

**Driver name**

**………………………………………….**

**University email……………………..**

**Week commencing**

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 **Daily Trailer defect check sheet**

**(THIS CHECK MUST BE CARRIED OUT AND COMPLETED BY THE DRIVER PRIOR TO DAILY FIRST USE, INCONJUNCTION WITH COMPLETING A DAILY VEHICLE DEFECT CHECK SHEET, TO ENSURE THAT THE TRAILER BEING TOWED IS SAFE AND ROADWORTHY. A TRAILER MUST NOT BE TOWED/ USED IF IT IS UNSAFE OR UNROADWORTHY)**

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| **Trailer Make**  | **Trailer model** | **Serial no/ description of trailer** |
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| Satisfactory (✔) Unsatisfactory and requires attention (**R**) Not applicable (**N/A**) |  |  |  |  |  |  |  |
| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Operator**- Fit and well, trained how to tow this trailer and operate all the trailer functions  |  |  |  |  |  |  |  |
| **Coupling connection-** Operational and secure |   |   |   |   |   |   |   |
| **Tow hitch cables**- Undamaged, 7 or 13 pin connection, secure and fully operational |   |   |   |   |   |   |   |
| **‘A’ frame hitch**- Undamaged and plate visible (if applicable) |   |   |   |   |   |   |   |
| **Breakaway cable**- Secure, operating fully and correctly |   |   |   |   |   |   |   |
| **Trailer jockey wheel**- Secure, operating fully and correctly |  |  |  |  |  |  |  |
| **Safety chain**- Secure, operating fully and correctly |   |   |   |   |   |   |   |
| **Electric & Air connection**- Secure, operating fully and correctly |   |   |   |   |   |   |   |
| **Tyres**- Inflated correctly, with legal tread depth, undamaged, no bulges or cords showing |  |  |  |  |  |  |  |
| **Wheel security**- Secure and undamaged, no excessive damage to the wheel rim |   |   |   |   |   |   |   |
| **Spare wheel**- Serviceable, correct pressure with tool kit and jack (if applicable) |  |  |  |  |  |  |  |
| **Brakes**- Operating fully and correctly |  |  |  |  |  |  |  |
| **Body and mudflaps**- Undamaged, secure and no sharp edges |  |  |  |  |  |  |  |
| **All lights and indicators**- Operating correctly and beacons (if applicable) |  |  |  |  |  |  |  |
| **Reflectors and lenses**- Undamaged, clean and clearly visible |   |   |   |   |   |   |   |

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| **SECTION A** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Numberplate**- Undamaged, clean and clearly visible |   |   |   |   |   |   |   |
| **Trailer tail board** Secure and fully operational (if applicable) |   |   |   |   |   |   |   |
| **Tipper body**- Secure and fully operational (if applicable) |  |  |  |  |  |  |  |
| **Security and size of trailer load**- Trailer is not overloaded, overweight (within weight limit) and load is secure. |   |   |   |   |   |   |   |
| **Additional item** |  |  |  |  |  |  |  |
| **Additional Item** |  |  |  |  |  |  |  |
| **Additional Item** |   |   |   |   |   |   |   |

By signing the below, I confirm that I have performed all the above checks thoroughly and correctly in section A, that are relevant to the trailer. If a defect is identified in section A or throughout the working day, it must be noted in Section B and reported to my line manager.

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Driver signature** |  |  |  |  |  |  |  |

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| **SECTION B – List any deficiencies/ defect below (to be reported to line manager)** |
|  Reported to……………………………………………………………………………………………………………………Date and time………………………………… |
| **SECTION C-Action taken to rectify deficiencies/ defect by line manager** |
| Line manager signature……………………………………………………………………………………………………..Date and time………………………………….. |