

**VEHICLE / EQUIPMENT CHECK LIST**

**NAME OF AGENCY :**

**NAME OF WORK :**

<b>Location :</b>												<b>Date :</b>			
<b>Hazards Involved</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>Hazards Involved</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>Hazards Involved</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>Hazards Involved</b>	<b>Y / N / NA</b>		
Fall of Person/ Vehicle				Vehicle collision				Dust Exposure				Collapse of vehicle / Equipment in Ash			
Vehicle Tilting				Hit Stroke				Electrical shock / Fire				Exposure to Moving Equipment			

**Work Description :**

Sl. No	Vehicle No	Name of Driver	Gate Pass	Insurance	Registration	Fitness	Battery Terminal & Wiring	Fire Extinguisher	PUC validity	Wiper	Head Lights	Brake Lights	Turn Signal	Horn	Tire Condition	Mirror in vehicle	Fuel / Oil Leaks	Emergency Brake	Seat Belt	Others if any		
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						

**NOTE :**

EHS - Supervisor

Signature of Site In-Charge