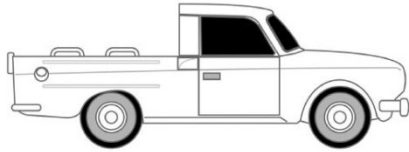
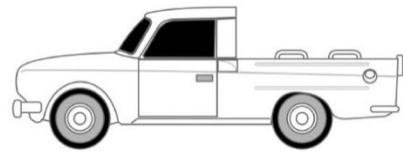
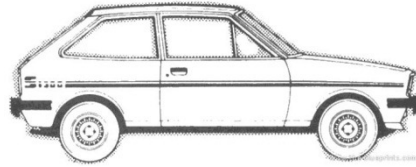
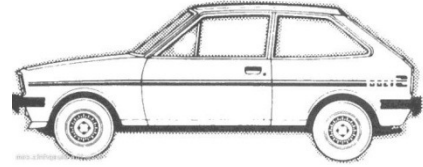


Appendix 2 16

MRWA Vehicle Safety Check-List			
Vehicle Details		Mileage:	
Make and Model			
Registration Number			
Check Items		Satisfactory	
		Yes	No
External Vehicle Condition Checks:			
1	Vehicle sitting square and not leaning to one side.	<input type="checkbox"/>	<input type="checkbox"/>
2	Registration plates visible, Tax in date and displayed.	<input type="checkbox"/>	<input type="checkbox"/>
3	Windscreen wipers.	<input type="checkbox"/>	<input type="checkbox"/>
4	Windows/Windscreen in good order with no severe cracks/chips.	<input type="checkbox"/>	<input type="checkbox"/>
5	Wing mirrors.	<input type="checkbox"/>	<input type="checkbox"/>
6	Running lights - High and Low beam.	<input type="checkbox"/>	<input type="checkbox"/>
7	Brake lights. <i>(Check against reflection on wall if solo driving)</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	Turn indicator lights.	<input type="checkbox"/>	<input type="checkbox"/>
9	Tyres. <i>(Check for damage, bald patches, correctly inflated)</i>	<input type="checkbox"/>	<input type="checkbox"/>
9a	Tyre pressure (check when refuelling)	<input type="checkbox"/>	<input type="checkbox"/>
10	Oil / fuel leaks. <i>(Check under vehicle and odours)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Engine compartment:			
11	Engine oil level	<input type="checkbox"/>	<input type="checkbox"/>
12	Coolant level	<input type="checkbox"/>	<input type="checkbox"/>
13	Windscreen washer bottle	<input type="checkbox"/>	<input type="checkbox"/>
In-Cab Checks:			
14	Cab clean with no obstructions or loose material.	<input type="checkbox"/>	<input type="checkbox"/>
15	First Aid kit is accessible, stocked and in date.	<input type="checkbox"/>	<input type="checkbox"/>
16	Driving controls, seat and safety belts adjusted correctly.	<input type="checkbox"/>	<input type="checkbox"/>
17	Mirrors adjusted and providing good visibility	<input type="checkbox"/>	<input type="checkbox"/>
18	Horn	<input type="checkbox"/>	<input type="checkbox"/>

19	Ignition <i>(Check for warning lights)</i>	<input type="checkbox"/>	<input type="checkbox"/>
20	Windscreen washer, wipers, and demister	<input type="checkbox"/>	<input type="checkbox"/>
Indicate any body damage:			
			
Driver Side		Passenger Side	
			
Additional comment on body work:			
<div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div>			
21	Spare wheel and jack	<input type="checkbox"/>	<input type="checkbox"/>
Prior to journey:			
22	Does the vehicle have enough fuel to complete the journey?	<input type="checkbox"/>	<input type="checkbox"/>
23	Steering and brakes operating correctly.	<input type="checkbox"/>	<input type="checkbox"/>
Inspection performed by:			
Name:			
<i>I declare that I have completed all of the checks listed above and that to my knowledge the vehicle is safe to drive.</i>			
Signature:			
Date:		Time:	