

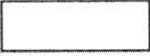


•ADDRESS: 722059 RR53, County of Grande Prairie No.1, Alberta, T8X 4J5

|                              |              |                |                                                                                                                    |
|------------------------------|--------------|----------------|--------------------------------------------------------------------------------------------------------------------|
| DATE:                        | Sept 16/2025 | TIME IN:       |                                                                                                                    |
| CUSTOMER/CONSIGNOR:          | Ritchie Bros | TIME OUT:      |                                                                                                                    |
| CUSTOMER PO:                 |              | RECEIVED FROM: |                                                                                                                    |
| ADDRESS:                     |              | LSD/LOCATION   |                                                                                                                    |
| PHONE NUMBER:                |              | DELIVERED TO:  |                                                                                                                    |
| DESCRIPTION (TYPE OF TRUCK): |              | LSD/LOCATION   |                                                                                                                    |
| UNIT #:                      | V04-1 #319   | READINGS (%)   |                                                                                                                    |
| UNIT NUMBER TRAILER:         |              | LEL            | INITIAL <input checked="" type="checkbox"/> MID <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> |
| RESIDUE LAST CONTAINED:      |              | H2S            | INITIAL <input checked="" type="checkbox"/> MID <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> |
| SAFE WORK PERMIT NUMBER:     |              |                |                                                                                                                    |

[illegible]

| ADDITIONAL COMMENTS                                   |  | SUBTOTAL                                                             |    |
|-------------------------------------------------------|--|----------------------------------------------------------------------|----|
| -0- Readings Found @ time of inspection               |  | 75                                                                   | 00 |
| - Lid was open Looks Like about 100L of water inside. |  | 3                                                                    | 75 |
|                                                       |  | 78                                                                   | 75 |
|                                                       |  | ACCOUNTS WITH INVOICES OVER 60 DAYS WILL BE AUTOMATICALLY PUT ON COD |    |

| CHECKLIST                                                                 | NOTES                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> READINGS VERIFIED                                |                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> ORIENTATION VERIFIED                             |                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> PICTURES TAKEN BEFORE/AFTER           |                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> SAMPLE TAKEN                                     |                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> FRESH WATER RINSE                     |                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> CONDITION OF LINER NOTED                         |                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> LOAD LINES/PLUMBING/HOSES FLUSHED                |                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> TANK OBSTRUCTIONS                                |                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> STAINING/RUSTED/WAX BUILDUP                      |                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> DRIVER INSPECTED (DRIVER & SICS NEED TO INITIAL) | <div> <div>SICS INITIALS</div> <div>  </div> <div>DRIVER INITIALS</div> <div>  </div> </div> |

☐ Drivers are responsible for hatches - SICs will hand tighten only

SICS NAME

SICS SIGNATURE

**CONSIGNOR'S CERTIFICATION** — I HERBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY THE PROPER SHIPPING NAME, ARE PROPERLY CLASSIFIED AND PACKAGED, HAVE DANGEROUS GOODS SAFETY MARKS PROPERLY AFFIXED OR DISPLAYED ON THEM, AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT ACCORDING TO THE TRANSPORTATION OF DANGEROUS GOODS REGULATIONS.

PRINTED NAME OF CONSIGNOR

SIGNATURE OF CUSTOMER/CONSIGNOR