

WRRR Requirements Compliance Check

On site check

Name of Compliance Officer:	Date:
Site:	Time:
Driver name:	Vehicle operator:
Employed by:	Delivering on behalf of:
Vehicle registration:	

1. Operations

FORS¹ status: Registered ☐ Bronze ☐ Silver ☐ Gold ☐ FORS ID no: Expiry date:

Pass ☐ Fail ☐ Comments

¹ Fleet Operator Recognition Scheme

2. Vehicle & Equipment

Vehicle Type

Fitted Working

1 Class V + VI mirrors

☐ ☐

2 Close proximity warning system and camera system and/or vision-aid

☐ ☐

3 Side guards

☐ ☐

4 Audible left turn warning

☐ ☐

5 Warning signage

☐ ☐

Pass ☐ Fail ☐ Comments

3. Driver

Licence In date: ☐ Category: Invalid/no licence carried: ☐

VRU Training Safe Urban Driving: ☐ Other approved: ☐ E-learning: ☐ None: ☐

Pass ☐ Fail ☐ Comments

Action taken on site

Refused access: ☐ Allowed access: ☐

I acknowledge receipt of the non-compliance notification

Driver's signature: _____ Compliance Officer's signature: _____

Send completed form to:

Follow up action

Name:

Department:

Date:

Actions taken

Action

Satisfactory
Response

Notes and actions

Letter /email to supplier ☐

Yes | No

Addressed to:

☐ ☐

Meeting with supplier ☐

Yes | No

Present:

☐ ☐

Commercial action via contract ☐

Yes | No

Other follow up actions:

☐ ☐

Approval and closure

Note/comment

Has root cause been identified?

Yes ☐ No ☐

Have preventative measures been put in place?

Yes ☐ No ☐

Closed: ☐

Date:

Approved by:

Send completed form to: