

# Checklist

## Daily self-inspection of vehicles



### **Applies to**

Stockholm Arlanda Airport.  
Bromma Stockholm Airport  
Göteborg Landvetter Airport  
Malmö Airport



**Swedavia  
Airports**

| Name:                                                                        |                                                                                                                                               | Reg./internal number:                                    | Date: |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------|
| <b>EXTERNAL INSPECTION OF THE VEHICLE</b>                                    |                                                                                                                                               |                                                          |       |
| ID                                                                           | Checkpoint                                                                                                                                    | Pass                                                     |       |
| 1                                                                            | Lighting system ( <i>Dipped headlights, brake light, warning light, indicators, etc.</i> )                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 2                                                                            | Visibility criteria ( <i>Reflectors, company ID, etc.</i> ).                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 3                                                                            | Tyres ( <i>Tread depth, air pressure and objects that may become FOD, e.g. stones</i> )                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 4                                                                            | Leakage ( <i>No visible leakage under the vehicle or in the engine compartment</i> )                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 5                                                                            | Damage                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 6                                                                            | Vehicle permit ( <i>Available and valid</i> )                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 7                                                                            | External load securing                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| <b>INTERNAL INSPECTION OF THE VEHICLE</b>                                    |                                                                                                                                               |                                                          |       |
| ID                                                                           | Checkpoint                                                                                                                                    | Pass                                                     |       |
| 9                                                                            | Internal load securing                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 10                                                                           | Vehicle map ( <i>Available and valid</i> )                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 11                                                                           | System check ( <i>Warning lights</i> )                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 12                                                                           | Steering function ( <i>The steering servo is working if the steering wheel becomes easy to turn after starting the vehicle</i> )              | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 13                                                                           | Braking system ( <i>Foot brake, parking brake and brake servo. The brake servo is working if the brake drops after starting the vehicle</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 14                                                                           | Audible signals                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 15                                                                           | Rear-view mirrors                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 16                                                                           | Windscreen wipers                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 17                                                                           | Communication equipment ( <i>Fixed antenna/equipment for two-way ground and/or aviation radio</i> ) *                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| Deficiencies noted:                                                          |                                                                                                                                               |                                                          |       |
| <p>* Applies only to vehicles with authorisation in the manoeuvring area</p> |                                                                                                                                               |                                                          |       |