

# 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

FORS<sup>1</sup> status: Registered  Bronze  Silver  Gold  FORS ID no: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Pass  Fail  Comments

<sup>1</sup> 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

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