## Example of a driver's vehicle defect report (goods vehicles)

Drivers name:		Date:		
Vehicle no:				
Trailer no:		Odometer reading:		
Daily or shift check (tick or cross)		*Items refer to vehicle and trailer combinations		
Fuel system / oil leaks	Lights / Reflectors / Markers		Brake lines*	
Battery security (condition)	Wipers / Washers / Ho	orn	Coupling security*	
Tyres / wheel and wheel fixing	Indicators / Side repea	aters	Electrical connections (inc. ISO cable)*	
Spray suppression / Wings	Warning Lamps / MIL		Brakes (inc. ABS/EBS)	
Steering (inc. ESC)	ADAS		Security / Condition of body	
Security of load / Vehicle height	Height marker (state running height)		Registration plates	
Mirrors / Cameras/ Glass / Visibility	Excessive engine exhaust smoke		Cab interior / Seat belts	
Air build-up / Leaks	AdBlue® if required		Cab steps / Doors	
Ancillary equipment	High voltage emergen	cy cut off switch	Alternative fuels isolation	
Report defects here:		Defect Assessment and Rectification:		
Defects reported to:				
Write NIL here if no defects found:		Driver's signature:		
Defects rectified by:				
Signature:		Date:		
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