

TRANSPORT SERVICES

Checking Sheet

PASSENGER CARRYING VEHICLE.



Vehicle Reg: _____

Date _____

OUTSIDE THE VEHICLE	Mo	Tu	We	Th	Fr	Sa	Su	Comment
Visible oil/ fluid leaks.								
Security / condition of bodywork/hatches fastened.								
Tyres / wheel nuts								
Number plate s								
Wipers								
Tax Disc/ S19 permitt								
Mirrors								
Fuel Cap								
Lights-- Head/Side/Brake/Indicator/NumberPlate								
Engine checks - whilst cold								
Engine Oil								
Coolant								
Brake/Clutch/Steering Fluid (where appropriate)								
Washer Bottle								
Air Tanks Drained (where appropriate)								
INSIDE THE VEHICLE								
Security of Seats/Seatbelts.								
Warning lights/horn.								
First Aid Box/Fire Extinguisher(s)								
No insecure equipment/tools								
WITH ENGINE RUNNING/PARKING BRAKE ON								
Walk around- Air/Fluid leaks(where appropriate)								
No vehicle body lean								
Air Tanksup/Flags/Buzzers off (where appropriate)								
Static and moving brake test.								
Steering								
Warning Lights and Beacons								
Ancillary equipment(including passenger lift/ramp)								

From _____

ODO In _____

To _____

ODO out _____

Total _____

Time out

Time in

Driver _____

Sig _____

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