

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"/> Random Inspection <input type="checkbox"/> Re-Inspection <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No			

	Pass	Fail	N/A
Seatbelt & seating	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting and lights	<input type="checkbox"/>	<input type="checkbox"/>	
Labelled isolation & lockout	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate operator access & egress	<input type="checkbox"/>	<input type="checkbox"/>	
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>	
Horn & instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen, windows, mirrors & wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>	
Positive ID Signage	<input type="checkbox"/>	<input type="checkbox"/>	
Fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	
Fire suppression strikers cab and ground	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	
Two-way radio	<input type="checkbox"/>	<input type="checkbox"/>	
FOPS-to include main & top viewing windows	<input type="checkbox"/>	<input type="checkbox"/>	
Collision Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	
FOPS – to include main & top viewing windows	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Suppression Foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>	

	Pass	Fail	N/A
Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stop – in cab	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stop – each egress and at filling point	<input type="checkbox"/>	<input type="checkbox"/>	
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>	
Revolving/flashing light-visible in all directions when tramming	<input type="checkbox"/>	<input type="checkbox"/>	
Brackets, pins & hinge points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust/turbo's/manifolds/ mufflers heat protection fitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible hand brake alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel nut indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly labelled control levers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWL – labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabin seal, condition and layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical tests in date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall back restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition & cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
Braking system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory brake test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mast safety bar/chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mast access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinch points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery box condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson emergency procedures sticker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height clearances label – implement up & down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pressure relief valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No visible structural damage or cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramming/travel alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for cleaning windows & mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranes/winches/lifting devices in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recorded maintenance & inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Result of Inspection</b>	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: .....