

03988828

PERIODIC MANDATORY VEHICLE INSPECTION CERTIFICATE



Vehicle Standards and Inspections
Box 45064 Regent Postal Outlet
Winnipeg, MB, R2C 5C7
1-204-985-0920



A988816

Date Inspection Started: 07 DAY, 08 MO, 25 YR.
Date Inspection Completed: 08 DAY, 08 MO, 25 YR.
Inspection Expiry Date: 31 DAY, 08 MO, 26 YR.

Station Number: A114215 Station Name: TRIANGLE TRUCK City: WILSON
Mechanic Number: M104217 Mechanic Signature: [Signature] Station Phone Number: 204 362 0892
Vehicle Owner: A H T
Address: _____ City: _____ Province: _____ Postal Code: 204 823 0603 Phone: _____

Pass/Safe Vehicle
 Fail/Unsafe Vehicle
 Fail/Hazardous
Licence Number: TK1124 Prov: MB NSC #: _____ Odometer Reading: _____ Odom. Type: km mi
Vehicle Identification Number: 1M1MCFYA08A248740 Make: Wilson Model: Herten Year: 08 Unit #: _____
 Confirmed legible Vehicle Identification Number on vehicle

THE FACILITY AND INSPECTOR MUST BOTH BE AUTHORIZED FOR CLASS OF VEHICLE INSPECTED

Truck GVWR _____ KGS _____ Truck Tractor Trailer Semi-Trailer Bus School Bus Coach Bus

List of applicable items to be inspected is in the Table of Contents of National Safety Code Standard 11 Part B

P R Mark "X" under "R" when item Rejected "XX" under "R" when item Hazardous "X" under "P" when item Corrected or No Defects found in Section

X Section 1 - Power Train: Defects (if any)

X Y Section 2 Suspension: Defects (if any) 3B 200 AXLE AIR BAGS

X Section 3 - Brake Systems: 3H 3A Defects (if any) Circle Brake Type

Brake Inspection Type: A B C D E Circle appropriate Letter for Internal Brake Component Inspection

| Axle | M Lining | | S Drum/Rotor | | Stroke | |
|-------------------|----------|----|--------------|-------|--------|-------|
| | L | R | L | R | L | R |
| 1 | 18 | 17 | 16505 | 16510 | 1 1/2 | 1 1/2 |
| 2 | 17 | 16 | 16505 | 16515 | 1 1/2 | 1 1/2 |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| Final Measurement | | | | | | |

X Section 4 - Steering: Defects (if any)

X Section 5 - Instruments & Auxiliary Equipment: Defects (if any)

X Section 6 - Lamps: Defects (if any)

X Section 7 - Electrical System: Defects (if any)

X Y Section 8 - Body: Defects (if any) 6C CROSS MEMBER CRACKED

X Y Section 9 - Tire & Wheel: Defects (if any) 5A 1ST AXLE L OIL COVER CAP CRACKED

| Axle | Tread Depth | | | | Air Pressure | | | | | |
|------|-------------|---|-----------|---|--------------|-----|-----------|-----|--|--|
| | Initial | | Corrected | | Initial | | Corrected | | | |
| | L | R | L | R | L | R | L | R | | |
| 1 | 4 | 4 | 6 | 3 | 100 | 100 | 100 | 100 | | |
| 2 | 5 | 5 | 6 | 6 | 100 | 100 | 100 | 100 | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

X Section 10 - Coupling Devices: Defects (if any)

- THIS INSPECTION IS NOT A WARRANTY -
This inspection addresses standards of safety and repair that a vehicle must meet as prescribed by the Vehicle Safety Inspection Regulation but does not guarantee these components will comply with the standards for any unspecified future period of time.

Remarks: _____

I am aware that the above-noted vehicle is unsafe to be operated on a highway until repairs or adjustments have been made to restore it to safe condition and an inspection mechanic has re-inspected the vehicle. Operating a vehicle with a Hazardous defect may result in further enforcement action if confirmed by a Peace Officer. If this vehicle is not returned within 14 days for re-inspection a complete inspection will be required.

Vehicle received without repairs by: _____ Signature _____ Date: _____