



SAFETY INSPECTION FOR MEDIUM / HEAVY VEHICLES

Location:- _____

Date: _____

Type & Make: _____

Regn. No. _____

Name of the driver: _____

Valid Licence No: _____

S.No.	Checking item	Yes\No\N.A.	Remarks
1	Is Speedometer\odometer working ?		
2	Are the windscreen\side mirriors free from damage ?		
3	Is wiper & washer unit in working condition ?		
4	Are head\breaking\indicator lights working ?		
5	Is back up alarm working ?		
6	Is horn working ?		
7	Are the seat belt working ?		
8	Are Hand &foot break in good condition ?		
9	Are all the tyres in good condition ?		
10	Is any oil\fuel leakage noticed ?		
11	Is spare tyre available and in good condition ?		
12	Is first aid kit available ?		
13	Are valid registration & insurance available ?		
14	Are hydraulic hoses in good condition ?		
15	Istipping mechanism(Tipper) working smoothly ?		
16	Is there any damage to the vehicle ?		
17	Fire extinguisher available ?		

Name of the inspector: _____

Signature: _____

