

04055942

PERIODIC MANDATORY VEHICLE
INSPECTION CERTIFICATE

Manitoba

Vehicle Safety
Box 45084 Regent Postal Out
Winnipeg, MB, R2C 5C7
1-204-985-0920

Manitoba

A975598

| | | | |
|--|-----------------------------|------------------------------------|--------------------------------------|
| Date Inspection Started DAY 119 MO. 01 YR. 26 | Station Number A0509 | Station Name Schert Service Ltd | City |
| Date Inspection Completed DAY 119 MO. 01 YR. 26 | Mechanic Number M12146 | Mechanic Signature | Station Phone Number 204-242-2795 |
| Inspection Expiry Date DAY 31 MO. 01 YR. 27 | Vehicle Owner Subcon Ltd | Address 150 Front Ave | City Manitow MB |
| | | Province MB | Postal Code R0G-1G0 |
| | | | Phone 242-2845 |

☒ Pass/Safe Vehicle
☐ Fail/Unsafe Vehicle
☐ Fail/Hazardous

Licence Number
CGR909

Prov.
MB

NSC #
MB9027700

Odometer Reading
283750

Odom. Type
☒ km ☐ mi

Vehicle Identification Number
1GTH421CG51A512658

Make
MB

Model
GMC

Year
3500

Unit #
ST.40

☒ Confirmed legible Vehicle Identification Number on vehicle

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

☒ Truck ☐ 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 |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | | Section 1 - Power Train: Defects (if any) |
| <input checked="" type="checkbox"/> | | Section 2 Suspension: Defects (if any) |
| <input checked="" type="checkbox"/> | | Section 3 - Brake Systems: <input checked="" type="radio"/> 3H 3A Defects (if any) Circle Brake Type |
| <input checked="" type="checkbox"/> | | Section 4 - Steering: Defects (if any) |
| <input checked="" type="checkbox"/> | | Section 5 - Instruments & Auxiliary Equipment: Defects (if any) |
| <input checked="" type="checkbox"/> | | Section 6 - Lamps: Defects (if any) |
| <input checked="" type="checkbox"/> | | Section 7 - Electrical System: Defects (if any) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Section 8 - Body: Defects (if any) 12-c Windshield |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Section 9 - Tire & Wheel: Defects (if any) 4.a Tire Pressure |
| <input checked="" type="checkbox"/> | | Section 10 - Coupling Devices: Defects (if any) |

| Axle | Tread Depth | | | | Air Pressure | | | |
|------|-------------|------|-----------|---|--------------|----|-----------|----|
| | Initial | | Corrected | | Initial | | Corrected | |
| | L | R | L | R | L | R | L | R |
| 1 | 7.32 | 7.92 | | | 54 | 68 | 70 | 70 |
| 2 | 7.48 | 7.33 | | | 66 | 66 | 70 | 70 |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

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 | 9.92 | 10.42 | 39.93 | 40.08 | | |
| 2 | 11.89 | 11.73 | 33.86 | 34.00 | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| Final Measurement | | | | | | |

- 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: