

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
Positive 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"/>	
Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel chocks	<input type="checkbox"/>	<input type="checkbox"/>	
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>	
Tyres, wheels condition if fitted	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel nut indicators	<input type="checkbox"/>	<input type="checkbox"/>	
Control panel and gauges	<input type="checkbox"/>	<input type="checkbox"/>	

	Pass	Fail	N/A
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall condition and cleanliness	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Hoses, cylinders & fittings condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance & inspection log book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine/drive motor condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting equipment condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
Operating instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe work & fittings condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw bar / ring feeder 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"/>
Trailer brakes if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tow frame including tow chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push bar skid type	<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"/>

<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   /   /
<b>Comments or details of repairs needed</b>				

I certify that this report is a true record of the equipment's compliance.

Signature (Inspector): ..... Date: ..... Location of Inspection: .....