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| **Vehicle Registration;** |
| **Week Commencing;** |

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|  | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| Check for fuel, oil and water leaks |  |  |  |  |  |  |  |
| Check engine oil, coolant, fuel, brake fluid, p.a.s fluid and windscreen washer levels |  |  |  |  |  |  |  |
| Check tyre tread (2mm minimum) and inflation – no cuts or bulges. Including spare wheel. |  |  |  |  |  |  |  |
| Check wheel nut security and condition of wheels |  |  |  |  |  |  |  |
| Check doors, door locks & side steps |  |  |  |  |  |  |  |
| Check operation & condition of all lights & reflectors |  |  |  |  |  |  |  |
| Check security and condition of number plates & legal plates |  |  |  |  |  |  |  |
| Check body for damage or missing paint |  |  |  |  |  |  |  |
| Check vehicle interior and exterior for cleanliness |  |  |  |  |  |  |  |
| Check for excessive engine exhaust smoke |  |  |  |  |  |  |  |
| Check no smoking stickers and fare card are present and in good condition |  |  |  |  |  |  |  |
| Check windscreen/door glass, mirrors & washer/wipers operation |  |  |  |  |  |  |  |
| Check operation of steering, footbrake & handbrake |  |  |  |  |  |  |  |
| Check driving controls, horn, seating & seatbelts, and warning lights |  |  |  |  |  |  |  |
| Check heating and ventilation |  |  |  |  |  |  |  |
| Any other dangerous defect |  |  |  |  |  |  |  |
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**Confirmation**

**Driver;** I confirm that I have undertaken the checks detailed. Where defects have been identified I will record these in the daily check sheet and report them to my operator to act on them.

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|  | Drivers Signature | Print Name | Date | Mileage |
| Mon |  |  |  |  |
| Tue |  |  |  |  |
| Wed |  |  |  |  |
| Thurs |  |  |  |  |
| Fri |  |  |  |  |
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| **Defects** |  |  |  |  |  |  |
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| **Action taken** |  |  |  |  |  |  |
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**Operator name………………………………….. Operator signature………………………………………….. Date………………………………**