

DRIVER'S VEHICLE INSPECTION REPORT

Gangster Enterprises LTD.
Suite 230, 600 Crowfoot Crescent NW
Calgary, Alberta, T3G 0B4

Month / Day / Year _____ Inspection Time _____ Location of Inspection _____

Truck # _____ Truck Lic. Plate # _____ Trailer # _____ Trailer Lic. Plate # _____ Truck Odometer Reading _____ Truck Hours _____

LEGEND FOR DEFECTIVE(S) FOUND FOR MINOR FOR MAJOR

ENGINE, BRAKE & AIR		PRE	POST	CHASSIS & DRIVE TRAIN		PRE	POST	TRAILER / LOAD		PRE	POST
Engine oil level		<input type="checkbox"/>	<input type="checkbox"/>	Leaks (oil, fuel, coolant)		<input type="checkbox"/>	<input type="checkbox"/>	Brake adjustments & connections		<input type="checkbox"/>	<input type="checkbox"/>
Anti-freeze level / Radiator		<input type="checkbox"/>	<input type="checkbox"/>	Air tanks drained		<input type="checkbox"/>	<input type="checkbox"/>	Parking brake		<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System		<input type="checkbox"/>	<input type="checkbox"/>	Tire secure & tire pressure		<input type="checkbox"/>	<input type="checkbox"/>	Hitch / Landing gear		<input type="checkbox"/>	<input type="checkbox"/>
Brake - Pedal/Booster/Gauges		<input type="checkbox"/>	<input type="checkbox"/>	Tires & condition		<input type="checkbox"/>	<input type="checkbox"/>	Lights & Reflectors		<input type="checkbox"/>	<input type="checkbox"/>
Brake Adjustments		<input type="checkbox"/>	<input type="checkbox"/>	Wheels, rims & lugs		<input type="checkbox"/>	<input type="checkbox"/>	Suspension, springs		<input type="checkbox"/>	<input type="checkbox"/>
Compressor build-up		<input type="checkbox"/>	<input type="checkbox"/>	Suspension / Springs, air bags		<input type="checkbox"/>	<input type="checkbox"/>	Tires		<input type="checkbox"/>	<input type="checkbox"/>
Governor operation		<input type="checkbox"/>	<input type="checkbox"/>	Steering, excessive play		<input type="checkbox"/>	<input type="checkbox"/>	Wheel, Rims, Fasteners		<input type="checkbox"/>	<input type="checkbox"/>
Pressure drop		<input type="checkbox"/>	<input type="checkbox"/>	Power steering levels		<input type="checkbox"/>	<input type="checkbox"/>	All doors closed		<input type="checkbox"/>	<input type="checkbox"/>
Low pressure warning device		<input type="checkbox"/>	<input type="checkbox"/>	Frame and Cargo Body		<input type="checkbox"/>	<input type="checkbox"/>	Cargo securement		<input type="checkbox"/>	<input type="checkbox"/>
Fuel System		<input type="checkbox"/>	<input type="checkbox"/>	Undercarriage inspection		<input type="checkbox"/>	<input type="checkbox"/>	Towing & coupling devices		<input type="checkbox"/>	<input type="checkbox"/>
Air leaks		<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic fluids		<input type="checkbox"/>	<input type="checkbox"/>	Propane valves shut off		<input type="checkbox"/>	<input type="checkbox"/>
Park brake		<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS				TRAILERING			
Slack-arm travel _____		<input type="checkbox"/>	<input type="checkbox"/>	Heater / Defroster		<input type="checkbox"/>	<input type="checkbox"/>	Tractor protection valve		<input type="checkbox"/>	<input type="checkbox"/>
Electric Brake System		<input type="checkbox"/>	<input type="checkbox"/>	Cab & Doors		<input type="checkbox"/>	<input type="checkbox"/>	Trailer protection		<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Brake System		<input type="checkbox"/>	<input type="checkbox"/>	Driver Controls		<input type="checkbox"/>	<input type="checkbox"/>	Manual trailer valve		<input type="checkbox"/>	<input type="checkbox"/>
LIGHT & GLASS				Driver Seat / Seatbelt		<input type="checkbox"/>	<input type="checkbox"/>	Trailer connectors		<input type="checkbox"/>	<input type="checkbox"/>
Reflectors		<input type="checkbox"/>	<input type="checkbox"/>	PAPERWORK				SAFETY EQUIPMENT			
Turn signal (Left & Right)		<input type="checkbox"/>	<input type="checkbox"/>	Safety Fitness Certificate		<input type="checkbox"/>	<input type="checkbox"/>	Flare & triangles		<input type="checkbox"/>	<input type="checkbox"/>
Emergency flashers		<input type="checkbox"/>	<input type="checkbox"/>	Registration / Insurance		<input type="checkbox"/>	<input type="checkbox"/>	First Aid kit		<input type="checkbox"/>	<input type="checkbox"/>
Tail lights		<input type="checkbox"/>	<input type="checkbox"/>	Inspection Decal / Plates		<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher		<input type="checkbox"/>	<input type="checkbox"/>
Brake lights		<input type="checkbox"/>	<input type="checkbox"/>	Safety / Operation Binders		<input type="checkbox"/>	<input type="checkbox"/>	Flashlights		<input type="checkbox"/>	<input type="checkbox"/>
Back-up Alarm & lights		<input type="checkbox"/>	<input type="checkbox"/>	OTHER ITEMS				Chock Blocks		<input type="checkbox"/>	<input type="checkbox"/>
License plate light		<input type="checkbox"/>	<input type="checkbox"/>	Grease Gun		<input type="checkbox"/>	<input type="checkbox"/>				
High & Low beam headlights		<input type="checkbox"/>	<input type="checkbox"/>								
Horn (electric & air)		<input type="checkbox"/>	<input type="checkbox"/>								
Windshield & Glass & Mirrors		<input type="checkbox"/>	<input type="checkbox"/>								
Windshield Wiper/ Washer		<input type="checkbox"/>	<input type="checkbox"/>								

Major defects to be reported immediately
When major defects are detected the driver must record it on the inspection report and report the defect immediately to dispatch. No person shall drive a commercial vehicle on a highway when a major defect is present on the vehicle.

Minor defects to be reported within 24 hours
When minor defects are detected the driver must record it on the inspection report and report the defect to dispatch within 24 hours.

Provide details of defect(s) detected and which vehicle detected on (truck, trailer):

I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1 and / or jurisdiction legislation.

NO DEFECTS FOUND

Inspector / Driver's Full Name (Print) _____ Inspector / Driver's Signature _____ Driver's Signature (if different from Inspector) _____

Provide details of defect(s) detected at any other time(s):

Name of person identifying defect(s) (Print Name)

Signature of Person Identifying defect(s)

Certification of Repairs Completed: I certify all defects have been repaired I certify repairs(s) were unnecessary

Remarks:

Name of Certifier (Repair Person)

Signature of Certifier