

#  VEHICLE CONDITION CHECKLIST

Completed by ……………………………………………………………………………………………………………

Date ………………………………………… Time …………………………………

Vehicle Reg No ………………………………………… Plate No …………………………………

Driver Badge No ………………………………………… Mileage …………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Requirement | Faulty | Correct |
| Windscreen, Windows and Mirrors | Mirrors are fitted and properly aligned and secureAll windows are clean and not obscured/damaged All windows operational |  |  |
| Washers and Wipers | Wipers move when switched onWiper blade must clear the windscreen Washers are operationalWasher fluid is topped up |  |  |
| Lights | All lights and indicators work correctlyAll senses are present, clean and in good condition and are the correct colourStop lamps come on when then service brake is applied and goes out when released |  |  |
| Seats and Seatbelts | All seats are secureAll seatbelts must operate correctly and must be free from damage |  |  |
| Brakes | Foot/service brake works correctly Hand/parking brake works correctly |  |  |
| Bodywork and Doors | All doors must shut securely and stay open when requiredNo sharp edges or excess corrosion No loose bodywork |  |  |
| Tyes and Wheels | Minimum tread depth of 1.6mm Correctly inflatedNo visible damage |  |  |
| Licence Plates and other identifiers | All plates and mandatory signs displayed, clean and secureRoof Light is safe and operational (if fitted) Taxi Meter (if fitted) seal is intact and correctFare Tariff (if required) displayed |  |  |
| Notes |

I confirm that the vehicle has been visually inspected. If no faults have been identified and reported, I confirm the vehicle is found to be satisfactory at the time of check. If any faults have been identified and reported within this form, I confirm the faults will be rectified prior to the vehicle conducting any licensed work.

Signed……………………………………………………………………………..