

3.5.8 Equipment Condition Report

	Date of last service	Condition	
		Good	Poor
Pop riveter			
Compressor			
Power Inverter			
Electric Drills			
Grinder/Sander			
Electric screwdriver			
Pallet Lifter			
Vehicles (Vans, tray truck)			
Trolley			

Notes

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3.5.9 Employee Weekly Vehicle Safety Check

Employee Name: _____

	Activity	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial
1.	Oil												
2.	Windscreen wiper blades & water for washers												
3.	Brakes												
4.	Hazard lights, parker lights, headlights and stop lights												
5.	Safety Lights / Reverse alert												
6.	Signage is visible and clean												
7.	Tyres – check air pressure & any wear												
8.	Horn												
9.	Diesel/petrol gauge												
10	Report any maintenance requirements to Operations Manager												
11	Water Tank												
12	Waste Tank												

Please return completed form to Operations Manager every 6 weeks