

03984954

PERIODIC MANDATORY VEHICLE
INSPECTION CERTIFICATE

Manitoba

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

DECAL

VOID WITHOUT DECAL

Manitoba
A969874

Date Inspection Started DAY: 07 MO: 05 YR: 25	Station Number A5429	Station Name 1678760 M6418 Manda	City
Date Inspection Completed DAY: 07 MO: 05 YR: 25	Mechanic Number M4410	Mechanic Signature 204 381 4127	Station Phone Number
Inspection Expiry Date DAY: 31 MO: 05 YR: 26	Vehicle Owner Tension Transport Inc		
Address			
City			
Province			
Postal Code			
Phone			
<input checked="" type="checkbox"/> Pass/Safe Vehicle <input type="checkbox"/> Fail/Unsafe Vehicle <input type="checkbox"/> Fail/Hazardous	Licence Number TQ2579	Prov. MB	NSC #
	Vehicle Identification Number 1JTVU53287J4951140	Make VW	Model
	<input type="checkbox"/> Confirmed legible Vehicle Identification Number on vehicle		Year 18
		Odometer Reading	Odom. Type km mi
		Unit #	R125

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		Section 2 Suspension: Defects (if any)
X		Section 3 - Brake Systems: 3H 3A Defects (if any) Circle Brake Type
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		Section 8 - Body: Defects (if any)
X		Section 9 - Tire & Wheel: Defects (if any)
X		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	10	10	11	11	90	90	90	90
2	10	10	11	11	90	90	90	90
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	5/8	3/4	16.540	16.500	1.2	1.2
2	3/4	3/4	16.500	16.500	1.2	1.2
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:

Ce document peut être obtenu en français sur demande.

1. Name of the person or organization that is the subject of the inspection: _____
 2. Address of the person or organization: _____
 3. City and State: _____
 4. Zip Code: _____
 5. Date of inspection: _____
 6. Name of the inspector: _____
 7. Title of the inspector: _____
 8. Signature of the inspector: _____
 9. Signature of the person or organization: _____
 10. Date of completion: _____

Section 1 - General Information

1. Name of the person or organization	2. Address	3. City and State	4. Zip Code
5. Date of inspection	6. Name of the inspector	7. Title of the inspector	8. Signature of the inspector
9. Signature of the person or organization	10. Date of completion		

Section 2 - Description of the facility

Section 3 - Description of the equipment

Section 4 - Description of the personnel

Section 5 - Description of the procedures

Section 6 - Description of the results

Section 7 - Description of the conclusions

Section 8 - Description of the recommendations

Section 9 - Description of the follow-up

Section 10 - Description of the final report

1. Name of the person or organization: _____
 2. Address: _____
 3. City and State: _____
 4. Zip Code: _____
 5. Date of inspection: _____
 6. Name of the inspector: _____
 7. Title of the inspector: _____
 8. Signature of the inspector: _____
 9. Signature of the person or organization: _____
 10. Date of completion: _____