

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	
Positive ID signage	<input type="checkbox"/>	<input type="checkbox"/>		Security systems fitted (e.g. interlocks)	<input type="checkbox"/>	<input type="checkbox"/>		Exhaust system in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seatbelts & seating	<input type="checkbox"/>	<input type="checkbox"/>		First aid kit	<input type="checkbox"/>	<input type="checkbox"/>		Jump start receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labelled isolation and lockout	<input type="checkbox"/>	<input type="checkbox"/>		Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>		Sufficient braking function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate operator access & egress	<input type="checkbox"/>	<input type="checkbox"/>		Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>		Dawson pre-operation safety check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>		Fire Suppression Foam Fluorine Free (Provide evidence)	<input type="checkbox"/>	<input type="checkbox"/>		Cabin seal and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>		Flashing/rotating light	<input type="checkbox"/>	<input type="checkbox"/>		Labelling (e.g. weight and height)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen, windows, mirrors & wipers	<input type="checkbox"/>	<input type="checkbox"/>		Mine two-way radio (exemption may be granted)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Maintenance and inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>		FOPS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Conditions & housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>		Tyres/wheels/tracks in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROPS	<input type="checkbox"/>	<input type="checkbox"/>		Hydraulics in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Pinch points identified and labelled	<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: