

Checking Sheet

Road Safety Display Trailer

Area	Trailer check	Pre event (at pick up)		Post event (at drop off)	
Tyres	Tyre pressure okay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Tyre tread is:				
	-greater than 2mm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Spare tyre present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any uneven wear to tread?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____					
Lights	Left indicator working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Right indicator working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hazard lights working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Tail lights working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number plate light working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____					
Other	Trailer cord intact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Trailer wheel/stabilising legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any wear / damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____					
	Keys for display trailer doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Exterior of trailer	<input type="checkbox"/> Good	<input type="checkbox"/> Marks	<input type="checkbox"/> Good	<input type="checkbox"/> Marks
Comments: _____					
	Interior of trailer	<input type="checkbox"/> Good	<input type="checkbox"/> Marks	<input type="checkbox"/> Good	<input type="checkbox"/> Marks
Comments: _____					
	All items within trailer present:				
	▪ Plasma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	▪ Laptop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	▪ Competition box with key	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	▪ Table and chairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	▪ Shade panel for trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	▪ Broom/dustpan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____					

Signed: _____
 Name: _____
 Date: _____

(Return fully completed form to Regional Road Safety Officer upon return of trailer)

WALGA Officer use only:

Form sighted - Yes No

Action taken if required - Yes No N/A

Action: _____



getting there together