

VEHICLE INSPECTION FORM

To be done Monthly - Completed forms to be forwarded to Launceston

Date:
Driver
Branch
Department

Make:
Model
Year
Registration

Odometer Reading:
.....

Date Serviced:
Next Service Due:

Checked by:

External Check

Body Damage:
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.....
.....
.....

Tyre Condition:

Ladder Rack: YES / NO Clean: YES / NO

Internal Check

Internal Damage:
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.....
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Clean: YES / NO Fire Extinguisher: YES / NO First Aid Kit: YES / NO

Tool/Equipment Check

Checked YES / NO

Items Missing:
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General comments:
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