**Vehicle Inspection Checklist**

The checklist is to be completed prior to your first shift with All About You – Disability Services. It does not require a qualified mechanic. You will be advised when the inspection is due for renewal.

|  |  |  |
| --- | --- | --- |
| Employee name |  | |
|  |  | |
| Drivers Licence number |  | |
|  |  | |
| Vehicle registration |  | |
|  |  | |
| Comprehensive insurance provider |  | |
|  |  |  |
| Date of inspection |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Please tick | | | Action required |
| YES | NO | |
| Lights | | | | |
| Check operation and visibility of: |  |  | |  |
| Headlights |  |  | |  |
| Parking lights |  |  | |  |
| Indicators/blinkers |  |  | |  |
| Hazard lights |  |  | |  |
| Brake lights |  |  | |  |
| Reverse lights |  |  | |  |
|  | | | | |
| Brakes and Warnings | | | | |
| Check operation of handbrake |  | |  |  |
| Check for firm brake pedal |  | |  |  |
| Check operation of horn |  | |  |  |
|  | | | | |
|  | | | | |
| Interior | | | | |
| ‘No smoking’ signs displayed prominently |  | |  |  |
| Internal cleanliness maintained including upholstery |  | |  |  |
| Cargo barrier in place, where appropriate |  | |  |  |
| Safety belts in good order |  | |  |  |
| Contact details for service readily available |  | |  |  |
| Indication of vehicle dimension visible if appropriate |  | |  |  |
|  | | | | |
| Exterior | | | | |
| Any damage to bodywork noted |  | |  |  |
| Windscreen in good order and clean |  | |  |  |
| Windscreen wipers and washers operating |  | |  |  |
| Water in windscreen washer reservoir |  | |  |  |
| Tyre tread checks for wear |  | |  |  |
| Treads matching for front and rear tyres |  | |  |  |
| Tyre pressure checked |  | |  |  |
|  | | | | |
| General Safety | | | | |
| System in place for reporting problems |  | |  |  |
| Servicing as required logged |  | |  |  |
| First aid kit, sunscreen and insect repellent available |  | |  |  |
| Contents up to date and complete |  | |  |  |
| Container and contents clean and orderly |  | |  |  |
| System in place to replenish stock |  | |  |  |
|  | | | | |
| Transporting participants | | | | |
| Appropriate for the transport needs of clients |  | |  |  |
| Wheelchair hoist fitted, if required |  | |  |  |
| Wheelchair attachments fitted and in good order |  | |  |  |
| Client transport behaviour issues addressed |  | |  |  |
|  | | | | |
| Any other identified issues | | | | |
|  | | | | |

Once complete, please return form to [admin@allaboutyou.org.au](mailto:admin@allaboutyou.org.au)

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewed by |  | | |
|  |  | | |
| Position |  | | |
|  |  | | |
| Date |  | Review date |  |