

A call to ACTION

ESSENTIAL

A
FleetWatch
INITIATIVE

CHECKLIST

Pre-Trip Inspection for Trucks

This is an essential procedure for both driver maintenance managers and drivers - it will ensure less costly down-time, and a safer truck means safety for the truck driver and the road users.

Driver _____ Vehicle Reg # _____ Beginning Km's _____ Date _____

Instructions: Inspect each item on the vehicle:

- Do a pre-trip inspection on every shift or driver change of 12 hours
- Each sheet to get completed by driver, mechanic & supervisor

Engine/Fluid checks, Interior and Exterior

	OK	X	OK	X
Check windscreen for damage	<input type="checkbox"/>	<input type="checkbox"/>	Check reflectors and chevron	<input type="checkbox"/>
Check under vehicle for oil, water, fuel or fluid leaks	<input type="checkbox"/>	<input type="checkbox"/>	Check for emergency triangles and fire extinguishers	<input type="checkbox"/>
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>	Check fire extinguisher service date	<input type="checkbox"/>
Engine oil level	<input type="checkbox"/>	<input type="checkbox"/>	Check for jack and tools	<input type="checkbox"/>
Clutch fluid level	<input type="checkbox"/>	<input type="checkbox"/>	Check for first aid kit	<input type="checkbox"/>
Brake fluid level	<input type="checkbox"/>	<input type="checkbox"/>	Check internal heater, air conditioning, fans and defroster	<input type="checkbox"/>
Fuel level	<input type="checkbox"/>	<input type="checkbox"/>	Check for licence disc	<input type="checkbox"/>
Check caps and dipsticks are correctly fitted	<input type="checkbox"/>	<input type="checkbox"/>	Check for RTQS documents - COF etc.	<input type="checkbox"/>
Check V belt condition and tension	<input type="checkbox"/>	<input type="checkbox"/>	Wheels: Check tyre condition and look for trapped stones or other debris	<input type="checkbox"/>
Drain air tanks	<input type="checkbox"/>	<input type="checkbox"/>	Check wheel nuts	<input type="checkbox"/>
Check warning lights and buzzers	<input type="checkbox"/>	<input type="checkbox"/>	Check spare wheel condition and security	<input type="checkbox"/>
Start engine	<input type="checkbox"/>	<input type="checkbox"/>	Check tyre pressures	<input type="checkbox"/>
Check oil pressure	<input type="checkbox"/>	<input type="checkbox"/>	Check valve caps are fitted	<input type="checkbox"/>
Check air pressure build up	<input type="checkbox"/>	<input type="checkbox"/>	Check number plates	<input type="checkbox"/>
Check alternator charging	<input type="checkbox"/>	<input type="checkbox"/>	Check tow hitch	<input type="checkbox"/>
Check water temperature	<input type="checkbox"/>	<input type="checkbox"/>	Grease and check 5th wheel	<input type="checkbox"/>
Check hooter	<input type="checkbox"/>	<input type="checkbox"/>	Load must be secure and protected	<input type="checkbox"/>
Check wiper blade operation	<input type="checkbox"/>	<input type="checkbox"/>	Brakes; Check system for air leaks	<input type="checkbox"/>
Check steering operation	<input type="checkbox"/>	<input type="checkbox"/>	Check foot brake operation	<input type="checkbox"/>
Check rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Check hand brake operation	<input type="checkbox"/>
Check lights: - head	<input type="checkbox"/>	<input type="checkbox"/>	Check exhaust brake operation	<input type="checkbox"/>
- running	<input type="checkbox"/>	<input type="checkbox"/>	Check tachograph operation	<input type="checkbox"/>
- tail and parking	<input type="checkbox"/>	<input type="checkbox"/>	Check if the seat belt is operational	<input type="checkbox"/>
- brake	<input type="checkbox"/>	<input type="checkbox"/>	Check if air suzie couplers are operational	<input type="checkbox"/>
- indicators	<input type="checkbox"/>	<input type="checkbox"/>	Check if trailer plug is operational	<input type="checkbox"/>
Check if side window winders are operational	<input type="checkbox"/>	<input type="checkbox"/>	Bunks secured properly	<input type="checkbox"/>
Check if doors close properly and lock	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify defects below)	<input type="checkbox"/>
Check if the seat mechanism / airbag is operational	<input type="checkbox"/>	<input type="checkbox"/>		
No loose object in cab	<input type="checkbox"/>	<input type="checkbox"/>		

Does any problem circled require the vehicle to be taken out of service? YES / NO

Has a Supervisor been notified? YES / NO Supervisor Signature: _____

Name: _____

Problem Report (Describe all problem areas circled above): _____

Date: _____ Drivers Signature: _____

Maintenance Work Order Issued? YES / NO Work Order No: _____

Date Opened: _____

Date Vehicle Returned to service : _____

Mechanic Signature: _____

Remarks: _____

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