

| | |
|---|--------------|
| Time: | Date: |
| Carrier Name: Holy Spirit Roman Catholic Separate Regional Division No.4 | |

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|---|
| License Plate #: UNIT #1 PGU 222 |
| Jurisdiction: Alberta, Canada |

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|--|
| Location of Inspection (municipality or location on highway): |
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| |
|--------------------------|
| Odometer Reading: |
|--------------------------|

I performed an inspection of the vehicle noted above using the criteria set out in Schedule 2 of Party 2 NSC Standard 13 and as per sections 10(4) of Alberta's Commercial Vehicle Safety Regulation (AR 121/2009) and report the following:

☐ **No defects were found.**

Defects were detected (check applicable):

| Inspected | Defect | Major Defect | Details of Defect (if any) |
|-----------------------------------|--------------------------|--------------------------|----------------------------|
| Accessibility Devices | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brake System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cargo Securement | <input type="checkbox"/> | <input type="checkbox"/> | |
| Coupling Device | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dangerous Goods | <input type="checkbox"/> | <input type="checkbox"/> | |
| Doors and Emergency Exits | <input type="checkbox"/> | <input type="checkbox"/> | |
| Driver Controls | <input type="checkbox"/> | <input type="checkbox"/> | |
| Driver Seat | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emergency Equipment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exhaust System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exterior Body and Frame | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuel System | <input type="checkbox"/> | <input type="checkbox"/> | |
| General | <input type="checkbox"/> | <input type="checkbox"/> | |
| Glass and Mirrors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heater/Defroster | <input type="checkbox"/> | <input type="checkbox"/> | |
| Horn | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lamps and Reflectors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Passenger Compartment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Steering | <input type="checkbox"/> | <input type="checkbox"/> | |
| Suspension System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tires, Wheels, Hubs and Fasteners | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield Wipers/Fluid | <input type="checkbox"/> | <input type="checkbox"/> | |

Name of person completing inspection
(Print Name)

Signature of person completing the inspection

***Continued on reverse**

Provide details of defect(s) 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

OR

☐ I certify repair(s) were unnecessary

Remarks:

Name of Certifier
(Print Name)

Signature of Certifier

NOTE: Pre-Trip Inspection Reports must be forwarded to Lisa Marie Ryall at St. Basil CEC within 30 days of completion, in chronological order by bus.

| | |
|---|--------------|
| Time: | Date: |
| Carrier Name: Holy Spirit Roman Catholic Separate Regional Division No.4 | |

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|---|
| License Plate #: UNIT #2 PXE 254 |
| Jurisdiction: Alberta, Canada |

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|--|
| Location of Inspection (municipality or location on highway): |
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| |
|--------------------------|
| Odometer Reading: |
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| Cargo Securement | <input type="checkbox"/> | <input type="checkbox"/> | |
| Coupling Device | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Driver Controls | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Exhaust System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exterior Body and Frame | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuel System | <input type="checkbox"/> | <input type="checkbox"/> | |
| General | <input type="checkbox"/> | <input type="checkbox"/> | |
| Glass and Mirrors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heater/Defroster | <input type="checkbox"/> | <input type="checkbox"/> | |
| Horn | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lamps and Reflectors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Passenger Compartment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Steering | <input type="checkbox"/> | <input type="checkbox"/> | |
| Suspension System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tires, Wheels, Hubs and Fasteners | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield Wipers/Fluid | <input type="checkbox"/> | <input type="checkbox"/> | |

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(Print Name)

Signature of person completing the inspection

***Continued on reverse**

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| | |
|---|--------------|
| Time: | Date: |
| Carrier Name: Holy Spirit Roman Catholic Separate Regional Division No.4 | |

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|---|
| License Plate #: UNIT #3 PXE 255 |
| Jurisdiction: Alberta, Canada |

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|--|
| Location of Inspection (municipality or location on highway): |
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| Odometer Reading: |
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| Coupling Device | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Doors and Emergency Exits | <input type="checkbox"/> | <input type="checkbox"/> | |
| Driver Controls | <input type="checkbox"/> | <input type="checkbox"/> | |
| Driver Seat | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emergency Equipment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exhaust System | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exterior Body and Frame | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuel System | <input type="checkbox"/> | <input type="checkbox"/> | |
| General | <input type="checkbox"/> | <input type="checkbox"/> | |
| Glass and Mirrors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heater/Defroster | <input type="checkbox"/> | <input type="checkbox"/> | |
| Horn | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lamps and Reflectors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Passenger Compartment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Steering | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Tires, Wheels, Hubs and Fasteners | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windshield Wipers/Fluid | <input type="checkbox"/> | <input type="checkbox"/> | |

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(Print Name)

Signature of person completing the inspection

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| | |
|---|--------------|
| Time: | Date: |
| Carrier Name: Holy Spirit Roman Catholic Separate Regional Division No.4 | |

| |
|---|
| License Plate #: UNIT #4 ZZJ 620 |
| Jurisdiction: Alberta, Canada |

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|--|
| Location of Inspection (municipality or location on highway): |
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| Odometer Reading: |
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| Driver Controls | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Fuel System | <input type="checkbox"/> | <input type="checkbox"/> | |
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(Print Name)

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