



NON-REGULATED VEHICLE PRE-START INSPECTION

CF-S-47

Location: _____ Client: _____

Unit No.: _____ Description: _____ Km: _____ BU: _____

Note: Checklist must be completed before start of work & handed in to Supervisor/Foreman each day.

- | | |
|---|--|
| OK - Acceptable | • Meets the requirements of good use/operating condition – no causes for concern |
| RA - Requires Attention | • Requires attention ASAP, but does not present imminent danger or component/part failure. Can proceed to use and/or operate |
| UA - Unacceptable | • Requires immediate repair and/or correction – imminent danger or component/part failure could occur |
| Note: Cannot proceed to use or operate without Supervisor/Foreman approval | |
| NA - Not Applicable | • Has no application on this day |

Item	OK	RA	UA	NA	Comments
Emergency Contact List					
Fluids (Motor oil, windshield washer fluid, radiator, brake, power steering)					
Lights (Head lights, tail lights, signal lights, brake lights, hazard lights)					
Glass condition (cleaned, cracked, missing)					
Fire Extinguisher (proper size, properly mounted, inspection current)					
Housekeeping (cab and box/bed clean and free of debris)					
Gauges/switches					
Back up alarm (If applicable)					
Horn (functioning and audible)					
Positive Air shut-off (If applicable)					
Tire pressure					
Wheel Lug Indicators					
Brakes, Emergency Brakes					
Spare Tire, Jack, Tire iron					
Load secured					
First Aid Kit					
Emergency Roadside Kit (triangle, reflector/ high visibility vest)					
Oil Change required?					
Documentation; Proof of Insurance, registration, Drivers Log Book.					
Other Concerns/Comments:					

Supervisor/Foreman: _____

Name(print)

Signature

Date

Driver: _____

Name(print)

Signature

Date