

Pre-trip inspection to be completed on every driver change and/or every 12 hours

Date:		Driver Name:	
Vehicle Reg. No:		Trailer 1 Reg. No:	
Vehicle Km:		Trailer 2 Reg. No:	

	√	x		√	x
Check under vehicle for oil, fuel, or fluid leaks			Check for fire extinguishers		
Check windscreen for damage			Check fire extinguisher service date		
Check windscreen wipers for damage			Emergency triangles present		
Check bodywork for damage			Jack and wheel tools in place and working		
Check side windows for damage			Check for first aid kit		
Licence disk valid and visible			Check side windows operation		
Number plates in place and secure			Check if doors open/close/lock properly		
Check reflectors and chevrons			Seat mechanism working		
Check rear view mirrors glass			Seatbelt mechanism working		
Check battery connections and security			Check rear view mirrors for correct view		
Check tyre condition and no debris in tread			Check windscreen wipers for operation		
All wheel nuts in place			Start engine – does it sound normal		
All tyre valve caps in place			Check warning lights and alert buzzers		
Check spare wheel condition and security			Check lights: head		
Check tyre pressures			running		
Check tow hitch			tail & parking		
Check 5 th wheel and grease			brake		
Check light covers: head			indicators		
running			number plates		
tail & parking			Check oil pressure		
brake			Check air pressure build up		
indicators			Check alternator charging		
number plates			Check coolant temperature		
Check if air suzie couplers are operational			Check hooter		
Check if trailer plug is operational			Check steering operation		
Check coolant level			Check brakes for air leaks		
Check engine oil level			Check foot brake operation		
Check clutch fluid level			Check hand brake operation		
Check brake fluid level			Check exhaust brake operation		
Check fuel level			Check bunks are secured properly		
Check caps and dipsticks are correctly fitted			Check no loose objects in cab		
Check v-belt condition and tension			All documentation is present		
Load must be secure and covered			All documentation is correct		
Trailer supports are lifted and secure			Is driver's license valid		
Check no obstructions under the vehicle			Other remarks (if yes, specify below)		

Remarks:

Do any items marked X require the vehicle to be taken out of service? YES NO

Supervisor to be informed of any items marked in the X column.

Supervisor Name:		Driver Signature:	
Supervisor Signature:			