



Inspection - Weekly 274 Checklist

274 Inspection _ Light Vehicles - Checklist

Item #	Prompt	Responses	Comments
1	1.0: VEHICLE CHECKS	(X) Yes () No () N/A	
2	Safety and Registration sticker current (write the expiration dates)	() Yes () No () N/A	
3	Daily/weekly pre-start conducted and up to date.	() Yes () No () N/A	
4	Any defects identified by previous inspections corrected/fixed	() Yes () No () N/A	
5	2.0: VEHICLE CONDITION	(X) Yes () No () N/A	
6	Vehicle free from signs of new damage	() Yes () No () N/A	
7	All head and tail lights working	() Yes () No () N/A	
8	Buggy whip and its light in good condition	() Yes () No () N/A	
9	Reverse lights and reversing alarm working	() Yes () No () N/A	
10	Overhead disco light working	() Yes () No () N/A	
11	Horn, windscreen, windscreen wipers & washers are working	() Yes () No () N/A	
12	Windows in good condition	() Yes () No () N/A	
13	Vehicle starts normal	() Yes () No () N/A	
14	Seats and seat belts in good working condition	() Yes () No () N/A	
15	Tyres in good condition/roadworthy	() Yes () No () N/A	
16	Wheel nuts present & secure with wheel nut indicators in place	() Yes () No () N/A	
17	General cleanliness/other observations	() Yes () No () N/A	
18	3.0 EMERGENCY IMPLEMENTS	(X) Yes () No () N/A	

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19	Two way radio working/Do a radio call test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20	OTML Emergency contacts in car and easily visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21	First aid kit sealed and up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
22	Fire extinguisher fully charged (arrow in green zone), test and tag okay and securely mounted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23	Spare tyre present, in good condition & accessible. Manually feel tires to ensure inflated. L1642 recoiled down, inspected & coiled up again.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
24	Wheel brace and jack available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25	Two safety triangles present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
26	Two chocks available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
27	4.0: COVID-19 ACCESSORIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
28	Facemasks, alcohol wipes and sanitizers available and well stocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	