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VEHICLE MAKE: _____	ODO METER READING: _____	ESKOM DRIVER PERMIT? _____	SECTION: _____
MODEL: _____	NATIONAL DRIVERS LICENSE? Y/N _____		WORKSITE: _____
REG. NO. _____	NATIONAL DRIVERS LICENSE EXPIRY DATE _____		BUSINESS AREA: _____

A. EXTERIOR		CHECKS (Insert Y if all in order or N if not in order or NA if Not Applicable)																										
1	WINDSCREEN	NO CHIPS			NO CRACKS			WIPERS																				
2	LIGHTS	Tail Lights			L			R			Reverse			L			R			Brake Lights			L			R		
		Head Lights			L			R			Indicators			LF			RF			RR			LR			Number Plate Light		
		ALL LENSES OF LIGHTS AND REFLECTORS OK?																										
3	LICENSE DISC	DISPLAYED											LICENSE EXPIRY DATE:															
4	SIDE MIRRORS IN GOOD CONDITION	L			R																							
5	CHECK IF SECURED	DOORS			BONNET			FUEL CAP			BUMPER			NUMBER PLATE														
6	TYRE SURFACE. ENOUGH TREAD LEFT?	LF			RF			RR			LR			WHEEL NUTS SECURED					TYRE PRESSURE									
B. ENGINE COMPARTMENT		CHECKS (Insert Y if all in order or N if not in order or NA if Not Applicable)																										
1	OIL, WATER AND BRAKE FLUID LEVELS SUFFICIENT?	WATER			OIL			BRAKE FLUID																				
2	CABLES/BELTS SECURE	BATTERY CABLES					FAN BELT (if accesible)																					
C. CABIN/INTERIOR		CHECKS (Insert Y if all in order or N if not in order or NA if Not Applicable)																										
1	CHECK	F SAFETY BELTS WORKING					R SAFETY BELTS WORKING																					
D. BOOT		CHECKS (Insert Y if all in order or N if not in order or NA if Not Applicable)																										
1	CHECK	EMERGENCY TRIANGLE					SPARE WHEEL					JACK			WHEEL SPANNER			NO LOOSE OBJECTS										
F. OTHER/REMARKS/ACTIONS: Must correspond to any "N" status																												

I hereby declare that I have inspected all of the above.

NAME OF DRIVER: _____ SIGNATURE: _____ DATE: / /

I hereby confirm that I have reviewed this vehicle inspection and the vehicle is order to be used for Eskom buiness purposes.

NAME OF RESPONSIBLE MANAGER: SIGNATURE: DATE: / /