

**Vehicle registration**

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**Week commencing**

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**Driver name**

**………………………………………**

**University email……………………**

**Driver name**

**………………………………...…**

 **Daily electric vehicle defect check sheet**

**(THIS CHECK MUST BE CARRIED OUT AND COMPLETED BY THE DRIVER PRIOR TO DAILY FIRST USE, TO ENSURE THAT THE VEHICLE IS SAFE AND ROADWORTHY. A VEHICLE 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** |
| **Driver**- Fit and well, with full valid driving licence and trained to use vehicle |  |  |  |  |  |  |  |
| **Screen wash**- Level checked and are correct- check for leaks |  |  |  |  |  |  |  |
| **Brake and power steering fluid**- Levels checked and are correct- check for leaks |  |  |  |  |  |  |  |
| **Battery charge**- Sufficient charge for journey, charging cable to be kept in vehicle |  |  |  |  |  |  |  |
| **Charging cable**- serviceable, undamaged and operating correctly |  |  |  |  |  |  |  |
| **Reflectors**- Undamaged, clean and clearly visible |  |  |  |  |  |  |  |
| **Lenses**- Undamaged, clean and clearly visible |  |  |  |  |  |  |  |
| **Numberplates**- Undamaged, clean and clearly visible |  |  |  |  |  |  |  |
| **Body and mudflaps**- Undamaged, secure and no sharp edges |  |  |  |  |  |  |  |
| **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 |  |  |  |  |  |  |  |
| **Doors**- Open and close correctly, all doors are secure when closed |  |  |  |  |  |  |  |
| **Seats and head restraints**- Secure and positioned correctly |   |   |   |   |   |   |   |
| **Seat belts**- Driver and passenger(s) serviceable, undamaged and operating correctly |  |  |  |  |  |  |  |
| **Dashboard**- Operating correctly, no engine management or warning light on dashboard |  |  |  |  |  |  |  |
| **Horn and reversing alarm (if fitted)**- Works fully when operated |   |   |   |   |   |   |   |
| **Wipers & washers**- Wipers & washer jets when operated, clear the whole screen fully |  |  |  |  |  |  |  |

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| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Windows**- Undamaged, unobscured, allows full visibility for the driver. |  |  |  |  |  |  |  |
| **Mirrors**- Undamaged, positioned correctly, unobscured, allows full visibility for the driver |   |   |   |   |   |   |   |
| **All lights and indicators**- Operating correctly and beacons (if applicable) |   |   |   |   |   |   |   |
| **Brakes**- Foot and hand brake (parking brake) operate correctly with no excess travel |   |   |   |   |   |   |   |
| **Steering**- No excessive play and functioning smoothly |   |   |   |   |   |   |   |
| **First aid kit**- Present in vehicle (if issued) |   |   |   |   |   |   |   |
| **Fire extinguisher**- Correct pressure (green on gauge) and pins in place (if issued) |   |   |   |   |   |   |   |
| **Spare wheel**- Serviceable, correct pressure with tool kit and jack |   |   |   |   |   |   |   |
| **Security and size of load**- Vehicle is not overloaded, overweight and load is secure |   |   |   |   |   |   |   |
| **Tail lift/ tipper body**- Secure, fully operational and has a valid LOLER (if applicable) |   |   |   |   |   |   |   |
| **Tow hitch**- Secure, 7 or 13 electrical fully operational |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |

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 vehicle. 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………………………………….. |