

# Vehicle Defect Report



# TachPro

# XXXXXXXXXX

Drivers Name:

Vehicle / Fleet Number:

Date / Time:

Speedo / Odometer Reading:

## Daily Check

1. Tyres, Wheels and Wheel Nuts	<input type="checkbox"/>	15. Brakes / Steering	<input type="checkbox"/>
2. Bodywork Damage	<input type="checkbox"/>	16. Registration Plate	<input type="checkbox"/>
3. Door Security	<input type="checkbox"/>	17. Windscreen / Glass	<input type="checkbox"/>
4. Oil / Fluid / Coolant / Leaks	<input type="checkbox"/>	18. Spare Wheel	<input type="checkbox"/>
5. Tow Bar Security / Connections	<input type="checkbox"/>	19. Tachograph (if applicable)	<input type="checkbox"/>
6. Tail Lift / Ramps	<input type="checkbox"/>	20. Saloon Lighting*	<input type="checkbox"/>
7. Lights / Reflectors	<input type="checkbox"/>	21. Saloon Floor Covering*	<input type="checkbox"/>
8. Exhaust Security and Emissions	<input type="checkbox"/>	22. Heating & Ventilation*	<input type="checkbox"/>
9. Battery Security	<input type="checkbox"/>	23. Exits, Locks and Handles, Markings*	<input type="checkbox"/>
10. Load Security	<input type="checkbox"/>	24. First Aid Kit*	<input type="checkbox"/>
11. Horn / Dashboard Lights	<input type="checkbox"/>	25. Disabled Passenger Restraints*	<input type="checkbox"/>
12. Mirrors / Indicators	<input type="checkbox"/>	26. Fire Extinguisher*	<input type="checkbox"/>
13. Washers / Wipers	<input type="checkbox"/>	27. Emergency Hammer*	<input type="checkbox"/>
14. Seats / Seatbelts	<input type="checkbox"/>	28. Are you fit to drive?	<input type="checkbox"/>
		29. <b>NIL DEFECT</b>	<input type="checkbox"/>

\* Minibus Check List Extras

RECORD BELOW ANY ACCIDENT HOWEVER SMALL. VEHICLE DEFECTS OR IRREGULARITIES. HAND PINK DUPLICATE COPY INTO OFFICE / TRAFFIC OFFICER. VEHICLE DEFECTS MUST ALSO BE REPORTED TO THE SENIOR MAINTENANCE & REPAIR ENGINEER WHO WILL INITIAL THE ORIGINAL COPY.

Notes:

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*Drivers Signature*
*Reported to*
*Defect Rectified by*
*Signature*
*Date*