



# Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality  
Department

## Lusail Operation Safety Procedural Forms/Checklists – Pre-Mob Vehicle Checklist

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Uncontrolled Copy	<input type="checkbox"/>	Controlled Copy	<input checked="" type="checkbox"/>
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## Daily Vehicle Checklist

Driver Name:		Registration No.	
Passenger/s:		Date:	
Time Booked Out:		Time Booked In:	

	1. Items Inspected / checked	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	Notes
		Meets Required Standard	Needs Repair	Repairs Carried out	
Check	Oil Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Structural Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	All controls checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Steering system check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Windows/doors/windcreens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Seating/Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Clutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Oil and Fuel systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Exhaust systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Noise levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Indication lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tyres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dents/scratches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spare Wheel/Jack/Spanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2. Comments		
3. Authorization – Inspector		
Full Name:	Signature:	Date of Inspection:
		____/____/____