

VEHICLE / EQUIPMENT CHECK LIST

NAME OF AGENCY :

NAME OF WORK :

Location :												Date :			
Hazards Involved	Y	N	NA	Hazards Involved	Y	N	NA	Hazards Involved	Y	N	NA	Hazards Involved	Y / N / NA		
Fall of Person/ Vehicle				Vehicle collision				Dust Exposure				Collapse of vehicle / Equipment in Ash			
Vehicle Tilting				Hit Stroke				Electrical shock / Fire				Exposure to Moving Equipment			

Work Description :

Sl. No	Vehicle No	Name of Driver	Gate Pass	Insurance	Registration	Fitness	Battery Terminal & Wiring	Fire Extinguisher	PUC validity	Wiper	Head Lights	Brake Lights	Turn Signal	Horn	Tire Condition	Mirror in vehicle	Fuel / Oil Leaks	Emergency Brake	Seat Belt	Others if any
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				

NOTE :

EHS - Supervisor

Signature of Site In-Charge