

Compliance check form

Name of checker:	<input type="text"/>	Date:	<input type="text"/>	Time:	<input type="text"/>
Site:	<input type="text"/>				
Company name:	<input type="text"/>				
Driver name:	<input type="text"/>				
Employed by:	<input type="text"/>				

Vehicle type:		Body type:	
Van <3.5t	<input type="checkbox"/>	Tipper	<input type="checkbox"/>
Lorry >3.5t <7.5t	<input type="checkbox"/>	Mixer	<input type="checkbox"/>
Lorry > 7.5t rigid	<input type="checkbox"/>	Tanker	<input type="checkbox"/>
Lorry drawbar and trailer	<input type="checkbox"/>	Other (specify)	<input type="text"/>
Lorry articulated	<input type="checkbox"/>		
Specialist vehicle	<input type="checkbox"/>	Vehicle registration:	<input type="text"/>

Quality operation (FORS or equivalent)			
Accredited:	Yes	<input type="checkbox"/>	No
Bronze:	<input type="checkbox"/>	Registered:	<input type="checkbox"/>
Silver:	<input type="checkbox"/>	None:	<input type="checkbox"/>
Gold:	<input type="checkbox"/>		

Driver			
Licence:	In date:	<input type="text"/>	Category
			<input type="text"/>
Training	Vulnerable road users	<input type="checkbox"/>	Invalid/no licence carried
			<input type="checkbox"/>
			Vehicle safety equipment
			<input type="checkbox"/>

Vehicle			
	Fitted and serviceable	Fitted but not serviceable	Not fitted
Pictorial stickers and markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sideguards N/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sideguards O/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class VI mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front nearside blind-spot camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear view camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresnel lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left turn audible warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right turn audible warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reversing audible warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Continued overleaf...

Comments
Comments

Declaration				
Letter of non-conformance issued to driver	Yes:	<input type="text"/>	No	<input type="text"/>
Signed by driver	<input type="text"/>	Date:	<input type="text"/>	