

Daily Van Checklist					
<b>It is the responsibility of operators and drivers of vehicles to ensure that the vehicles they use are roadworthy as it is an offence to use an un-roadworthy vehicle on the road.</b>					
Driver name:		Vehicle Registration:		Date:	
<b>Checks Prior to Vehicle Departure:</b>					
<b>Check for the following, Function – Damage – Cleanliness - Condition - Security - Operation</b>					
<b>X</b> Indicate if requiring attention	<b>✓</b> Indicate that this item is fit for purpose		<b>N/A</b> Item not applicable		
Start Time Vehicle Check:			Mileage Finish:		
Finish Time Vehicle Check:			Mileage Start:		
Total Vehicle Check Time:			Mileage Total:		
Oil level		Hazard and Indicators		Tax Disc Valid	
Coolant - visual check:		All lights working		No smoking sign	
Screen Wash		Reflectors functional		Ancillary Equipment-	
Brake and power steering fluid		Horn		Tyres - Inflation, wear	
Doors		Wheels- condition-security		Tyres - Tred depth	
Windows		Mirrors		Tyres - Visual Check	
Wipers and Washers		DP Vehicle Temp Set to 21c		Alarm	
Are there sufficient straps / ties to restrain the load correctly and is the Load safe & secure (Trolleys/Pump Truck etc)?				Yes / No	
Any additional damage reported from previous vehicle inspection (Vehicle Image) ?				Yes / No	
Driver Sign:		Controller Sign:		Date:	
<b>Vehicle checks and Observations should be continuous throughout the day:</b>					
Steering functional		Suspension		Exhaust system	
Engine Performance		Clutch functional		OSDP - Media air conditioning unit	
Electrics functional		Handbrake functional			
Seating functional		Foot brakes functional		Locks / alarms	
<b>COMMENTS ON ROAD:</b>					
Nil defects (driver signature).....			<i>If no defects found the driver MUST sign 'nil defects'</i>		
<b>DEFECT REPORTING</b>					
ALL DAMAGE/DEFECTS <b>MUST</b> BE REPORTED TO [RELEVANT MANAGER] <b>BEFORE</b> YOU LEAVE SITE					
<b>Defect Raised By: PRINT NAME:</b>		<b>SIGNATURE:</b>		<b>DEFECT NOTE NUMBER:</b>	
<b>Final walk round Vehicle Check: START:</b>		<b>FINISH:</b>		<b>TOTAL:</b>	
<b>DE-BRIEFER CONTROLLER SECTION</b>					
Any additional damage reported from first vehicle inspection ?				Yes	No
Defect Register Updated?				Yes	No
Did vehicle require taking off road?				Yes	No
Driver Sign:		Controller Sign:		Date:	