NEWGEN ENERGY SERVICES CORP

K20-3

Date: apr/ 24 25	Hours:	Requested by:
Unit #: TL-03	KMs:	Will

What issues were found?

air leak

Describe what repairs were completed

Replace air line Suply Line TO Brake pod

Completed by: Robin Bevans

Date: apr/ 24 25

Management Signature:

NEWGEN
ENERGY SERVICES CORP

Date: Feb 24 25	Hours:	Requested by: Hailey
Unit #: TL-03	KMs: 106503	

What issues were found?

- air leak
- Lights flicker

Describe what repairs were completed

New 7 wire plug
Splice 3 air Lines

Completed by:

Date:

Management Signature:

Fountain Tire

5707 - 50 AVENUE
WHITECOURT, AB T7S 1P4
PH: 780.778.4401 FAX: 780.778.2514

CUSTOMER NAME: New Gen	MONTH: Oct	DAY: 9	YEAR: 24	WORK ORDER No.: 0032304	
ADDRESS: there yard	MAKE/MODEL/YEAR: pw 20y			REFER TO INVOICE No.: F086	
				CUSTOMER ORDER #	
	VIN #:	1149359	5yr22-49	UNIT #:	+L-03

ADDRESS DIRECTIONS vin: 2DESNSP3XL3039731

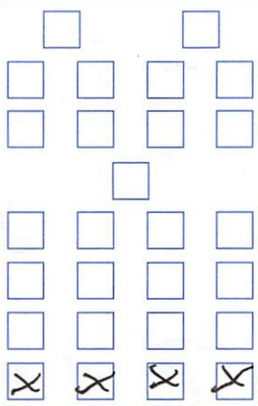
OFFICE PHONE	CELL PHONE	DRIVER'S NAME	DRIVER'S CONTACT #

SERVICE TRUCK OPERATOR	KMS OUT	KMS IN	TOTAL KMS	START TIME	FINISH TIME	TOTAL TIME
Jaxsen						

TYPE OF TIRE: ☒ COMMERCIAL TRUCK ☐ OTR ☐ FARM ☐ INDUSTRIAL

WORK PERFORMED

ROAD SERVICE	
FLAT	
VALVE	4
MOUNT	4
DISMOUNT	4
ROTATE	



PARTS AND ACCESSORIES

DESCRIPTION	QTY.	COST	TOTAL
275/70 R 22.5 LM 505	4		
275/70 R 22.5 C/O	4		
Alum Stem	4		

REMARKS put 4 new 275/70 R 22.5 LM 505 across back axle on lead. Scrapped old. had 2 studs cross thread white coming off customer replaced studs and nuts

WORKING ALONE ☐ Contact's Name Phone Number

SAFETY - HAZARD ASSESSMENT	TYPE OF HAZARD EXAMPLES ON INSIDE COVER	METHODS USED TO CONTROL THE HAZARD EXAMPLES ON INSIDE COVER
uneven ground	slips/trips	mind footing
low power	hitting head	bump cap
soft ground	shutting door	dash pad

ASK YOURSELF: 1. ARE CONTROLS FOR HAZARDS COMPLETED AND BY WHOM? 2. DO I/WE UNDERSTAND STEPS REQUIRED TO DO TASK? 3. DO I/WE HAVE THE NECESSARY TOOLS TO COMPLETE THE JOB SAFELY? 4. DO I/WE HAVE THE NECESSARY TRAINING/EXPERIENCE?

SUPERVISOR REVIEW — PRINTED SUPERVISOR'S NAME — SUPERVISOR'S SIGNATURE — DATE

I hereby authorize: (1) the repairs and materials on the above estimate; (2) Fountain Tire's employee to operate my vehicle for the purpose of testing or inspection; and (3) Fountain Tire to conduct a registry search to verify the VIN on my vehicle if required for collection purposes on unpaid invoices related to my vehicle.

MUST CHECK/RETORQUE WHEEL NUTS WITHIN 100 KILOMETRES — CUSTOMER'S SIGNATURE — CUSTOMER'S PRINTED NAME