

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"/>		Flashing/rotating light	<input type="checkbox"/>	<input type="checkbox"/>		Anemometer (wind meter)	<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"/>		Maintenance & inspection log book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>		First aid kit	<input type="checkbox"/>	<input type="checkbox"/>		Condition, cleanliness & housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>		Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>		Xmas tree lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>		Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>		Control panel and gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>		Tyres & wheels condition (mandatory if fitted)	<input type="checkbox"/>	<input type="checkbox"/>		Load cell and load limited devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate operator access & egress	<input type="checkbox"/>	<input type="checkbox"/>		Dawson pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Rims: unique identification system/register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling (SWL on boom & travel height in cab)	<input type="checkbox"/>	<input type="checkbox"/>		Lifting equipment (chains, slings, shackles)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Traffic control equipment (emergency triangles or similar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating instructions and load charts	<input type="checkbox"/>	<input type="checkbox"/>		Dawson Emergency procedures sticker	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Windscreen, windows, mirrors & wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts and seating	<input type="checkbox"/>	<input type="checkbox"/>		Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Cabin seal and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory structural inspection	<input type="checkbox"/>	<input type="checkbox"/>		Warning sign: Do not disturb operator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hoses, cylinders and fittings condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-way radio	<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"/>
Crane hooks	<input type="checkbox"/>	<input type="checkbox"/>		Wheel nut indicators	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Articulated slop control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>		Tow hitch	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Free-fall locked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression Foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>										

<b>Result of Inspection</b>	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: .....