



Daily Vehicle Maintenance Checklist

	Items that require checking	Checked
Lighting	Taillights, headlights, brakelights, indicators, hazards, reversing, instrument lighting, Safety Beacons (if Fitted)	
Vision	Condition of Glass, wipers/ washers, mirrors (internal and external).	
Horn	Horn and reversing alarms.	
Brakes	Service (foot) brake and hand brake, brake pedal rubber fitted.	
Wheel Assembly	Tyres and rims, inflation and condition, wheel nuts.	
Levels	Engine oil, radiator coolant, washer water.	
Visible Leaks	Check under and the surrounds of the vehicle for leaks from engine, transmission, radiator, brakes/ clutch fluid, battery and fuel.	
General Safety	Ola reflective sticker, seat belts, mirror positions, seat adjustment, body damage, spare wheel and required tools.	
General Cleanliness	Reasonable cleanliness both internally and externally.	
COVID Safe	Sanitiser, disinfectant, wet wipes, QR code (if applicable)	
Operating Check	All controls and gauges are in good working order, Check for any abnormal noises	
Fire Equipment	Fire Extinguisher is current (Every 6 months) and stored correctly (if fitted).	
Safety Equipment	First aid kits, safety triangles, break window hammers fitted	
Communications	Mobile phones, navigation device, phone mounts, wireless headset	



Daily vehicle safety check sheet and driver's declaration (page two)

Vehicle registration #: _____ Trip date: _____

Start KM: _____ End KM: _____

Driver's name: _____ Driver's licence # _____

Have you ever driven this vehicle before? Yes No

If no, please familiarise yourself with the operator's manual and safety features of the vehicle.

✓ Satisfactory

Defect

Check details of each item listed opposite.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Initial if defected	Defect No. if generated
Lighting									
Vision									
Horn									
Brakes									
Wheel Assembly									
Fluid Levels									
Visible Leaks									
General Safety									
General Cleanliness									
Operating Check									
Fire Equipment									
Safety Equipment									
Communications									

Please provide information about the defect:

Driver's declaration: I have inspected the vehicle as required and to the best of my knowledge the vehicle is in a suitable equipped and safe condition.

I declare myself in a fit state to drive this vehicle.

Driver to acknowledge above statement by completing the below:

Driver's name: _____

Driver's signature: _____



Date:



The above two pages are to sit side by side (as below):



Vehicle mechanical failure – daily vehicle inspection check lists

Daily vehicle safety check cover sheet (page one)

	Items that require checking
Lighting	Tail, headlight, brake, indicator, hazard, reversing, instrument lighting, Safety Beacons (if Fitted), taxi roof light (if fitted).
Vision	Condition of Glass, wipers/ washers, mirrors (internal and external).
Horn	Horn and reversing alarms.
Brakes	Service (foot) brake and hand brake, brake pedal rubber fitted.
Wheel Assembly	Tyres and rims, inflation and condition, wheel nuts.
Levels	Engine oil, radiator coolant, washer water.
Visible Leaks	Check under and the surrounds of the vehicle for leaks from engine, transmission, radiator, brakes/ clutch fluid, battery and fuel.
General Safety	Seat belts, seat adjustment, body damage, spare wheel and required tools.
General Cleanliness	Reasonable cleanliness both internally and externally.
Operating Check	All controls and gauges are in good working order, Check for any abnormal noises, check serviceability of wheelchair hoist (if fitted).
Fire Equipment	Fire Extinguisher is current (Every 6 months) and stored correctly (if fitted).
Safety Equipment	First aid kits, safety triangles, break window hammers fitted, all emergency exits operational.
Communications	Mobile phones, two-way radios, satellite phones (if required are in working order).

Daily vehicle safety check sheet and driver's declaration (page two)

Vehicle registration #: _____ Trip date: _____
 Start KM: | _____ End KM: _____
 Driver's name: _____ Driver's licence # _____
 Have you ever driven this vehicle before? Yes No

If no, please familiarise yourself with the operator's manual and safety features of the vehicle.

Check details of each item listed opposite.	✓ Satisfactory							✗ Defect	
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Initial if defected	Defect No. if generated
Lighting									
Vision									
Horn									
Brakes									
Wheel Assembly									
Fluid Levels									
Visible Leaks									
General Safety									
General Cleanliness									
Operating Check									
Fire Equipment									
Safety Equipment									
Communications									

Please provide information about the defect:

Driver's declaration: I have inspected the vehicle as required and to the best of my knowledge the vehicle is in a suitable equipped and safe condition.

I declare myself in a fit state to drive this vehicle.

Driver to acknowledge above statement by completing the below:

Driver's name: _____

Driver's signature: _____

Date: _____

