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| **VEHICLE INSPECTION CHECKLIST** |
| * *This inspection checklist is designed for use on University vehicles and is to be conducted on the vehicles that are used on and around campus and within the metropolitan and other low risk areas.*
* *Where an inspection identifies any maintenance issues, these should be reported to your manager/supervisor for rectification.*
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| **VEHICLE DETAILS** |
| **Vehicle Registration** |  | **Odometer (km)** |  |
| **Date of Inspection** |  | **Time of Inspection** |  |
| **Name of Driver** |  |
| **EXTERNAL INSPECTION CRITERIA** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** |
| Are there any signs of leaking fluids under the vehicle? | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |
| Are the tyres suitably inflated?  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |
| Is there any obvious damage to the lights, windows, windscreens or panels? | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |
| Are windscreen and rear window wiper rubbers present? | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No |
| **INTERNAL VEHICLE INSPECTION CRITERIA** | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |
| Are the seatbelts in good condition? | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |
| Is there any other internal damage to the vehicle that needs to be reported? | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  | [ ] Yes [ ] No  |

**ACTIONS REQUIRED**:

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