VEHICLE EQUIPMENT CHECK LIST

Vehicle Registration: ……. Date: ……./……./……. Checked by: ……...

P.P.E			**Vehicle Safety Equipment**		
Safety Helmet(in good condition)	☐ Yes	☐ No	Witches Hats	☐ Yes	☐ No
Hearing Protection(ear muffs/ear plugs)	☐ Yes	☐ No	Safety Barrier Tape	☐ Yes	☐ No
Safety Glasses(in good condition)	☐ Yes	☐ No	Lock Out Tags	☐ Yes	☐ No
Vests(clean and in good condition)	☐ Yes	☐ No	Operational Roof Beacon	☐ Yes	☐ No
Gloves	☐ Yes	☐ No	…….	☐ Yes	☐ No
Safety Boots(steel cap, in good condition)	☐ Yes	☐ No	……	☐ Yes	☐ No

Tool Safety			**Lifting Gear**		
Oxy/Acetylene-Leads in good condition	☐ Yes	☐ No	Ropes (good condition, no frays)	☐ Yes	☐ No
Handle Ok	☐ Yes	☐ No	Lifting Slings-Visually in good condition	☐ Yes	☐ No
Fitted with Spark Arrestors	☐ Yes	☐ No	- Accreditation Tags	☐ Yes	☐ No
Fire extinguisher(current)	☐ Yes	☐ No	Chain Blocks-Catches on both hooks	☐ Yes	☐ No
Electrical Equipment Tag & Test(current)	☐ Yes	☐ No	-No visible damage	☐ Yes	☐ No
Msds for all substances	☐ Yes	☐ No	-Working Ok	☐ Yes	☐ No

First Aid			**Hand Tools**		
First Aid Box to Aust Standard	☐ Yes	☐ No	Hand Tools in good order	☐ Yes	☐ No
First Aid Box Stock Complete	☐ Yes	☐ No	Ladders in good order	☐ Yes	☐ No
Eye Wash Capsules within use by date	☐ Yes	☐ No			

If you have answered No to any question, fill out details below.

Item:……. ☐ Replacement ☐ Repair

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Return this sheet to Designated person for Action if required
Or
Filing if you answered Yes to all Questions