

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
Seatbelts & seating	<input type="checkbox"/>	<input type="checkbox"/>		Forks in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>		Pinch points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>		Brakes & park brake	<input type="checkbox"/>	<input type="checkbox"/>		Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelled Isolation & lockout	<input type="checkbox"/>	<input type="checkbox"/>		Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>		Lifting equipment (e.g. Jib, man basket)	<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"/>		Hydraulics	<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"/>		Tow hitch	<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 (load chart SWL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windscreen, windows, mirrors & wiper	<input type="checkbox"/>	<input type="checkbox"/>		Mine two-way radio (exemption may be granted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti-drop/one way valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>		Dawson pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance & inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive ID signage	<input type="checkbox"/>	<input type="checkbox"/>		Cabin / Air con working where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROPS	<input type="checkbox"/>	<input type="checkbox"/>		Speedo & instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tyres & wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>		Jump start receptacles	<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: