Vehicle Defect Report

Drivers Name:	Vehicle / Fleet Number:		
Date / Time:	Speedo /	Odometer Reading:	
Daily Check 1. Good visibility through all cab windows and mir All required mirrors fitted and adjusted correctly.	rors	10. All lights and reflectors fitted, clean and in good condition	
2. Driving controls, seat and driver safety belt adjusted correctly		11. Exhaust secure with no excess noise or smoke	
3. Windscreen washer, wipers, demister and horr operating correctly	n 🗀	12. Vehicle access, doors, steps and bodywork in good condition	
4. All instruments, gauges and other warning dev operating (including ABS/EBS in cab warning ligh		13. Fuel cap seal in place and not leaking	
5. Cab clean with no obstructions or loose mater	ials	14. Engine oil, water, windscreen washer reservoir and fuel levels checked and no leaks	
6. High visibility jacket/vest accessible in cab		15. Steering and brakes operating correctly	
7. Vehicle sitting square and not leaning to one s	ide	16. Load within limits, secured and weight distributed correctly	
8. Tax, insurance and transport (if applicable) disc present and valid. Number plates clearly visible	cs	17. ABS/EBS warning lights off	
9. Wheels in good condition and secure. Tyres undamaged with correct inflation and tread depth	n	18. NIL DEFECTS	
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:			
Drivers Signature		Reported to	
Defect Rectified by	Signatu	ure Date	