

Swan Hill Vintage and Classic Vehicle Club
Vehicle Safety Check Sheet, must be presented with permit registration.

Owners Name..... CPS Expiry Date (Vic Roads)

Year of Vehicle..... Make of Vehicle..... CPS Number.....

Engine Number..... Chassis Number.....

All Vehicles and Motorcycles

1 Braking

<input type="checkbox"/>	Foot brake operation
<input type="checkbox"/>	Pedal Reserve
<input type="checkbox"/>	Brake Lining or Pads
<input type="checkbox"/>	Brake Linkages
<input type="checkbox"/>	Hand Brake
<input type="checkbox"/>	Hydraulics

2 Steering and Suspension.

<input type="checkbox"/>	Backlash
<input type="checkbox"/>	Bushes / Kingpins
<input type="checkbox"/>	Ball joints
<input type="checkbox"/>	Steering Box & Linkage
<input type="checkbox"/>	Oil leaks
<input type="checkbox"/>	Alignment
<input type="checkbox"/>	Cracks

3 Wheels & Tyres

<input type="checkbox"/>	Rims
<input type="checkbox"/>	Spokes
<input type="checkbox"/>	Bearings
<input type="checkbox"/>	Tyre Cracks
<input type="checkbox"/>	Tyre Tread

4 Lights

<input type="checkbox"/>	Headlights - High/ Low / Park
<input type="checkbox"/>	Tail / Stop Lights
<input type="checkbox"/>	Reflectors
<input type="checkbox"/>	Turn Indicators

5 Exhaust System

<input type="checkbox"/>	Mounting
<input type="checkbox"/>	Leaks
<input type="checkbox"/>	Noise

6 Rear Vision Mirrors

<input type="checkbox"/>	Condition
<input type="checkbox"/>	Mountings

7 Glazing

<input type="checkbox"/>	Material & Condition
<input type="checkbox"/>	Windscreen Wiper

8 Horn / Warning Device

<input type="checkbox"/>	Location
<input type="checkbox"/>	Operational

9 Seats / Seat Belts

<input type="checkbox"/>	Fixing
<input type="checkbox"/>	Condition / Operational

10 Foot Rests

<input type="checkbox"/>	Good Condition
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11 Chain

<input type="checkbox"/>	Chain guards
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12 Saddle / Pillion Seat

<input type="checkbox"/>	Mounting
<input type="checkbox"/>	Condition

13 Controls

<input type="checkbox"/>	Handlebars / Controls
<input type="checkbox"/>	Cables

14 Side Car

<input type="checkbox"/>	Frame Condition
<input type="checkbox"/>	Frame Coupling

15 Fuel System

<input type="checkbox"/>	LPG Fitted
<input type="checkbox"/>	Modifications
<input type="checkbox"/>	Date Stamp on Tank

...../...../.....

The above Vehicle was checked by..... on/...../.....and in the opinion of the inspector was found to be in a safe condition.

Declaration by the Owner:

I understand that the responsibility for the safe condition and use of this CPS Vehicle rests with the Owner/ Driver.

Signed _____ **Date** ____/____/____