

Equipment Owner or Responsible Person		Equipment Type/Make/Model/Shape		Call Sign/Equipment ID	Registration Number
Company the inspection is conducted for		Inspected by (print)		Inspection Company	
Declaration Submitted	Towing Capacity	Meter Reading	First Inspection <input type="checkbox"/>	Annual Inspection <input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			Random Inspection <input type="checkbox"/>	Re-Inspection <input type="checkbox"/>	

	Pass	Fail	N/A
Lights and indicators (lights permanently on when running)	<input type="checkbox"/>	<input type="checkbox"/>	
Seatbelts and seating	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit or equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Battery Isolator - Labelled	<input type="checkbox"/>	<input type="checkbox"/>	
High visibility colour (white)	<input type="checkbox"/>	<input type="checkbox"/>	
Positive ID signage (on both sides)	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen, windows, mirrors & wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic control equipment (emergency triangles or similar)	<input type="checkbox"/>	<input type="checkbox"/>	
Reflective tape (yellow / green)	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher (accessible & min 4.5kg)	<input type="checkbox"/>	<input type="checkbox"/>	
Light vehicle pre-start inspection book	<input type="checkbox"/>	<input type="checkbox"/>	

	Pass	Fail	N/A
ROPS <input type="checkbox"/> or ANCAP 5 Star <input type="checkbox"/> (2012 or later)	<input type="checkbox"/>	<input type="checkbox"/>	
Airbags drivers side ¹	<input type="checkbox"/>	<input type="checkbox"/>	
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated tail / indicator lights	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle registration	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel nut retainers/indicators	<input type="checkbox"/>	<input type="checkbox"/>	
High visibility flag (3.2m minimum height)	<input type="checkbox"/>	<input type="checkbox"/>	
Speedometer and instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	
Tyres & rims (split rims not permissible)	<input type="checkbox"/>	<input type="checkbox"/>	
Brake test and brake test sticker within 1 mth	<input type="checkbox"/>	<input type="checkbox"/>	
Number Plates	<input type="checkbox"/>	<input type="checkbox"/>	
Tyres and wheels (incl. spare and jack)	<input type="checkbox"/>	<input type="checkbox"/>	

	Pass	Fail	N/A	
CAS (installed as per Dawson standard) ¹	<input type="checkbox"/>	<input type="checkbox"/>		
Two-way mine radio ¹	<input type="checkbox"/>	<input type="checkbox"/>		
Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>		
Exhaust system (compliant with MOP 0066, Section 1.2.4 Exhaust System Requirements)	<input type="checkbox"/>	<input type="checkbox"/>		
VLC inspection in date	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Jump start receptacle (ensure labelled if fitted)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Tow Hitch to Dawson standard	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Modification plate	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Cargo/ load restrain (Wagons)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Good overall vehicle condition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
¹ If not fitted, vehicle to be issued with Orange Sticker (Escort only)				
Fire Suppression Foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Result of Inspection	Pass:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Follow up inspection required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sticker Issued (circle)	Green	Orange	Sticker number:		Expiry date: / /
Comments or details of repairs needed						

I certify that this report is a true record of the equipment's compliance.

Signature (Inspector): Date: Location of Inspection: