

04006194

PERIODIC MANDATORY VEHICLE INSPECTION CERTIFICATE



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



A998284

Date Inspection Started: 23 DAY, 07 MO., 25 YR.
 Date Inspection Completed: 23 DAY, 07 MO., 25 YR.
 Inspection Expiry Date: 31 DAY, 07 MO., 26 YR.

Station Number: 1518211 Station Name: *Chapman Diesel* City: *Winnipeg*
 Mechanic Number: 10121510 Mechanic Signature: *[Signature]* Station Phone Number: 204-999-3656
 Vehicle Owner: *Ker-wal Industries Inc.*
 Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____

Pass/Safe Vehicle Fail/Unsafe Vehicle Fail/Hazardous
 Licence Number: *H1AC1539* Prov. *MB* NSC #: _____ Odometer Reading: *397058* Odom. Type: km mi
 Vehicle Identification Number: *1K1B363C1GXB11170868* Make: *Chev* Model: *3500* Year: *2011* Unit #: *K102*
 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

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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: _____

Date Inspection Started: DAY 23, MO. 07, YR. 25
 Date Inspection Completed: DAY 23, MO. 07, YR. 25
 Inspection Expiry Date: DAY 31, MO. 07, YR. 26

Station Number: 05821
 Station Name: *Chunow Diesel*
 City: *Winnipeg*
 Mechanic Number: 1012570
 Mechanic Signature: *[Signature]*
 Station Phone Number: 204-999-3651
 Vehicle Owner: *Key-World Industries Inc.*
 Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____

Pass/Safe Vehicle
 Fail/Unsafe Vehicle
 Fail/Hazardous

Licence Number: *49C5339* Prov. *MB* NSC # _____ Odometer Reading: *397052* Odom. Type: km mi
 Vehicle Identification Number: *1433C13CG2A1191A68* Make: *Chen* Model: *3300* Year: *2011* Unit #: *K102*
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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

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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

Section 1 - Power Train: Defects (if any)

Section 2 Suspension: Defects (if any)

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	Lining		Drum/Rotor		Stroke	
	L	R	L	R	L	R
1	<i>11.5</i>	<i>11.5</i>	<i>38.00</i>	<i>38.04</i>		
2	<i>11.5</i>	<i>16</i>	<i>40.25</i>	<i>39.87</i>		
3						
4						
5						

Section 4 - Steering: Defects (if any)

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

Section 6 - Lamps: Defects (if any)
X1B 215 Nears 10-11

Section 7 - Electrical System: Defects (if any)

Section 8 - Body: Defects (if any)
X1B Nears 24764
X18C AIS covers

Section 9 - Tire & Wheel: Defects (if any)

Axle	Tread Depth				Air Pressure			
	Initial		Corrected		Initial		Corrected	
	L	R	L	R	L	R	L	R
1	<i>13</i>	<i>13</i>			<i>65</i>	<i>65</i>		
2	<i>12</i>	<i>12</i>	<i>12</i>	<i>12</i>	<i>65</i>	<i>65</i>	<i>65</i>	<i>65</i>
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Section 10 - Coupling Devices: Defects (if any)

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Station Number: 85821
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 City: _____
 Mechanic Number: 102250
 Mechanic Signature: *[Signature]*
 Station Phone Number: 204-999-3656
 Vehicle Owner: *Ken-Wal Industries Inc.*
 Address: _____
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Pass/Safe Vehicle
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Licence Number: *H19C1539* Prov. *MB* NSC # _____
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