

CLOCS Requirements Compliance Check

On site check

Name of checker:	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

	Fitted	Working
1 Class V + VI mirrors	<input type="checkbox"/>	<input type="checkbox"/>
2 Close proximity warning system, and/or camera system and/or vision-aid	<input type="checkbox"/>	<input type="checkbox"/>
3 Side guards	<input type="checkbox"/>	<input type="checkbox"/>
4 Audible left turn warning	<input type="checkbox"/>	<input type="checkbox"/>
5 Warning signage	<input type="checkbox"/>	<input type="checkbox"/>

Pass Fail Comments

3. Driver

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

VRU Training Safe Urban Driving: Other approved: None:

Pass Fail Comments

Action taken on site Refused access: Allowed access:

Letter to driver: _____ By (name): _____

Send completed form to: _____

CLOCS Requirements Non-Conformance Report

Follow up action

Name:

Department:

Date:

Actions taken

Action	Satisfactory Response	Notes and actions
Letter /email to supplier Addressed to:	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Meeting with supplier Present:	Yes No <input type="checkbox"/> <input type="checkbox"/>	
Commercial action via contract Other follow up actions:	Yes No <input type="checkbox"/> <input type="checkbox"/>	

Approval and closure

Note/comment

Has root cause been identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have preventative measures been put in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Closed: <input type="checkbox"/> Date:	Approved by:

Send completed form to:



Looking out
for vulnerable
road users

www.clocs.org.uk