

Minibus Checklist – to be checked prior to each journey



1. Vehicle Registration	
2. Weekly Check List Completed and Available <i>If no those checks need to be made.</i>	Yes / No Signed by:
3. Odometer Reading	
4. Tyres – Visual Check, no flat tyres, low tread or other concerns	Satisfactory: Yes/No
5. Wheels – Visual Check, safe and secure	Satisfactory: Yes/No
6. Body work – no dangerous parts or areas of concern	Satisfactory: Yes/No
7. All doors open and close okay	Satisfactory: Yes/No
8. Fuel – sufficient fuel for journey	Satisfactory: Yes/No
9. Screen wash present in system	Satisfactory: Yes/No
10. All windows clean	Satisfactory: Yes/No
11. Windscreen wipers working	Satisfactory: Yes/No
12. Mirrors position correctly and not damaged	Satisfactory: Yes/No
13. Emergency pack present (first aid box, fire extinguisher, torch/windup torch, mobile phone, warning triangle, sufficient reflective jackets/vests, blanket, fuses and bulbs, ice scraper, de-icer,)	Yes/No
14. Checked brakes are operating both stationary and moving	Satisfactory: Yes/No
15. All have seatbelts on and there are no issues with seatbelts	Satisfactory: Yes/No
16. Check Horn	Satisfactory: Yes/No
17. Lights working	Satisfactory: Yes/No
Any issues with vehicle during journey If yes please immediately complete vehicle defect report and/or incident log.	Yes / No

Signed: _____

Date: _____

Issues notified to: _____

Received issues: _____
(person who received issues)

Position: _____

Action taken: _____

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Vehicle Defect Report

Drivers Name	Vehicle Reg
Date/Time	Odometer reading

Tick as required

Wipers / Washers	<input type="checkbox"/>	Horn	<input type="checkbox"/>
Steering / Brakes	<input type="checkbox"/>	Internal Lights	<input type="checkbox"/>
Fuel / Oil / Water	<input type="checkbox"/>	Speedometer	<input type="checkbox"/>
Tyres / Wheel Nuts	<input type="checkbox"/>	Excessive pull under braking	<input type="checkbox"/>
Body / Wings	<input type="checkbox"/>	Excessive pull under acceleration	<input type="checkbox"/>
Rear Lights / Reflectors	<input type="checkbox"/>	Excessive Exhaust Noise	<input type="checkbox"/>
Indicators	<input type="checkbox"/>	Excessive Exhaust Movement	<input type="checkbox"/>
Front Lights	<input type="checkbox"/>	Excessive Engine Noise	<input type="checkbox"/>
Windscreen	<input type="checkbox"/>	Emergency pack	<input type="checkbox"/>
Windows	<input type="checkbox"/>	Other	<input type="checkbox"/>
Seatbelts	<input type="checkbox"/>		

Notes

Driver's signature _____

Reported to _____