BLCS Vehicle Checklist

Employee Full Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please ensure all items are checked and make comments where applicable:

*Note: Please be sure to make note of any damages occurred to vehicle*

|  |  |  |
| --- | --- | --- |
|  | **Item** | **Comments** |
| **Exterior** | | |
|  | Wipers (Including fluid, wiper blades etc.) |  |
|  | Lights (Headlights, Signal and Break) |  |
|  | Windscreen |  |
|  | Windows |  |
|  | Door (Front) |  |
|  | Door (Side) |  |
|  | Door (Back) |  |
|  | Body (Front) |  |
|  | Body (Left) |  |
|  | Body (Right) |  |
|  | Body (Back) |  |
|  | Mirrors |  |
|  | Tires |  |
|  | Brakes |  |
|  | Cleanliness of Exterior |  |
| **Interior** | | |
|  | Cleanliness (Rubbish, carpet, chairs etc.) |  |
|  | Air Conditioning |  |
|  | Seat belts |  |
|  | Disability Parking Permit |  |
| **Other** | | |
|  | Petrol (Please note remaining amount in comments eg. FULL, ¾, ½, ¼, EMPTY) |  |
|  | Wheelchair Lift |  |
|  |  |  |

|  |
| --- |
| **Please mark any damaged observed on exterior of van (inclusive of dents, scratches, scuffs, marks etc.):** |
|  |

**BCLS Van Scratchy**

Employee Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**