

Private Vehicle Roadworthiness Report

Form Purpose

The purpose of this form is to ensure that the applicants vehicle nominated below is assessed as in a safe and roadworthy condition.

Employee Details

First Name		
Surname		
Employee Number (if applicable)		
Position (if applicable)		
Contact Phone Number		
Report to	Name of Torrens Health Manager / Supervisor	
	Contact Details	T: E:

General Details to be Completed by Approved Inspecting Mechanic

- Complete by ticking the box for each statement below if it is accurate.
- Note any issues that require further attention at the end of the check-list and refer these to Torrens Health representative.
- All of the relevant boxes should be ticked in order to proceed to use the vehicle for work purposes.
- A copy of the Vehicle Safety Check List is to be prepared by approved inspecting mechanic and then sent to the relevant Manager by the employee.
- The Form will be reviewed and signed by the relevant Manager and a copy placed in the employee file.
- A signed copy is to be returned to and retained by the employee.
- A Vehicle Roadworthy Assessment / Certification (or equivalent as per the relevant State jurisdiction) must be undertaken against a minimum checklist (at least annually by an accredited mechanic).

Name of Registered Owner	
Name of Employee / Customer	
Vehicle Make and Model	
Vehicle Year of Manufacture	
Vehicle Registration Number	
Vehicle Compliance Number	
Vehicle Odometer Reading	

Private Vehicle Roadworthiness Report

Condition Report by Authorised Vehicle Inspector

The inspection to which this report refers is visual only and does not include defects or conditions that may be discoverable by dismantling. If defect noted; specify the problem.

The report applies only to the condition of the vehicle at the time of inspection, and no liability is accepted for defects or conditions that occur following the inspection. This inspection includes a road test up to 60 km/h.

Area of Vehicle Inspected	Select		Inspector's Comments
	Working condition	Defect Found	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	
Front Suspension	<input type="checkbox"/>	<input type="checkbox"/>	
Rear Suspension	<input type="checkbox"/>	<input type="checkbox"/>	
Chassis frames	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes - foot	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes - park	<input type="checkbox"/>	<input type="checkbox"/>	
Wheels tyres	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Head lights/park lights	<input type="checkbox"/>	<input type="checkbox"/>	
Taillights	<input type="checkbox"/>	<input type="checkbox"/>	
Stop lights	<input type="checkbox"/>	<input type="checkbox"/>	
Rear reflectors	<input type="checkbox"/>	<input type="checkbox"/>	
Number Plates	<input type="checkbox"/>	<input type="checkbox"/>	
Turn indicators	<input type="checkbox"/>	<input type="checkbox"/>	
Window/screens	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen wipers/windows	<input type="checkbox"/>	<input type="checkbox"/>	
Rear vision mirror	<input type="checkbox"/>	<input type="checkbox"/>	
Door and catches	<input type="checkbox"/>	<input type="checkbox"/>	
Seat belts	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>	
Road test	<input type="checkbox"/>	<input type="checkbox"/>	
Hoist check (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

Private Vehicle Roadworthiness Report

Safe Driving for Work and Use of Vehicles including Transporting of Customers

Inspector's Comments	
Summary of Defects and Road Test [Completed by Inspector]	
Action taken OR need to be taken rectify defects [Completed by Inspector]	
Inspector's Full Name	
Date of Inspection	
Inspector's Signature	
Inspector's Certification Number	
Inspector's Company	
Inspector's Address	
Inspector's Telephone and Email	T: E:

Attach copies of Inspection Report, Receipts, Invoices etc

Approval by Torrens Health Management

Approved	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Manager's Comments on Approval	
Manager's Name	
Manager's Signature	
Date	
Information entered into employee's profile Online	<input type="checkbox"/> Yes / <input type="checkbox"/> No

CEO or Delegate Signature

Approved	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Comments on Approval	
Name	
Signature	
Date	