

# BRIT EUROPEAN TRANSPORT LTD WEEKLY CHECKLIST REPORT

Name:

Depot/Contract:

Week Commencing

DAY	VEHICLE REGISTRATION	TRAILER NUMBERS	I CERTIFY THAT I HAVE COMPLETED THE CHECK		ENTER BELOW NIL OR YES - SEE DEFECT BOOK FOR EACH DAY	DEFECT BOOK PAGE NUMBER
			START SHIFT SIGNATURE	FINISH SHIFT SIGNATURE		
MON						
TUES						
WEDS						
THURS						
FRI						
SAT						
SUN						

**COMPLETE THIS SECTION BY ANSWERING YES OR NO TO THE QUESTIONS BELOW**

Have you been stopped by the police? YES NO

*If yes, state reason and date:*

Have you been stopped by any other Authorities? YES NO

*If yes, state who by, reason and date:*

Have you been involved in any accidents? YES NO

*If yes have you filled in a report?* YES NO

**Checked by Department Manager/Supervisor** Signature Date

**Spot Check Supervisor** Signature Date