



**DEPARTMENT OF ARCHAEOLOGY
UNIVERSITY OF CAMBRIDGE**

Please complete this checklist before accepting the vehicle. Report any faults to Jessica Rippengal

Vehicle Registration Number: _____

Potential Hazards	Observations	Location on Vehicle	Action	Initial
Is the external condition satisfactory? No dangerous projections or torn bodywork	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are the tyres, including the spare, visually in good condition and apparently inflated correctly	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is there a First Aid box in the vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is there a fire extinguisher in the vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are there any staff or students on your journey who need special consideration? eg. Expectant mothers, partially sighted or hearing impaired	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do all doors operate correctly, particularly the emergency exit	Yes <input type="checkbox"/> No <input type="checkbox"/>			

PTO

JCR – FEB 10



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Potential Hazards	Observations	Location on vehicle	Action	Initial
How many seats are there?				
Are all the seats fitted with safety belts? Do not forget that it is obligatory to wear them	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is there safe storage space for luggage?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are the windows and mirrors clean enough for driving and have you checked the washer reservoir	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you checked that all the lights are functioning?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Comments

I agree that this vehicle is fit for purpose:

Completed by:

Name _____ Signature _____

Date:



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