

MONTHLY VEHICLE AND PLANT INSPECTION REGISTER

Inspection Date: _____

Driver: _____

Reg. no.: _____

Fleet no.: _____

Description: _____

Km's / Hours: _____

Operational: (Yes / No): _____

Item	√ or X or N/A*	Comment if X (Refer to workshop)
Exterior Clean		
Interior Clean		
Spare Wheel in place		
Spare Wheel inflated		
Jack		
Wheel Spanner		
Spare Wheel Wrench		
Tyre Condition		
No Oil leaks		
No Water Leaks		
Vehicle License valid		
Next Service sticker present		
Km's/Hours of next service		
Log Book Completed. All sections of the log book must be ticked. Name and signature of driver must be present		

OTHER COMMENTS

NAME OF INSPECTOR: _____ Signature _____

SIGNATURE OF DEPARTMENTAL MANAGER _____

N/A* - Not applicable to this vehicle or plant.