Company name							
Phone							
Address							
Interview with							
Email							
Website							
	Visit Date						
Inspector name	VISIT Date						
Current owners							
* compulsory for Licensed Collision Repairer BUSINESS PRESENTATION - FRONTAGE							
Condition of fo	precourt O * Sealed and tidy O Potholes O Unsealed but tidy O Untidy						
Appearance of building							
Parking spaces							
Business	signage Excellent Good Average Poor						
	ish area						
General com	ments						
055105 / D							
OFFICE / R	ECEPTION / CUSTOMER FACILITIES						
Office location * Separate from w/shop							
Floor co	Appearance of walls						
	idiness (cleaned regularly)						
	ting for clients / assessors Seating / Table No Seating						
Ocal	Toilet cleanliness						
	Locks on toilet doors On all On some None						
Office / toilet w	valls (no offensive artwork) None Some Unacceptable						
	mating software Yes O No Brand O Auto-Quote O Panel Quote Other						
O Flexiquote O PPG Business Manager							
General comments O iBodyshop O Quoteplus							
CTAFE							
STAFF							
Pan	el skilled Panel NQ Panel trainee						
Refinis	sh skilled Refinish NQ Refinish trainee						
Migrant Pan	el skilled Migrant Panel NQ Other						
Migrant Refinish skilled Migrant Refinish NQ							
Administration							
Are your Apprentices signed up with MITO?							
General comments No Female							

HEALTH & SAFETY								
Health & Safety Policy Yes No C) Want to buy Type							
Do you have H&S meetings eve		utes of these? O Yes O No						
Do you have a hazard register and keep this updated? Yes No								
Do you have a process to record all near misses, incidents and injuries? O Yes O No								
Do you conduct emergency evacuation drills twice a year? O Yes O No								
Do you have a process for visitors, customers and contractors coming on site? O Yes O No								
GENERAL FACILITIES								
Environmental Management Plan								
Environmental Management Flan	Ves have an Man Went to have an							
Security system monitored Ye	s O No	Smoke Alarm/Heat Sensors Yes No						
Signage for Evacuation with Assembly	Point O Yes O No	Animals on premises Yes No						
Staff driven company vehicle with First		Animals on premises						
Annual staff health checks - documentatio								
(lung capacity, respiratory and he	aring)							
General comments								
RELIEF VEHICLES								
RELIEF VEHICLES								
Do you have Relief Vehicles		Relief Vehicle numbers:						
Do you charge for Relief Vehicles?	Yes O No	Rental Service Licence?						
These vehicles are:	Owned O Leased	O Rented Excess?						
Type of Insurance on these Relief Vehicles	Full cover 3rd p	arty						
General comments								
INSURANCE COMPANIES								
Does work for:		Approved (Contract):						
O AA / SIS O Pioneer	O VERO / AMP	o / t t / e le						
○ Allianz○ FMG○ Smartpak	◯ Youi ◯ Zurich	○ FMG ○ VERO / AMP ○ IAG ○ Youi						
◯ IAG / NZI / State / AMI ◯ Sureplan	Other	O IAG - Gold O Zurich						
○ Medical Insurance○ National Auto Club○ Toyota Insurance	ırance	○ Sureplan ○ Other ○ Tower						
General comments		S 161161						
General comments								
TRAINING								
Have I-CAR courses been attended over past year?								
Have you got up-to-date training records for all staff?								
Are you involved in a benchmarking programme? ONO OGlasurit OSpies Hecker Other								
	O Axalta O De Beer	○ PPG○ Standox○ Sikkens.○ Waikato University						
General comments								

MANAGEMENT & STAFF PRESENTATION Tidy and persons name O Tidy O None Company uniform - Office staff Company uniform - Workshop staff Tidy None General comments WORKSHOP PRESENTATION O Yes O No Workshop area defined O Poor Excellent O Good Average General appearance / cleanliness Excellent O Good Average O Poor Plant / tool storage area Condition of plant CExcellent O Good Average O Poor ○ Tidy O Good O Average O Poor Parts storage area O Good Average O Poor Excellent Staff room - clean / tidy Excellent O Good Average O Poor Wash area - clean / tidy First Aid Kit including stock list Yes Some O No Signage for First Aid Yes O No **Date First Aid Kit restocked** Eye wash in or near tint room as well as in O No O Yes Do you have a qualified First Aider? Yes No First Aid kit O No O Yes Spill kit General comments WORKSHOP EQUIPMENT Power tools tagged to industry and safety standards Fire Extinguishers O Hoist Fire extinguishers - service expiry date Hoist - service expiry date General comments SCANNING EQUIPMENT Scan tool Yes No **Description / Make** RUBBISH Scrap metal Plastic Radiator fluids Rubbish / Recycling collection area Cardboard & Paper Oil fluids Thinners WELDING MIG inverter MIG bronze MIG aluminium Plastic Oxy-acetylene Spot Spot inverter * Yes No **Brand** Model **Brand** Model MIG steel * Yes No **Brand** Model **Brand** Model General comments

STRUCTURAL ALIGNMENT EQUIPMENT								
Structural Alignment system *	Description / Make							
○ Yes ○ No								
General comments								
MEASURING EQUIPME	NT							
Measuring system * O Yes	No	Туре	O Manual O El	lectronic				
Description / Make								
Last calibration date								
General comments								
COMPANY SAFETY								
O Air fed hoods - are these use	d for all isocvanate s	praving? OF	Protective clothing a	and gloves				
O Clean air (breathable) systen	•	,		g				
Safety footwear	ng O Some compl	lying O None	complying					
General comments								
DRYING EQUIPMENT								
Spraybooth / Bake Oven *	∕es ○ No							
Make		Heat system	Gas on main Gas bottles	O Diesel O Non heated Infrared				
			Gas on main	O Diesel O Non heated				
Make		system	O Gas bottles	OInfrared				
Who services the Spraybooth								
Mixing Room *	O Yes O No							
Mixing Room paint systems	Mixing Room paint systems							
Waterborne	Dangerous Goods Cabinet Yes No							
Dangerous Goods Store Yes No Prep Bay Yes No								
General comments								
HAZARDOUS SUBSTANCES								
Have you got Safety Data Sheets for all hazardous substances?								
Are all Safety Data Sheets readily accessible in the workplace?								
Have you got an up-to-date inventory list of all hazardous substances? Yes No								
Is this inventory readily accessible in the workplace? Yes No								
		ole in the workplac	e? O Yes O No					

COMPLIANCE Location Compliance Certificate * Have you contracted a O Yes O No **Compliance Certifier? Compliance Certifiers name Expiry Date** Have all your staff been trained in using, handling, storing and disposing of hazardous substances? O Yes O No Stationery Container System Compliance Certificate * Have you contracted a Compliance Certifier? ○ Yes ○ No Do you require one? O Yes O No **Expiry Date Compliance Certifiers name Hazardous Area Dossier** Have you got one? ○ Yes ○ No Car Wash Bay O Yes O No How do you wash the cars? On-site Off-site Is it Council compliant? Catchment Steam Stocking Soakhole Other.. ○ Fully ○ Partial (active) ○ None Compliance **General comments ANY OTHER COMMENTS OVERALL RESULT** ○ Pass Recheck ○ Fail Result