

Name of Carrier & Address
N.O.R. Disposal Bins LTD
14335 121A Ave, Edmonton, AB T5L 2T1

PRE/POST VEHICLE INSPECTION REPORT

Date _____ Time _____ AM/PM _____ Location of Inspection _____

TRACTOR Make _____ Plate No. & Jurisdiction _____ **TRAILER(S)**

| Driver (D) use × if item is not satisfactory | | | | Repairer (R) use ✓ when corrected and your initials | | | | Plate Number & Jurisdiction | | | | | | #1 |
|--|------|--------------------------------|---|---|------|-----------------------------|---|-----------------------------|------|----------------------------|------|-----|------|-----------------------------|
| PRE | POST | | | PRE | POST | | | PRE | POST | PRE | POST | PRE | POST | #2 |
| D | R | D | R | D | R | D | R | D | R | D | R | D | R | #3 |
| | | All Lamps & Reflectors | | | | Driver Controls | | | | Mirrors | | | | |
| | | Battery | | | | Driver Seat / Seatbelt | | | | Safety Devices | | | | |
| | | Brake Adjustment & Performance | | | | Electronic Recording Device | | | | Steering Wheel / Lash | | | | |
| | | Brake, Parking | | | | Emergency Equipment | | | | Suspension System | | | | All Lights and Reflectors |
| | | Brake System, Air | | | | Engine | | | | Tires | | | | Brakes |
| | | Brake System, Electric | | | | Exhaust System | | | | Transmission | | | | Brake Connections |
| | | Brake System, Hydraulic | | | | Fifth Wheel | | | | Wheels, Hubs & Fasteners | | | | Brake, Parking |
| | | Cab & Doors | | | | Frame & Cargo Body | | | | Windshield Wipers / Washer | | | | Cargo Securement / Covering |
| | | Cargo Securement / Covering | | | | Fuel System | | | | Valid Inspection Sticker | | | | Coupling / Towing Devices |
| | | Coupling / Towing Devices | | | | Glass | | | | General | | | | Doors |
| | | Clutch | | | | Heater & Defroster | | | | | | | | Hitch |
| | | Dangerous Goods | | | | Horn | | | | | | | | Landing Gear |

Record Minor & Major defects found during inspection:

| | | |
|--|---|--|
| Ending Odometer Reading | <input type="checkbox"/> NO DEFECTS FOUND DURING INSPECTION I declare that the inspection of the above listed vehicle(s) and trailer(s) was performed in accordance with NSC Standard 13, Schedule 1 requirements where required. | <input type="checkbox"/> Defects do not need to be corrected for safe operation of the vehicle <input type="checkbox"/> Defects corrected |
| Starting Odometer Reading | | |
| Km/Miles Driven Today | | |
| Print name of person conducting inspection | Authorized repairer's signature | Date |
| Signature of person conducting inspection | Signature of reviewing driver (U.S. regulations only) | |