**

I declare I have completed this checklist truthfully and accurately, to the best of my ability:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_