

A Product of the Licensed Vehicle Tester Consultative Group

Company Name									
Trade Name	Date	D	D	M	M	Y	Y	Y	Y

The automotive workshop applicant (responsible person) must ensure all items listed below are actioned and tick 'Yes' to all completed items. Once the items are checked and completed, then sign the acknowledgement statement and send this checklist to VicRoads with the application.

Retain a copy for your records

Items		Yes (✓)
Unauthorised persons prohibited from entering workshop areas. Signage is present stating 'No Unauthorised Entry'	<input type="checkbox"/>	
All vehicle testers and or accredited staff are to have a current drivers licence.	<input type="checkbox"/>	
Vehicles have adequate room to manoeuvre in the workshop.	<input type="checkbox"/>	
A first aid kit is present, maintained, accessible and staff trained.	<input type="checkbox"/>	
All exits are clear and accessible.	<input type="checkbox"/>	
Fire extinguishers are provided, serviced every six months and accessible.	<input type="checkbox"/>	
Electrical leads are tested and tagged every six months in the workshop.	<input type="checkbox"/>	
All lifting and holding equipment (i.e. trolley jacks, vehicle stands) has a safe Working Load (SWL) label with a designated weight as per the manufacturers' specification.	<input type="checkbox"/>	
Vehicle hoists are serviced annually or at lessor intervals in accordance with the manufacturers instructions and the service records are kept.	<input type="checkbox"/>	
A daily pre-operational inspection of vehicle hoists is conducted and documented issues identified and resolved.	<input type="checkbox"/>	
Vehicle hoists have locking arms and safetylocks to prevent a vehicle fall.	<input type="checkbox"/>	
Minimum 600mm clearance provided between hoists and other equipment.	<input type="checkbox"/>	
The workshop floor is free of slip and trip hazards so far as reasonably practicable.	<input type="checkbox"/>	
Spill kit provided and fluid spills cleaned up immediately.	<input type="checkbox"/>	

Acknowledgement

I, (insert Name) _____ of _____

(insert Trade Name) _____

acknowledge that the above automotive inspection checklist has been actioned and is correct on Date

D	D	M	M	Y	Y	Y	Y
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Signature _____

Note: The items on this automotive workshop inspection checklist will be checked by a VicRoads Vehicle Fitness Officer to verify that the items have been actioned.