

# Passenger Transport Safety Compliance Checklist

Operator Name:

Vehicle ID/Plate Number:

Date of Inspection:

Inspector Name:

## Checklist

| Item                                    | Compliant                | Non-Compliant            | Comments    |
|---|--------------------------|--------------------------|-------------|
| Driver License and Certification Valid  | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Vehicle Registration and Insurance      | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Seatbelts Installed and Functioning     | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Fire Extinguisher Present and Inspected | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| First Aid Kit Available                 | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Emergency Exits Accessible and Marked   | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Vehicle Clean and Free from Hazards     | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |

|                                  |                          |                          |             |
|----------------------------------|--------------------------|--------------------------|-------------|
| Vehicle Maintenance Log Updated  | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Operational Communication Device | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |

Additional Comments / Actions Required:

Inspector Signature:

Date Signed: