

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	
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"/>		
Statutory electrical check sticker in date	<input type="checkbox"/>	<input type="checkbox"/>		
Lockable circuit breaker	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>		
Fire extinguisher when not mounted to truck	<input type="checkbox"/>	<input type="checkbox"/>		
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical check sheet (signed off)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Electrical enclosures & panels condition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Operating instructions	<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"/>	

	Pass	Fail	N/A
Lighting, lights & indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery condition	<input type="checkbox"/>	<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"/>
Conduits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit Diagram Label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyres & wheels condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel nut indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel cap condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine/drive motor condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control panel and gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
Condition and cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance & inspection log book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel chocks	<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"/>
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"/>
Push bar skid type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outriggers, reflective striping fitted	<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: