

Garage Logo and Name here

Tractor Inspection Report

Owner's Name:			
Owner's Address:			
Make:		Model:	
Reg. No:			

Key	
Pass	√
Fail	X
Not Applicable	NA

Vision

<input type="checkbox"/>	Windscreen
<input type="checkbox"/>	Wipers & Washers
<input type="checkbox"/>	Rear Window
<input type="checkbox"/>	Side Windows
<input type="checkbox"/>	Doors
<input type="checkbox"/>	Exterior Mirrors

Wheels & Tyres

<input type="checkbox"/>	Tyre Condition
<input type="checkbox"/>	Wheel Bearings
<input type="checkbox"/>	Wheel Nuts / Studs
<input type="checkbox"/>	Wheel Rims

Brakes and Steering

<input type="checkbox"/>	Steering Mounting
<input type="checkbox"/>	Power Steering Unit
<input type="checkbox"/>	King Pins
<input type="checkbox"/>	Brake Connector / Linkage
<input type="checkbox"/>	Handbrake Function
<input type="checkbox"/>	Pedal Assembly
<input type="checkbox"/>	Master Cylinder
<input type="checkbox"/>	Pipe-Work & Fittings
<input type="checkbox"/>	Mechanical Couplings
<input type="checkbox"/>	Service Brake Performance

Lights / Audible Devices

<input type="checkbox"/>	Flashing Beacon
<input type="checkbox"/>	Headlights
<input type="checkbox"/>	Side Lights
<input type="checkbox"/>	Indicators
<input type="checkbox"/>	Brake Lights
<input type="checkbox"/>	Hazard Warning Lights
<input type="checkbox"/>	Light Housings
<input type="checkbox"/>	Registration Plate Light
<input type="checkbox"/>	Reversing Light
<input type="checkbox"/>	7 Pin Connector
<input type="checkbox"/>	Reversing Beeper
<input type="checkbox"/>	Horn

Superstructure

<input type="checkbox"/>	Footsteps
<input type="checkbox"/>	Seat Fixings
<input type="checkbox"/>	Cab Mountings
<input type="checkbox"/>	Cab ROPS / Safety Frame

Miscellaneous

<input type="checkbox"/>	Fan Belt
<input type="checkbox"/>	Fuel Tank Cap
<input type="checkbox"/>	Trailer Hook / Clevis Hitch
<input type="checkbox"/>	Rear Lift Linkage Assembly
<input type="checkbox"/>	Throttle Cable
<input type="checkbox"/>	Gear Selector Linkage
<input type="checkbox"/>	Battery Fixing
<input type="checkbox"/>	PTO Guard
<input type="checkbox"/>	PTO On / Off Controls
<input type="checkbox"/>	Oil / Fuel / Water Leaks
<input type="checkbox"/>	Exhaust & Brackets
<input type="checkbox"/>	Engine Cut Out
<input type="checkbox"/>	Interlocks and Controls
<input type="checkbox"/>	Security & Mounting of Controls
<input type="checkbox"/>	Operational Test Drive

Vehicle Comments / Notes

Please make notes or comments here in relation to the vehicle

Garage Stamp

Signed: _____

Date: _____

Garage Ref.: _____