

A780968

Date Inspection Started <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MO. YR. </div>			Station Number A1234			Station Name SUNSHINE			A780968		
Date Inspection Completed <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MO. YR. </div>			Mechanic Number 158910			Mechanic Signature [Signature]			Station Phone Number 254-940-7899		
Inspection Expiry Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MO. YR. </div>			Vehicle Owner C. J. Smith								
Address 123 Main St			City Toronto		Province ON		Postal Code M5V 2T6		Phone (416) 555-1234		

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

Licence Number T42-34	Prov. ON	NSC # 1234	Odometer Reading 12345	Odom. Type <input type="checkbox"/> km <input type="checkbox"/> mi
Vehicle Identification Number 1G1YY19441111111			Make Ford	Model F2
<input checked="" type="checkbox"/> Confirmed legible Vehicle Identification Number on vehicle			Year 16	Unit # 1002

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 71 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																																																																						
		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 <small>Circle appropriate Letter for Internal Brake Component Inspection</small> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2">Lining</th> <th colspan="2">Drum/Rotor</th> <th colspan="2">Stroke</th> </tr> <tr> <th>Axle</th> <th>L</th> <th>R</th> <th>L</th> <th>R</th> <th>L</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7" style="text-align: center;">Final Measurement</td> </tr> </tbody> </table>		Lining		Drum/Rotor		Stroke		Axle	L	R	L	R	L	R	1							2							3							4							5							Final Measurement																				
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