

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		Pass	Fail	N/A		Pass	Fail	N/A
Adequate operator access & egress	<input type="checkbox"/>	<input type="checkbox"/>		Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>		Steering locking device (articulated type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>		First aid kit	<input type="checkbox"/>	<input type="checkbox"/>		Maintenance & inspection log book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>		Tyres & wheels condition	<input type="checkbox"/>	<input type="checkbox"/>		Condition, cleanliness & housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive ID Signage	<input type="checkbox"/>	<input type="checkbox"/>		Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>		Exhaust system condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>		Cab and ground level emergency stops	<input type="checkbox"/>	<input type="checkbox"/>		Audible raised body alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts and seating	<input type="checkbox"/>	<input type="checkbox"/>		Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>		Audible hand brake alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>		Flashing/rotating light	<input type="checkbox"/>	<input type="checkbox"/>		Cabin seal and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery isolation & lockout ground level - red	<input type="checkbox"/>	<input type="checkbox"/>		Rims: unique identification system & register	<input type="checkbox"/>	<input type="checkbox"/>		CAS CAM/extended front bumper/ or agreed procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashing/rotating green lights for water truck	<input type="checkbox"/>	<input type="checkbox"/>		Fire suppression strikers – cab and ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic control equipment (emergency triangles or similar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROPS	<input type="checkbox"/>	<input type="checkbox"/>		Dawson Emergency procedures sticker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoses, cylinders and fittings condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOPS	<input type="checkbox"/>	<input type="checkbox"/>		Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-way radio	<input type="checkbox"/>	<input type="checkbox"/>		Heights clearance label work & travelling heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinch points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory brake check	<input type="checkbox"/>	<input type="checkbox"/>		Windscreen, windows, mirrors & wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering locking device (articulated type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand rails and gates	<input type="checkbox"/>	<input type="checkbox"/>		Dawson pre-operation safety check book	<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: