



INSPECTION CHECKLIST

Name of WCO: _____ Date: _____

Driver's Name: _____

Type of Vehicle: _____ Vehicle Reg. Number: _____

	CRITERIA	POINTS		CONDITION
		MAX	SCORE	
1	External Damages to Body Parts	1		
2	Wind Screen	1		
3	Door Glasses	1		
4	Side View Mirrors	1		
5	Head Lamp /Fog Lamps	1		
6	Parking Lights	1		
7	Turn Lights	1		
8	Tail Light/Brake Light	1		
9	Front Bumper	1		
10	Rear Bumper	1		
11	Front Tyres	2		
12	Rear Tyres	2		
13	Wiper Motor/Wiper Washer	2		
14	Lights Switch/Turn Switch	2		
15	Ignition Swich	2		
16	Warning Lights on Dashboard	2		
17	Internal Mirror Control/Seat Belts	2		
18	Battery Condition/Starting/Charging	2		
19	Hand Brake Engage and Disengage /Brake Pressure/ Clutch Pressure	2		
20	PTO Engage	2		
21	Differential Oil Level/Differential Lock	5		
22	Hoses/Air Tank/Pipes - Leak	5		
23	Vehicle properly sealed to avoid leakage	10		
24	Colored and Labelled compartments	10		
25	Protective gadgets	10		
26	Vehicle being branded to indicate type of waste	10		
27	Company branding boldly on vehicle	10		
28	Hazard/Toxic branding on vehicle	10		

TOTAL 100

ONBOARD EQUIPMENT AVAILABILITY		PASS/FAIL
1	Cleaning Equipment	
2	Suitable protective clothing/gadget (Building Category only)	
3	Suitable system for securing load/transport	
4	Safety kits for spills (Medical Category only)	
5	First Aid Box	
6	Fire Extinguisher	

New Medical entrants should have detachble vans YES NO

FEEDBACK: _____

RECOMMENDATION(Should they be given a license or not) YES NO

3 MONTHS

6 MONTHS

1 YEAR

Signature & Date _____