|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Make:** |  | **Model:** |  | **Registration:** |  |

Week Commencing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Daily Inspection** | | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Inspected By (drivers initials) | |  |  |  |  |  |  |  |
| 1. Check Oil Level | |  |  |  |  |  |  |  |
| 1. Check Brake Fluid Level | |  |  |  |  |  |  |  |
| 1. Check Coolant Level | |  |  |  |  |  |  |  |
| 1. Check Window Wash | |  |  |  |  |  |  |  |
| 1. Wipers Blades | Wear/Damage |  |  |  |  |  |  |  |
| Mechanical Function |  |  |  |  |  |  |  |
| 1. Check Lights | L/R Indicators |  |  |  |  |  |  |  |
| Hazard Lights |  |  |  |  |  |  |  |
| Brake Lights |  |  |  |  |  |  |  |
| Head lights |  |  |  |  |  |  |  |
| Back Lights |  |  |  |  |  |  |  |
| 1. Check Horn | |  |  |  |  |  |  |  |
| 1. Check Tyres | Tread & Side Walls |  |  |  |  |  |  |  |
| Wheel |  |  |  |  |  |  |  |
| 1. Check Vision | Windows |  |  |  |  |  |  |  |
| Mirrors |  |  |  |  |  |  |  |
| 1. Seatbelts | |  |  |  |  |  |  |  |
| 1. Cleanliness | Cab |  |  |  |  |  |  |  |
| Back |  |  |  |  |  |  |  |

Weekly inspection by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
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| **Weekly Tyre Pressure** | **To Be Recorded Every Monday** | | | | | |
| Front Nearside | Psi | | Tax Expiry: |  | | |
| Front Offside | Psi | | MOT Due: |  | | |
| Rear Offside | Psi | | Next Service: |  | | Miles |
| Rear Nearside | Psi | | Mileage: |  | | |
| Brake Fluid Level: | | Min► | | | ◄Max | |
| Engine Oil Level: | | Min► | | | ◄Max | |
| Engine Coolant Level: | | Cold ►**I** | | |  | |

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_