

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	
Seatbelt & seating	<input type="checkbox"/>	<input type="checkbox"/>		Emergency stop – in cab	<input type="checkbox"/>	<input type="checkbox"/>		Hydraulic system condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting and lights	<input type="checkbox"/>	<input type="checkbox"/>		Emergency stop – each egress and at filling point	<input type="checkbox"/>	<input type="checkbox"/>		Dawson pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>		First aid kit	<input type="checkbox"/>	<input type="checkbox"/>		Maintenance & inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate operator access & egress	<input type="checkbox"/>	<input type="checkbox"/>		Revolving/flashing light – visible in all directions when tramming	<input type="checkbox"/>	<input type="checkbox"/>		Cabin seal, condition and layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labelled isolation & lockout	<input type="checkbox"/>	<input type="checkbox"/>		Exhaust system in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Dawson emergency procedures sticker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn & instrumentation	<input type="checkbox"/>	<input type="checkbox"/>		Exhaust/turbo's/manifolds/mufflers heat protection fitted	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Height clearance label: Mast up/ mast down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windscreen, windows, mirrors & wipers	<input type="checkbox"/>	<input type="checkbox"/>		Hydraulic cut out switch	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Condition & housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>		Pinch Points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Lifting equipment condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive ID Signage	<input type="checkbox"/>	<input type="checkbox"/>		Tramming brake	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Battery box condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire suppression	<input type="checkbox"/>	<input type="checkbox"/>		Mast safety bar/chain	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hand rails/gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire suppression strikers cab and ground	<input type="checkbox"/>	<input type="checkbox"/>		Mast access (for inspection and repair)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Deck crane/ winches/ lifting devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>		Adequate access for cleaning windscreen, windows & mirror	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two way radio	<input type="checkbox"/>	<input type="checkbox"/>		Tramming alarm	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Cab roof access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOPS-to include main & top viewing windows	<input type="checkbox"/>	<input type="checkbox"/>		Pressure vessels	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	VLC – Refer to inspection sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision Avoidance	<input type="checkbox"/>	<input type="checkbox"/>		Air pressure relief valve	<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"/>
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>	Bull hose whip restraint fitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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: