

| | | | | | |
|--|-----------------|---------------------------------|--|--|---------------------|
| 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 |
|---|--------------------------|--------------------------|-----|
| Seatbelts & seating | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adequate lighting and lights | <input type="checkbox"/> | <input type="checkbox"/> | |
| Labelled isolation & lockout | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adequate operator access & egress | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reversing/travel alarm | <input type="checkbox"/> | <input type="checkbox"/> | |
| Horn | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windscreen, windows, mirrors and wipers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Safety guards on moving parts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Positive ID signage | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROPS – mandatory to 20 tonne | <input type="checkbox"/> | <input type="checkbox"/> | |
| FOPS | <input type="checkbox"/> | <input type="checkbox"/> | |
| OP's – greater than 20 tonne when agreed by risk assessment | <input type="checkbox"/> | <input type="checkbox"/> | |

| | Pass | Fail | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Fire suppression foam fluorine free (Provide Evidence) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Positive ID Signage | <input type="checkbox"/> | <input type="checkbox"/> | |
| Two-way radio | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emergency stop: cab/engine bay area | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emergency stop: ground level | <input type="checkbox"/> | <input type="checkbox"/> | |
| First aid kit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mansafe radiator cap (pressure relief) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire extinguishers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Jump start receptacle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pinch points identified and labelled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Collision avoidance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Starter motor isolator ground level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Pass | Fail | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Air conditioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dawson emergency procedures sticker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust system in serviceable 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"/> |
| Cabin seal and condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Audible hand brake alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate access for cleaning windscreen, windows & mirrors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Height clearance label for travelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conditions & housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maximum machine height clearance label | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance & inspection | <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: