

TRANSPORT SERVICES

Checking Sheet

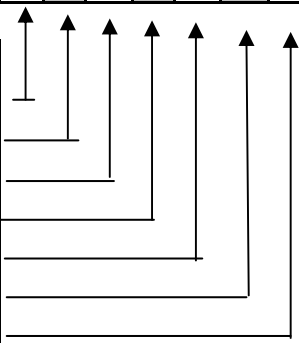
PASSENGER CARRYING VEHICLE.



Driver Name Location..... Week/ending.....

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

	Date	Driver's Signature
Mo		
Tu		
We		
Th		
Fr		
Sa		
Su		



Vehicle reg.....
Saturday

Sunday

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