

**Depot:**

OM734

**Fleet No:****Reg. No:****Date:****Section 1 must be completed at the start of each day before leaving the depot - Section 2 must be completed for each job attended****Section 1****Vehicle First Use & Equipment Checks** ✓ X (anything marked with an X must be brought to line managers attention prior to leaving)

<b>Bodywork:</b> Check for damage or loose or projecting parts	<b>Wheels &amp; Tyres:</b> Check nuts/damage/tread & condition of sidewall	<b>Lights/Beacons &amp; Indicators:</b> Working & not cracked or damaged	<b>Wipers &amp; Washers:</b> Check condition & operation	<b>Mirrors:</b> Ensure in place and not cracked /damaged	<b>Fuel Coolant &amp; Horn:</b> Check levels and function	<b>Cleanliness:</b> Interior of van clean & tidy, no spills	<b>Warning Lights:</b> None illuminated incl DPF	<b>Equipment:</b> Cones X4, Chocks (pair) spare Hi viz & 1st aid kit
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Have you reported any above defects or missing equipment to your line manager? (circle) 

Yes	No
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**Section 2**

Job No.	Mileage out	Time out	Destination	Mileage in	Time in	Driver
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

MOT Expiry date:

Manager Signature and date:

Line Manager comments on reported defects or equipment (Prior to use):

Tax Expiry date:

Line Manager signature:

