

# Vehicle Defect Report

Driver's Name:	Vehicle / Fleet Number:	
Date / Time:	Speedo / Odometer Reading:	
<b>DAILY CHECK</b>		
1 Fuel / Oil / Fluid Leaks	<input type="checkbox"/> 15 Wipers / Washers / Horn	<input type="checkbox"/> 29 Passenger Seat Belts** <input type="checkbox"/>
2 Battery Security	<input type="checkbox"/> 16 Glass Visibility	<input type="checkbox"/> 30 Fire Extinguisher & Emergency Hammer** <input type="checkbox"/>
3 Wheel, Tyres & Fixings	<input type="checkbox"/> 17 Exhaust Smoke	<input type="checkbox"/> 31 Wheelchair Accessibility** <input type="checkbox"/>
4 Spray Suppression	<input type="checkbox"/> 18 Reflectors, Markers & Lights	<input type="checkbox"/> 32 Prominent Warning Signage*** <input type="checkbox"/>
5 Registration Plates	<input type="checkbox"/> 19 Indicators Including Side Repeaters	<input type="checkbox"/> 33 Side Under Run Protection*** <input type="checkbox"/>
6 Bodywork Condition & Security	<input type="checkbox"/> 20 AdBlue	<input type="checkbox"/> 34 Mirrors (Class IV, Class V, Class VI)*** <input type="checkbox"/>
7 Steering	<input type="checkbox"/> 21 Security of Load / Height of Vehicle	<input type="checkbox"/> 35 Camera System & Detection Sensors*** <input type="checkbox"/>
8 Brakes Including ABS / EBS	<input type="checkbox"/> 22 Brake Lines*	<input type="checkbox"/> 36 Tail Lift & Safety Equipment*** <input type="checkbox"/>
9 Air Build Up / Leaks	<input type="checkbox"/> 23 Coupling Security*	<input type="checkbox"/> 37 Fresnel Lenses*** <input type="checkbox"/>
10 Licence Visible	<input type="checkbox"/> 24 Electrical Connections*	<input type="checkbox"/> 38 ..... <input type="checkbox"/>
11 Odometer / Speed Limiter	<input type="checkbox"/> 25 Saloon Lighting & Floor Covering**	<input type="checkbox"/> 39 ..... <input type="checkbox"/>
12 Seat Belts & Cab Interior	<input type="checkbox"/> 26 Heating & Ventilation**	<input type="checkbox"/> 40 ..... <input type="checkbox"/>
13 Tachograph / Tachograph Rolls	<input type="checkbox"/> 27 Doors & Exits**	<input type="checkbox"/> 41 Nil Defects <input type="checkbox"/>
14 Warning Lights	<input type="checkbox"/> 28 First Aid Kit**	<input type="checkbox"/>
<p>* Refers to articulated lorry and trailer combinations.  ** Refers to PCV / PSV checklist  *** Refers to FORS requirements</p>	Record below any defects, damage, or irregularities, however small. Hand a copy to the Transport Office / Officer. Defects <b>MUST</b> be reported to the appointed person who will initial the original copy.	
Report Defects Here:          Defects reported to:   Driver Signature: .....	Defect Assessment and Rectification:          Defects rectified by: ..... Date: .....  Signed: .....	