***To be completed daily before leaving the yard. Defects must be reported immediately.***

|  |
| --- |
| Driver/Vehicle Details |
| Driver’s Name: |  | Week Commencing: |
|  |  |  |
| Vehicle Reg Number: |  | Odometer Start: |  | Odometer Finish: |  | Total for week: |
|  |  |  |  |  |  |  |

|  |
| --- |
| Vehicle Checklist |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| START TIME |  |  |  |  |  |  |  |
| FINISH TIME |  |  |  |  |  |  |  |
| BRIEF DESCRIPTION OF WORK |  |  |  |  |  |  |  |
| Lights |  |  |  |  |  |  |  |
| Horn |  |  |  |  |  |  |  |
| Mirrors |  |  |  |  |  |  |  |
| Brakes |  |  |  |  |  |  |  |
| Driving controls |  |  |  |  |  |  |  |
| Tyres and wheels |  |  |  |  |  |  |  |
| Body |  |  |  |  |  |  |  |
| Load |  |  |  |  |  |  |  |
| Washers/wipers |  |  |  |  |  |  |  |
| Oil |  |  |  |  |  |  |  |
| Water |  |  |  |  |  |  |  |
| Defects [YES/NO] |  |  |  |  |  |  |  |
| Defects Report No. |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Signed: |  | Date: |
|  |  |  |

Disclaimer:

This document is for guidance only and should be adapted in accordance with your Company procedures.

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