

## Passengers' vehicle checklist

|                                                      |                                                              |                                                                |
|------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|
| <b>VEHICLE MANUFACTURER</b><br>Make :<br><br>Model : | <b>REGISTRATION</b><br>Number :<br><br>Fitness expiry Date : | <b>INSURANCE CERTIFICATE</b><br>Policy No:<br><br>Expiry Date: |
| <b>DRIVERS DETAILS</b><br>Name:                      | <b>Licence Number:</b><br>Type of Licence:                   | Permit Validity:                                               |
| WC Policy Validity:                                  | Licence Expiry:                                              |                                                                |

| Tick <input checked="" type="checkbox"/> the appropriate box |                                                                                                          | YES | NO | Remarks |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|----|---------|
| 1                                                            | Is the documentation for the passenger vehicle correct? (State traffic registration & insurance)         |     |    |         |
| 2                                                            | Is an audible back-up (reversing) warning device fitted to the vehicle? (if the rear window is obscured) |     |    |         |
| 3                                                            | Are fuel lines of the braided steel type?                                                                |     |    |         |
| 4                                                            | Are there any fuel/Oil leak?                                                                             |     |    |         |
| 5                                                            | Are all engine radiators' fins clear and not blocked?                                                    |     |    |         |
| 6                                                            | Are alternator fan belts of the spark resistant type?                                                    |     |    |         |
| 7                                                            | Is the battery in good condition and terminals clean?                                                    |     |    |         |
| 8                                                            | Is electrical system well insulated and with no exposed terminals.                                       |     |    |         |
| 9                                                            | Are tyres in good condition?                                                                             |     |    |         |
| 10                                                           | Are vehicle's breaks effective?                                                                          |     |    |         |
| 11                                                           | Is a full and in-date fire extinguisher fitted in the passenger area?                                    |     |    |         |
| 12                                                           | Is First Aid kit items are available in sufficient quantity                                              |     |    |         |
| 13                                                           | Are all internal and external lights, horn and indicators working correctly?                             |     |    |         |
| 14                                                           | Are passenger seat belts fitted?                                                                         |     |    |         |
| 15                                                           | Confirm there is no homemade or damaged equipment fitted.                                                |     |    |         |
| 16                                                           | Are the general housekeeping conditions of the vehicle satisfactory?                                     |     |    |         |

ANY COMMENTS WITH CORRECTIVE ACTIONS REQUIRED:

INSPECTION DONE:

Signature:

Date: