

**Driver name**

**……………………………………….**

**University email…………………..**

**Vehicle registration**

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**Week commencing**

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 **Daily Quadbike/ ATV (All Terrain Vehicle)**

 **defect check sheet (THIS CHECK MUST BE CARRIED OUT AND COMPLETED BY THE OPERATOR PRIOR TO DAILY FIRST USE, TO ENSURE THAT THE QUADBIKE/ ATV IS SAFE AND ROADWORTHY. THE QUADBIKE/ ATV MUST NOT BE DRIVEN IF IT IS UNSAFE OR UNROADWORTHY)**

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Start odometer****(Miles/KM/Hours)** |  |  |  |  |  |  |  |
| **End odometer****(Miles/KM/Hours)** |  |  |  |  |  |  |  |

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| Satisfactory (✔) Unsatisfactory and requires attention (**R**) Not applicable (**N/A**) |  |  |  |  |  |  |  |
| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Operator**- Fit and well, trained to operate a quadbike/ ATV with a full valid driving licence (road use). |  |  |  |  |  |  |  |
| **Controls**- Undamaged (free from oil and dirt), operating and functioning correctly |   |   |   |   |   |   |   |
| **Engine stop switch**- Operating and functioning correctly |  |  |  |  |  |  |  |
| **Throttle control and reverse selector**- Operating and functioning correctly |  |  |  |  |  |  |  |
| **Warning lights**- No warning lights showing |  |  |  |  |  |  |  |
| **Horn**- Works fully when operated |   |   |   |   |   |   |   |
| **Steering**- Left/ right, no excessive play and functioning smoothly |  |  |  |  |  |  |  |
| **Brakes**- Parking and service brake operating correctly, lever condition |  |  |  |  |  |  |  |
| **Seat belt/s**- Seatbelt/s, serviceable, undamaged operating correctly (if applicable) |  |  |  |  |  |  |  |
| **Seat and Cargo rack**- secure and undamaged |  |  |  |  |  |  |  |
| **All lights and indicators**- Operating and functioning correctly |   |   |   |   |   |   |   |
| **Numberplate/s, reflectors and lenses**- Undamaged, clean and clearly visible |   |   |   |   |   |   |   |
| **Guards, wheel arches, body & mudflaps**- Undamaged, secure and no sharp edges |  |  |  |  |  |  |  |
| **Wipers & washers**- Wipers & washer jets when operated, clear the whole screen fully |  |  |  |  |  |  |  |
| **Windows**- Undamaged, unobscured, allows full visibility for the operator (if applicable) |  |  |  |  |  |  |  |
| **Mirrors**- Undamaged, positioned correctly, unobscured, allows full visibility for operator |  |  |  |  |  |  |  |

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| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Doors**- Open and close correctly, all doors are secure when closed (if applicable) |   |   |   |   |   |   |   |
| **Tyres**- Inflated correctly, with legal tread depth, undamaged, no bulges or cords showing |   |   |   |   |   |   |   |
| **Wheel security**- Secure and undamaged, no excessive damage to the wheel rim |  |  |  |  |  |  |  |
| **Cooling system**- Coolant level checked and correct, or air cooled (fins clean) |   |   |   |   |   |   |   |
| **Engine oil**- Level checked and is correct- check for leaks |   |   |   |   |   |   |   |
| **Battery**- Secure and undamaged |  |  |  |  |  |  |  |
| **Fuel**- Sufficient fuel for the task, fuel cap secure and no fuel leaks |   |   |   |   |   |   |   |
| **Underbody and exhaust (muffler shell)**- clear of dirt, debris and vegetation |  |  |  |  |  |  |  |
| **Smoke emissions and exhaust**- Good condition, no excessive smoke coming out |   |   |   |   |   |   |   |
| **Security and size of load**- Not overloaded, overweight and load is secure |  |  |  |  |  |  |  |
| **Trailer hitch**- Operational, secure and functioning correctly |  |  |  |  |  |  |  |
| **First aid kit**- Present (if issued) |  |  |  |  |  |  |  |
| **Fire extinguisher**- Correct pressure (green on gauge) and pins in place (if issued) |  |  |  |  |  |  |  |
| **Helmet/PPE-** Correct and complies with appropriate standards |   |   |   |   |   |   |   |

By signing the below, I confirm that I have performed all the above checks thoroughly and correctly in section A, that are relevant to the Quadbike/ ATV. If a defect is identified in section A or throughout the working day, it must be noted in Section B and reported to my line manager.

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Driver signature** |  |  |  |  |  |  |  |

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| **SECTION B – List any deficiencies/ defect below (to be reported to line manager)** |
|  Reported to……………………………………………………………………………………………………………………Date and time………………………………… |
| **SECTION C-Action taken to rectify deficiencies/ defect by line manager** |
| Line manager signature……………………………………………………………………………………………………..Date and time………………………………….. |