

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	Annual Inspection	
<input type="checkbox"/> Yes <input type="checkbox"/> No			Random Inspection	Re-Inspection	

	Pass	Fail	N/A		Pass	Fail	N/A		Pass	Fail	N/A
Positive ID signage	<input type="checkbox"/>	<input type="checkbox"/>		Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>		Control panel and gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashing/rotating lighting	<input type="checkbox"/>	<input type="checkbox"/>		Pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>		Control levers with clearly labelled directional arrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery isolation lockable labelled (red)	<input type="checkbox"/>	<input type="checkbox"/>		Inspect control lever boot condition	<input type="checkbox"/>	<input type="checkbox"/>		Harness and safety equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground level override	<input type="checkbox"/>	<input type="checkbox"/>		Fire extinguisher (mandatory if Diesel)	<input type="checkbox"/>	<input type="checkbox"/>		Stabilisation interlocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory structural safety inspection within date	<input type="checkbox"/>	<input type="checkbox"/>		Fire Suppression Foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>		Tyres & wheels in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>		Operation instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harness connection point	<input type="checkbox"/>	<input type="checkbox"/>		Statutory electrical inspection within date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>		Hoses, cylinders & fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinch points are identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reversing and travel alarm	<input type="checkbox"/>	<input type="checkbox"/>		Fuel cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine/drive motor condition	<input type="checkbox"/>	<input type="checkbox"/>		Brackets, pins & hinge points in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation instruction manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails/gates	<input type="checkbox"/>	<input type="checkbox"/>		Lifting Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Deadman function	<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: