



TAC VEHICLE INSPECTION CHECKLIST

Date:	
Time:	
Inspected by:	
Company:	
Registration Plate:	
Make/Model:	
TAC Vehicle Access Requirements	Tick
Reversing Alarm	<input type="checkbox"/>
Rotating Amber Beacon	<input type="checkbox"/>
Company Name clearly identifiable	<input type="checkbox"/>
Other Comments:	
Vehicle fulfils TAC access requirements?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Inspectors signature:	