Light Vehicle Pre-Start Inspection

Date ______________________ Operator Name ________

Vehicle ID No. ____

Daily Checks (A)

✓ (OK) ✗ (Faulty) NA (Not Applic

Do not operate vehicle if any item below

Report defect for immediate actio

	✓	✗	NA	
Tyre and Wheels	☐	☐	☐	Washer Fluic
Windscreen and Wipers	☐	☐	☐	Hand Brake
Body Work	☐	☐	☐	Service Brake
Mirrors	☐	☐	☐	Reverse Alar
Lights	☐	☐	☐	2 Way Radio
Indicators	☐	☐	☐	Instrument G