# Vehicle Inspection Report

(OH&S Regulation 17.01 to 17.14)

Vehicle operators are to inspect and document daily and submit this report weekly to their supervisor.

**PLEASE PRINT CLEARLY**

**Vehicle and Operator Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Operator name: | | Vehicle description: | | | | | |
| Licence number: | Mileage (km’s): | Date of inspection (D/M/Y) | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |

**Vehicle Condition Check ✓**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Day 1** | | | **Day 2** | | | **Day 3** | | | **Day 4** | | | **Day 5** | | |
| **Status** | Good | Comments | | Good | Comments | | Good | Comments | | Good | Comments | | Good | Comments | |
| Motor oil |  |  | |  |  | |  |  | |  |  | |  |  | |
| Coolant / Anti-freeze |  |  | |  |  | |  |  | |  |  | |  |  | |
| Brakes (foot/hand) |  |  | |  |  | |  |  | |  |  | |  |  | |
| Exhaust/mufflers |  |  | |  |  | |  |  | |  |  | |  |  | |
| General (body) |  |  | |  |  | |  |  | |  |  | |  |  | |
| General (mechanical) |  |  | |  |  | |  |  | |  |  | |  |  | |
| Mirrors |  |  | |  |  | |  |  | |  |  | |  |  | |
| Seatbelts |  |  | |  |  | |  |  | |  |  | |  |  | |
| Steering |  |  | |  |  | |  |  | |  |  | |  |  | |
| Tires (incl. spare) |  |  | |  |  | |  |  | |  |  | |  |  | |
| Windshield, wipers condition |  |  | |  |  | |  |  | |  |  | |  |  | |
| Washer fluid level |  |  | |  |  | |  |  | |  |  | |  |  | |
| **Lights** | **OK** | | **Replace** | **OK** | | **Replace** | **OK** | | **Replace** | **OK** | | **Replace** | **OK** | | **Replace** |
| Brake |  | |  |  | |  |  | |  |  | |  |  | |  |
| Head |  | |  |  | |  |  | |  |  | |  |  | |  |
| Signal |  | |  |  | |  |  | |  |  | |  |  | |  |

**Vehicle Equipment Check ✓**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Comments** (from all sections) |
| Emergency response numbers posted |  |  |  |  |  |  |
| Radio, cell or satellite phone |  |  |  |  |  |
| Tools, equipment secured |  |  |  |  |  |
| Axe, shovel, water can |  |  |  |  |  |
| Fire extinguisher |  |  |  |  |  |
| First aid, survival kits |  |  |  |  |  |
| Flares/triangles/cones |  |  |  |  |  |
| Flashlight |  |  |  |  |  |
| Tire jack/wrench |  |  |  |  |  |
| Jumper cables |  |  |  |  |  |
| Cargo netting/restraint |  |  |  |  |  |
| Environmental spill kit |  |  |  |  |  |
| Tow rope, chains |  |  |  |  |  |

**Operator/Inspector Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  Signature: | Date: | Name:  Signature: | Date: |