

	Dawson FORM		FRM – 0254G
	Contractor Inspection – Medium/Heavy Rigid Truck/Bus		

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
Seatbelts & seating	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>	
Battery isolator labelled & lockable (red)	<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"/>	
First aid kit or equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher (accessible & min 4.5kg)	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	
Flashing/rotating lights (green for water trucks)	<input type="checkbox"/>	<input type="checkbox"/>	
Speed limiter (only through RA on large buses)	<input type="checkbox"/>	<input type="checkbox"/>	
Medium Truck prestart inspection book	<input type="checkbox"/>	<input type="checkbox"/>	

	Pass	Fail	N/A
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel nut indicators	<input type="checkbox"/>	<input type="checkbox"/>	
Speedometer & instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle registration	<input type="checkbox"/>	<input type="checkbox"/>	
Number Plates	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>	
Service brake/park brake test and brake test sticker within 1 month	<input type="checkbox"/>	<input type="checkbox"/>	
ROPS mine compliant	<input type="checkbox"/>	<input type="checkbox"/>	
ROPS modified number plate	<input type="checkbox"/>	<input type="checkbox"/>	
Mansafe radiator cap (pressure relief system)	<input type="checkbox"/>	<input type="checkbox"/>	
Tyres & wheels condition	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust system (compliant with MOP 0106 - Section 1.18 Exhaust System Requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
Tow hitch Dawson standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mine two-way radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
Height clearance label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinch points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VLC inspection in date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water trucks, QRT or BIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good overall vehicle condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump start receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions & Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible raised body alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabin seal and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson emergency procedures sticker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: