BRAKE PEDAL APPLICATION DEVICE (BPAD)

FOR TESTING CLASS IV, VL & VII VEHICLES

Applicant D	etails:	
Name: Company: Address:		Tel: Fax: Email: Manufacturer: Model:
Inspection D	<u>Details</u> :	
Location: Assessor:		Date:
1. TECI	HNICAL REQUIREMENTS	
(A)	(A) Is the BPAD robustly construction to an acceptable engineering standard that flex when in use, but of a weight that is easily transportable by hand?	
(B)	Is its adjusting mechanism simple to operate an cause injury, such as pinching during normal use?	d of a type that, as far as possible will no Yes/No
(C)	Does the device's contact surfaces connect firmly to the steering wheel (or anchorage) so that in normal use it can not slip or cause damage to the vehicle?	
(D)	Is it capable of easy adjustment to suit all vehicle types likely to be tested?	
(E)	Will it apply a force of 25kg on the service brake p	pedal for a minimum period of 5 minutes? Yes/No
(F)	Is it constructed of, or coated with, a material that be easily cleaned and sufficient to be used repetitive	
		Yes/No
(G)	Will the device operate effectively over a reasonab	le working life? Yes/No

VOSA/GEA 1

3.	OPEI	OPERATING INSTRUCTIONS				
	(A)	Written in English?	Yes/No			
	(B)	Detail the operation of the device	Yes/No			
4.	IDENTIFICATION					
	(A)	Is the BPAD durably marked with make, model & serial number?	Yes/No			
5.	ASSESSMENT REQUIREMENTS					
	The fo	The following items should have been supplied:				
	(A)	Fully dimensioned assembly drawings?	Yes/No			
	(B)	Two copies of the User Manual / Operating Instructions?	Yes/No			
The a	bove B	PAD is / is not recommended for acceptance.				
The a	bove B	PAD is recommended for acceptance pending action on:				
	Item	number(s)				
Addit	ional r	emarks:				

VOSA/GEA 2