

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
ID Signage	<input type="checkbox"/>	<input type="checkbox"/>	
Labelled isolation & lockout	<input type="checkbox"/>	<input type="checkbox"/>	
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>	
Statutory pressure vessel inspection	<input type="checkbox"/>	<input type="checkbox"/>	
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>	
Tyres & wheels	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	
Jump start receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression Foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
Labelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tow frame including tow chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinch points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw bar: correct hitch weight marked on plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trailer brakes if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water traps, filters etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
Condensate drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose, cylinders & fittings condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine/drive motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relief valve (AIR) incl. statutory testing certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher when not mounted to truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control panel and gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance & inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw bar / ring feeder condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson pre-operation safety check book	<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: