VUL-FRM-10-10-MEDIUM TRUCK/BUS INSPECTION FORM

Equipment Owner/Responsible person		**Equipment Type**	
Company or Department		**Call sign/Equip ID**	
Inspected by (name)		**Registration No**	
Inspection Company		**Declaration**	☐ Yes ☐ No
Hour Meter/Speedometer Reading		**Towing Capacity**	
First Inspection	☐	**Annual Inspection**	☐
Random Inspection	☐	**Re-inspection**	☐

	Pass	Fail	Report	N/A
Air conditioning	☐	☐	☐	☐
Brakes – foot and park	☐	☐	☐	☐
Brakes – Statutory dynamic test	☐	☐	☐	☐
Cabin access – steps and handrails	☐	☐	☐	☐
Cabin cleanliness	☐	☐	☐	☐
Compliance plate	☐	☐	☐	☐
Emergency equipment (triangles, etc.)	☐	☐	☐	☐
Emergency stop buttons	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Isolation – Battery	☐	☐	☐	☐
Isolation – Starter motor	☐	☐	☐	☐
Jump start receptacle	☐	☐	☐	☐
Label – Emergency procedures	☐	☐	☐	☐
Label – Height clearance	☐	☐	☐	☐
Lights – Elevated tail lights	☐	☐	☐	☐
Lights – Flashing / rotating amber	☐	☐	☐	☐
Lights- Head, tail and indicators	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Reversing alarm and horn	☐	☐	☐	☐
ROPS (Roll over protection system)	☐	☐	☐	☐
Seatbelts and seating	☐	☐	☐	☐
Spare wheels and tools	☐	☐	☐	☐
Speed limiter	☐	☐	☐	☐
Speedometer and instrumentation	☐	☐	☐	☐
Tow hitch	☐	☐	☐	☐
Two Way radio – mine compliant	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Exhaust system	☐	☐	☐	☐
Fire extinguisher	☐	☐	☐	☐
First aid kit	☐	☐	☐	☐
FOPS (Falling Object Protective System)	☐	☐	☐	☐
High visibility flag and buggy whip	☐	☐	☐	☐
Identification signage	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Lockdowns work and are secure	☐	☐	☐	☐
Maintenance and inspection log book	☐	☐	☐	☐
Modifications?	☐	☐	☐	☐
Pre-operation safety checklist	☐	☐	☐	☐
Pre-start safety checks (log book)	☐	☐	☐	☐
Registration and number plates	☐	☐	☐	☐

	Pass	Fail	Report	N/A
Tyres / Wheels	☐	☐	☐	☐
VLS – Vehicle Loading Crane	☐	☐	☐	☐
Water trucks: QRT or BIC	☐	☐	☐	☐
Wheel Chocks	☐	☐	☐	☐
Wheel nut retainers / indicators	☐	☐	☐	☐
Windows, mirrors and wipers	☐	☐	☐	☐

INSPECTION RESULTS				
Two Way Radio	**Ext aerial ☐**	**Hand Held ☐**	**Two Way Channels**	
Compliant Yes ☐ ☐ No	**Scanned and sent to Compliance Coordinator?**		**Yes ☐ No ☐**	**Date:**
COMMENTS OR DETAILS OF REPAIRS NEEDED				

I certify that the equipment stated on this form has been assessed for compliance to the Vulcan Mine Project Equipment Compliance System and supporting Inspection Guidelines (Mention SOP).

Name of Authorised Inspector	Signature	Date	Location of Inspection

Equipment Compliance	Signature	Date

Mechanical Engineer Manager or Delegate	Signature	Date