

PRE-TRIP INSPECTION REPORT

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

License Plate #: ZZW 605
Jurisdiction: Alberta, Canada

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**

PRE-TRIP INSPECTION REPORT

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.

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