Inspection Data



Inspection Status: Clear 05:51:51pm

License Number: 055462274

| Question | User Answer | Correct Answer |
|--|-------------|----------------|
| I am fit to undertake my allocated tasks. | Yes | Yes |
| I am not fatigued or suffering any medical condition (that I | Yes | Yes |
| am aware of) that may affect my ability to drive or | | |
| complete my allocated tasks. | | |
| I have had 24 hrs. Continuous stationary rest within the | Yes | Yes |
| last 7 Days. | | |
| I have had a enough rest break between shifts. | Yes | Yes |
| I have NOT consumed alcohol and/or drugs (prescription) or | Yes | Yes |
| otherwise that may impair my ability to work and drive. | | |
| To the best of my knowledge, I have had NO driving | Yes | Yes |
| infringements issued to me in the last 24hrs. | | |
| My previous duties were completed in accordance with | Yes | Yes |
| regulations i have taken required rest breaks & i am fit to | | |
| perform this trip as per the regulations. | | |