

LAWLEY'S TRANSPORT FORM A

RUN no. _____ **SCHOOL.** _____ **VEHICLE Rego.** _____

Date	Trip	Name of Students absent (each trip)	No. of Students Travelled	Type of Vehicle inspection	ATSO name in full (for each instance travelled)	Driver name in full (for each instance travelled)
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LAWLEY'S TRANSPORT

MONTHLY VEHICLE INSPECTION

Vehicle Reg. _____

Run Number _____

Date _____

ITEM	OK	NA	NEEDS REPAIR	ACTION/JOB # (Office Use)
EXTERNAL				
Wheels & Tyres (inc Spare)				
Wheel Brace & Jack present				
Body Condition				
Oil leaks (ground & under bonnet)				
Fluid Levels				
Exhaust				
Doors, windows, boot lid or tailgate door, Bonnet,				
Child proof locks engaged and working				
Lights (all) include brake & reversing lights				
Reverse Camera Fitted/Working				
BUSES (more than 10 seats)				
Engineering Cert.				
Fire Extinguisher				
Emergency Exit Sign				
WHEELCHAIR VEHICLES				
Hoist Operation/Engineering Cert.				
Signs				

URGENT/NON URGENT FAULTS
<p>URGENT FAULTS Those which prevent you from safely completing your run. These faults/issues need to be reported to your Supervisor, by telephone, IMMEDIATELY</p>
<p>NON URGENT FAULTS Those which do not affect safety should be reported by email to Fleetmanager. Please do not wait until the end of month report to report minor faults.</p>

This form **MUST BE** submitted correctly after your last run of the month. **WITHIN 48 HOURS.**

The number of students travelled must be accurate.

Drivers providing service on the run during this month must sign below to confirm TRAVEL & INSPECTION details are correct:

Driver Name:	Driver Signature:	Date:
Driver Name:	Driver Signature:	Date: