

VEHICLE CHECK LIST

VEHICLE REGISTRATION NO: _____ MAKE OF VEHICLE: _____

DATE: _____ TIME: _____

KM OUT: _____ KM IN: _____

ITEM	OUT	IN	NEEDS ATTENTION	REMARKS
INDICATORS				
LIGHTS: BRIGHTS				
LIGHTS: PARK				
LIGHTS: TAIL				
LIGHTS: BRAKE				
BRAKE: FOOT				
BRAKE: HAND				
JACK				
WHEEL SPANNERS				
SPARE WHEEL				
HOOTER				
CLEANLINESS OF VEHICLE				
DAMAGES / DENTS – BODY WORK				
DAMAGES WINDSCREEN / WINDOWS				
TYRES				
WHEEL CAPS				

DRIVERS FULL NAMES: _____ SIGNATURE: _____

STAFF / STUDENT NO: _____ DATE: _____

DEPARTMENT: _____ LICENSE NO: _____

FORMS	YES	NO
PRINCIPLES & REGULATIONS		
VEHICLE REQUISITION		
VEHICLE USE ACKNOWLEDGEMENT		

CHECKED ON ISSUE BY: _____

CHECKED ON RETURN BY: _____