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Weekly Site Safety Inspection Check List

Inspection Details

Report #: _____

Location: _____

Inspection Date: _____

Inspector Name: _____

Vehicle Details

Vehicle # : _____

Vehicle Category : _____

Vehicle Name : _____

VIN #: _____

Meter Reading: _____

Model/Year: _____

General machinery, plants and equipment

SN	Inspection Item	Note	Yes	No	NA
1	General Machinery, Plants and Equipment to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have risk assessments been completed for machinery where appropriate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are maintenance schedules in place for machines?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do records indicate that machine maintenance schedules are being adhered to?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	If required, are relevant pre-start inspections being completed on machinery, equipment and plants?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are machines kept clean?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are the floors around the machines kept clean?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are guards in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	If required, are emergency stops fitted on machinery, equipment and plants?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10	Is machine waste, off cuts, dust etc. removed and stored safely?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are drip pans on floor to prevent spillage? (where appropriate)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Noise levels controlled?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Is no bending or stooping required to use machines?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Is there sufficient room to use all machines safely?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Are machine, equipment and plant operators trained/inducted to be competent in safe and correct operation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Is this training recorded?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Do operators comply with the training?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waste & rubbish

SN	Inspection Item	Note	Yes	No	NA
18	Waste and rubbish to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Are bins/dumpsters located at suitable points around site?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Is site generally orderly, with rubbish or waste materials disposed of correctly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Are bins/dumpsters emptied regularly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Are oily rags and combustible refuse disposed of in covered metal containers?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Is the loading / delivery area clean and tidy?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Do work and office areas have adequate lighting?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Is site furniture and work benches in sound condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Are work tasks designed to prevent Occupational Overuse Syndrome? (Breaks included)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous manual tasks

SN	Inspection Item	Note	Yes	No	NA
27	Hazardous Manual Tasks to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Have Hazardous Manual Tasks on site been identified?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Have Risk Assessments for these tasks been completed where required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30	Have Risk controls been selected for these tasks using the hierarchy of controls?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Are suitable controls in place for high force / awkward postures?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Are suitable controls in place for repetitive tasks?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Have the procedures surrounding risk controls been documented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Are workers compliant with the above procedures?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Are relevant workers trained in these controls?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Has this training been documented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confined spaces

SN	Inspection Item	Note	Yes	No	NA
37	Confined spaces safety to be inspected this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Do all applicable confined space works have adequate permits granted and documented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Is a confined space emergency plan in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Are confined spaces being continually monitored?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Are all workers undertaking confined space works trained in confined space entry and activities?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site security

SN	Inspection Item	Note	Yes	No	NA
42	Is site security to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Are site entry and exit points clearly designated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Is clear signage requiring visitors to check in posted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Is clear signage requiring visitors to check in posted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Is site perimeter fenced off appropriately with required site public signage posted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Are all entries and exits closed and locked at night and during weekends?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	If applicable, are site alarm systems functioning as expected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49	If applicable, are site security procedures (guard patrols, security checks etc) undertaken as required and reviewed regularly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Scaffolding

SN	Inspection Item	Note	Yes	No	NA
50	Scaffolds to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Are scaffolds constructed and erected only by qualified and trained personnel?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Have all scaffold plans been submitted and approved?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Are scaffolds accessible and clear of unstable objects and trip hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Is scaffold adequately secured to building (or appropriately secured with alternative method)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Are guard rails installed on all scaffolds above 10 feet?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Are scaffold footings stable, secure and free of unstable propping objects (barrels, boxes, loose brick or concrete blocks etc)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Are scaffold footings and anchorages designed to support the maximum intended load without settling or displacement?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Are scaffolds generally safe and orderly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Are scaffolds being regularly inspected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housekeeping

SN	Inspection Item	Note	Yes	No	NA
60	Is site housekeeping to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical safety

SN	Inspection Item	Note	Yes	No	NA
61	Electrical safety to be inspected this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Are safety switches installed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Are safety switches tested every 6 months and tests recorded?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	There are no outlets are overloaded / No double adapters in use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65	Has portable equipment been tested and tagged?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	There are no broken plugs, sockets or switches?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	There are no power leads across walkways?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	No frayed or damaged leads?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	There are no strained leads?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Are portable power tools in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Where required are emergency shut-down procedures in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work benches & areas

SN	Inspection Item	Note	Yes	No	NA
72	Work benches and areas to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Work benches are clear of rubbish and debris?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Are tools not in use put away?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	There are no damaged hand tools in use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	There are no damaged power tools in use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Work height correct for the type of work and the employee?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Work benches have no sharp edges?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Workers are communicating clearly at acceptable volume (no shouting)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Noise produced by work activities is within acceptable parameters and is not excessive?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trip and fall safety

SN	Inspection Item	Note	Yes	No	NA
81	Trip and fall safety to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	Are floor surfaces even and uncluttered?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Are entry and walkways kept clear?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Are walkways adequately and clearly marked?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Are intersections kept clear of boxes etc?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Are stairs and risers kept clear?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87	Are floor surfaces free of liquid spills?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Are railings in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Are footpaths in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Are fall preventive measures in place and used where gaps occur in railings?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Are appropriate measures in place to prevent falls? ie. barriers (preferred) or harnesses?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Is all fall protection equipment is visually inspected prior to use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Is all work above 2m, or within 2m of an edge being done safely?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Is all fall protection equipment visually inspected prior to use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	Are all floor openings fully barricaded or are protected with a secured cover and labelled?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Are personnel below protected from falling materials (i.e. tools, bolts, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	Is there proper scaffolding in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Incident, injury & accident procedures

SN	Inspection Item	Note	Yes	No	NA
98	Incident, Injury & Accident Procedures to be inspected this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99	Are Incident, Accident, Near Miss and Injury procedures in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	Are adequate reporting forms for for these events in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Are all incidents investigated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Are Corrective Actions then implemented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Are Workers Compensation, Rehabilitation and Return to Work Programs in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	Is an "If you are injured" poster displayed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hand and power tools

SN	Inspection Item	Note	Yes	No	NA
105	Hand and power tools to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

106	Are all tool guards in place and operable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Are power cords in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Are all tools double insulated or have a ground plug?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Are ground fault circuit interrupters in place at the source of electricity?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Are all power tools in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	Are defective pieces of equipment and tools red tagged and removed from service?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Are tools stored correctly and in the right place when not in use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Are employees using the proper tool for the task they are performing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	Are hand tools manufactured to standard?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	Are employees using two hand on tools that are designed to do so?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	Are dust collectors and exhausts provided on tools that produce large amounts of dust?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Storage design and use

SN	Inspection Item	Note	Yes	No	NA
117	Site storage to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Are materials stored in racks and bins wherever possible?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	Storage designed to minimise lifting problems?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Are floors around racking clear of rubbish?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	Are racks and pallets in good condition generally?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal protective equipment

SN	Inspection Item	Note	Yes	No	NA
122	Is Personal Protective Equipment to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	Is head protection worn correctly and where required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	Is eye protection worn where required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125	Are the correct forms of eye protection worn for tasks being completed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	Is hearing protection worn in designated areas?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	Are the correct forms of hand protection worn for manual tasks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	Is respiratory protection worn where dust, mist or fumes are present?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	Is footwear in good condition and of correct type?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Are high-vis vests or clothing worn at all times outside the office?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131	Are safety harnesses appropriately worn at height? 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132	Is additional PPE used where required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	Are staff aware of correct PPE for tasks they are trained to perform?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ladders

SN	Inspection Item	Note	Yes	No	NA
134	Ladders to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135	Are all ladders Industrial strength? (Non Household rated, check label.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136	Are ladders in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137	If used for electrical work are ladders non conductive? (wood or fibre glass.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138	Are ladders being used according to instructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139	For extension ladders: are ropes, pulleys and treads in a good state of repair?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	Are ladders not used to access heights when higher order controls should be used?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire prevention & emergency

SN	Inspection Item	Note	Yes	No	NA
141	Are fire and emergency procedures to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142	Evacuation plan displayed and understood by all employees?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143	Evacuation procedures discussed regularly? (3 to 4 times a year)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

144	Exit doors easily opened from inside?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145	Exits clear of obstructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146	Emergency exit lighting operable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147	Adequate direction notices for fire exits?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148	Extinguishers in place, clearly marked for type of fire?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149	Extinguishers recently serviced? (check punch mark on tabs)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	Extinguishers clear of obstructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151	Fire alarm system functioning correctly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical safety

SN	Inspection Item	Note	Yes	No	NA
152	Chemical safety to be inspected this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153	Is a Hazardous Substance Register complete and available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154	Have risk assessments been completed for hazardous substances?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155	Are Material Safety Data Sheets available for all chemicals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156	Are all containers labelled correctly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157	Are unused substances disposed of?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158	If applicable are special storage conditions followed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159	Are workers trained in the use of hazardous substances?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Are eye washes and showers available and easily accessible?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161	Are spill kits or other clean up arrangements available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid facilities

SN	Inspection Item	Note	Yes	No	NA
162	Are first aid facilities to be inspected in this audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163	Are first aid cabinets and contents clean and orderly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164	No first aid contents past their expiry date?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

165	Is there easy access to first aid cabinets?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166	Employees aware of location of first aid cabinet?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167	Are first aid officers known to workers and accessible?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168	Are emergency numbers displayed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note	

Overall Condition: _____

Vehicle Safe to Use: _____

Maintenance Priority: _____

Deployed: _____

Signature



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