



GAZZOLA PAVING LIMITED Workplace Inspections Policy Statement

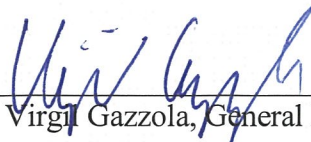
GAZZOLA PAVING LIMITED is committed to conducting workplace inspections in compliance with the Occupational Health & Safety Act and the applicable Regulations. Workplace Inspections are conducted to identify, monitor, follow-up and control or eliminate all hazards.

To that purpose, **GAZZOLA PAVING LIMITED** will ensure that all locations and sites where work is being performed by **GAZZOLA PAVING LIMITED** undergo workplace inspections including machines and equipment pre-use inspections. Inspections will be completed and documented by the applicable personnel and adhering to the regulated frequencies. Documented inspections must identify deficiencies and corrective actions taken or a schedule for correction and follow-up when necessary.

GAZZOLA PAVING LIMITED will ensure that inspections checklists and reports consider all legal requirements, applicable standards and guidelines including the Occupational Health & Safety Act & Regulations in addition to considering manufacturer's specifications for machines & equipment.

GAZZOLA PAVING LIMITED will communicate the results of workplace inspections with all relevant workplace parties including senior management regularly to ensure actions are agreed and follow-up is done when needed. Supervisors will be responsible for including sub-contractors in the process of Inspections when required.

In addition to Inspections performed by workers and Operators of equipment, all workers are encouraged to participate in the Inspections process by raising concerns and pointing out hazards to the Supervisors, providing input and feedback through suggestions and recommendations.



Virgil Gazzola, General Manager

March 16, 2021

Date

Section 9-1 – Workplace Inspections

PURPOSE

Workplace inspections will be conducted to identify, monitor, follow-up and control or eliminate all hazards in compliance with the Occupational Health & Safety Act and the applicable Regulations.

SCOPE

Workplace Inspections will help determine the degree of compliance with applicable legislation and site safety policies

RESPONSIBILITIES

Health and Safety Coordinator Responsibilities:

- Will schedule each Health and Safety Worker Representative to conduct his/her scheduled inspection at minimum monthly or as directed by the inspection schedules at their current workplace location.
- Distribute Workplace Inspection documentation to be used to record the site specific health and safety observations.
- Set general workplace inspection schedule for all required workplace inspections.
- Collect and file all completed Workplace Inspection forms from all completed inspections at the conclusion of each project.
- Inspect for the completeness of inspections.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Develop corporate health and safety orientation documentation, policies and procedures where required.
- Distribute and communicate information to the appropriate parties regarding any nonconformance or deficiencies reported.
- Ensure all company employees receive the appropriate training and workplace specific overviews.

Senior Management Responsibilities:

- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Ensure that the equipment, materials and protective devices are provided, maintained in good condition and used as prescribed.
- The measures and procedures prescribed are carried out in the workplace.

Project Manager Responsibilities:

- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Section 9-1 – Workplace Inspections

Superintendent Responsibilities:

- Complete Weekly Workplace Inspections to be completed on all projects under authority according to the schedule and site specific needs.
- Record the findings, observations and follow up activities on the Workplace Inspection form to demonstrate compliance.
- Site locations that are scheduled to last 5 working days or longer during a standard work week shall have a minimum of one weekly workplace inspection completed using (6-1-1 Form).
- This Weekly workplace inspection requirement extends to sites where we operate as either a Contractor or Constructor.
- Review findings with each Foreman to ensure identified non-conformities to correct each unsafe condition.
- Assist in the follow-up on the findings and correction of each unsafe condition.
- Ensure that copies (hard copy or electronic) of completed workplace inspections are submitted to the Health and Safety Coordinator on a weekly basis.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Foreman Responsibilities:

- Participate in the workplace inspections with the Superintendent to identify unsafe conditions noted on the inspection report.
- Assist the Superintendent in the follow-up to the findings and correction of each unsafe condition.
- Ensure records of the corrected unsafe condition are recorded.
- Allow for follow up questions and clarification of topics as needed.
- Ensure, where reasonably possible, that every workplace party complies with all Occupational Health and Safety Act and Regulations.
- Advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which they are aware of.
- Take every precaution reasonable in the circumstances for the protection of a worker.
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker.

Workers Responsibilities:

- Participate in the Workplace inspections as required.
- Advise Foreman if experiencing any difficulties with assigned tasks, or if assigned tasks are beyond perceived limitations or medically not capable of performing tasks.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.
- Report to his or her Foreman any contravention of the Occupational Health and Safety Act and Regulations or the absence/defect in any equipment or protective device.

Section 9-1 – Workplace Inspections

PROCEDURE:

The **Health and Safety Coordinator** ensures an appropriate inspection schedule outlining **Health and Safety Worker Representative** and **Foreman or Superintendent** Inspections.

Formal **Inspection Report Forms** detailing the findings, actions taken will be developed and distributed. The Workplace Inspection schedule will be at the discretion of the **Foreman or Superintendent** or **Health and Safety Worker Representative** as is as follows:

Inspector	Frequency of Inspection	Date/ Day
Superintendent or Foreman	Weekly	To be determined at their location.
Health and Safety Worker Representative	Monthly	To be determined at their Site/ Industrial / Office location.

The **Health and Safety Worker Representative** will conduct his/her scheduled location specific workplace inspection using **(9-1-2 - Form)** for the office and maintenance shop and **(9-1-3 - Form)** at the asphalt plant at minimum monthly or as directed by the inspection schedule at their current workplace location.

The **Superintendent** or **Foreman** will conduct a site level inspection using Form **(9-1-1 - Form)** at minimum Weekly as directed by the inspection schedule.

Identified Hazards will be rated based on the likelihood of personal injury or facility, material or equipment damage. This rating system is defined on each inspection form and will be recorded for each identified hazard as identified below.

Risk Rating: (Risk Rating takes into account the Frequency and Severity of the Hazard)				
	Severity	Frequency		
		Low (Monthly)	Medium (Weekly)	High (Daily)
	Low	C	B	B
	Medium	C	B	A
	High	B	A	A
E				
C	Low Risk:	Low risk of injury or equipment / property damage.		
B	Medium Risk:	Medium risk of injury or equipment / property damage.		
A	High Risk:	High risk of injury or equipment / property damage.		

Each individual who completes a workplace inspection will ensures or assist in unsafe practices and/or conditions are corrected or scheduled to be completed through documented directive to the responsible parties.

Repeated and/or serious violations, will be cause for additional "Corrective Actions" or Progressive Disciplinary Actions where required.

Section 9-1 – Workplace Inspections

DISTRIBUTION:

All inspection reports will be distributed as follows;

- Copy from the Superintendent to the Foreman
- Completed copies to the Health and Safety Coordinator

RECORDS:

Through the duration of the workplace inspection forms within our locations, all completed Workplace Inspection reports must be submitted to the **Health and Safety Coordinator**.

The inspection report forms and any subsequent follow-up must be maintained on file for the duration of the project or facility and subsequently retained on file indefinitely.

COMMUNICATION

All information concerning workplace inspection reports will be communicated by senior management and the Joint Health and Safety Committee/Health and Safety Representative on a regular basis at the Management and the JHSC meetings. Potential communication with sub-contractors will be done on site by the Supervisor if required.



Jobsite Inspection Form

Weekly (Foreman/Superintendent) Monthly (H&S Rep.)

Date of Last Monthly Inspection: d d / m m / y y y y

Time:

Date: d d / m m / y y y y

Weather: (Temperature, Humidity, Conditions & Warnings)

Site Location / GTAA OCC #: (Address, Nearest Location)

Project / Job Number:

Rating: **A** = high risk of injury or equipment / property damage. **B** = moderate risk of injury or equipment / property damage. **C** = low risk of injury or equipment / property damage. **N/A** = not applicable.

Date: Every issue recognized, needs corrective actions identified (addressed in the Notes section) and the date the issue was resolved, recorded. Record an "R" if for repeating issues.

(✓: good, ✗: needs improvement)	Item Inspected:	Rating:	Date:
General Requirements			
<input type="checkbox"/>	Adequate Lighting (ex. For night work)	A B C	d d / m m
<input type="checkbox"/>	All labels on hazardous agents are in adequate condition (visible and readable)	A B C	d d / m m
<input type="checkbox"/>	Danger / Warning signs posted where required	A B C	d d / m m
<input type="checkbox"/>	Gas Cylinders (ex. properly secured, proper storage, protective caps in place)	A B C	d d / m m
<input type="checkbox"/>	Gazz Cards and Inspections Completed (and handed in)	A B C	d d / m m
<input type="checkbox"/>	Jobsite Document Checklist is completed	A B C	d d / m m
<input type="checkbox"/>	Jobsite is Clean and Orderly (Unobstructed Access and Egress)	A B C	d d / m m
<input type="checkbox"/>	Potable Drinking Water Present	A B C	d d / m m
<input type="checkbox"/>	Tools and Equipment in adequate condition (ex. guards are in place)	A B C	d d / m m
<input type="checkbox"/>	Washroom Facilities clean and sanitary with soap/hand cleanser present	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			
Emergency Response			
<input type="checkbox"/>	Fire Extinguishers (ex. Located where required, charged, tagged and inspected)	A B C	d d / m m
<input type="checkbox"/>	First Aid Kits and Eyewash (ex. Stocked, present)	A B C	d d / m m
<input type="checkbox"/>	Spill Kits (Stocked and Present for use if needed)	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			
Vehicle Traffic			
<input type="checkbox"/>	Book 7 compliant set-up	A B C	d d / m m
<input type="checkbox"/>	Traffic Control Devices (ex. Equipment as Blockers, Barriers, Crash Trucks)	A B C	d d / m m
<input type="checkbox"/>	Traffic Control Plans & Traffic Protection Plans are complete	A B C	d d / m m
<input type="checkbox"/>	Trained Traffic Control Persons (with the manual present)	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			

Item Inspected:	Rating:	Date:
Mobile Equipment		
<input type="checkbox"/>	Back Up Alarms / Beacons Functioning (& sound horn twice before reversing)	A B C d d / m m
<input type="checkbox"/>	Minimize the need for reversing (drive through operations where possible)	A B C d d / m m
<input type="checkbox"/>	Operator's Manual present	A B C d d / m m
<input type="checkbox"/>	Path of Travel and Safe Limit of Approach being respected	A B C d d / m m
<input type="checkbox"/>	Pre-use inspections complete and documented	A B C d d / m m
<input type="checkbox"/>	Signal Person used as required	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Personal Protective Equipment (PPE)		
<input type="checkbox"/>	Minimum PPE* (Hard Hat, Safety Boots & Reflective Clothing in good condition)	A B C d d / m m
<input type="checkbox"/>	Additional PPE Available (ex. Safety Glasses, Ear Plugs, Specialized PPE as required)	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Electrical Hazards		
<input type="checkbox"/>	Overhead danger signs in place	A B C d d / m m
<input type="checkbox"/>	Locates (verified, current, visible, kept with the operator)	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Trenches and Excavations		
<input type="checkbox"/>	Properly sloped as required (Shoring or Trench Box used)	A B C d d / m m
<input type="checkbox"/>	Adequate preventative protection in place (fencing, guard rails)	A B C d d / m m
<input type="checkbox"/>	Spoil pile at least 1m from trench	A B C d d / m m
<input type="checkbox"/>	Proper access / egress to trench	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		

Name of Person Filling out this form: _____

Project Superintendent's Signature: _____



Shop / Office Inspection Form

INSPECTION TYPE

(Please Check)

- Management
 H & S Committee

DEPARTMENT

DATE

LOCATION

AUDITOR

CHECK LIST

HOUSEKEEPING/SITE

Doors & Doorways clear, Aisles, Stairs, Floors, Garbage. Workspace tidy no trip hazards.

MACHINERY/EQUIPMENT

Daily Inspection, Guarding, Maintenance, Goggles, Nip Points, Extension Cords, Storage Cabinets, Proper Blocking/Chocking to prevent movement.

PERSONAL PROTECTIVE EQUIPMENT

Hard Hats, Safety Shoes or Boots, Eye Protection, Hearing Protection, Gloves, Appropriate Signage for PPE.

LIGHTING

Portable, Overheads, Exterior, Garages.

LADDERS, STAIRS

Ladders, Tie Offs, Hand Rails, Ramps, Driveways, and Walkways.

FIRE PROTECTION

Emergency Plans, Combustible Materials, Sources of Combustion, Extinguishers, Signage, Emergency Exit Signs (identified, unobstructed and operational).

HEALTH HAZARDS

Dust, Gases, Smoke, Fumes (welding & diesel), Noise, Toxic Materials, Sharps.

FIRST AID

WSIB Poster (Form 82), Location, Equipment, Cleanliness, Kit, Certificates, Inspections/Tags, List of First Aid Trained Employees.

ELECTRICAL EQUIPMENT

Outlets (covers/protectors), Garage Door Operators, Ground Fault Interrupters, Generators, Electrical Equipment Secured, Electrical Panel (free from obstruction, labelled for use), Extension Cords.

OTHER SAFETY EQUIPMENT

Compressed Gas Storage, Cylinders secure, Unused Propane Cylinders Stored Outside, Adequate Ventilation, and Eye Wash Station.

OTHERS

Confined Space, Lifting Devices, Ergonomics, Air Quality, WHMIS Station; Storage, Identification and Labelling of materials.

SAFETY BOARD

Legislation (Green Book), Committee Member Names & Minutes, Policy Statement, OHSA Extracts Poster, Health and Safety Manual.

Item #	Hazard Class	Item(s) and Hazard(s) Observed (and exact location)	Repeat Item		Corrective Action Recommended	Supervisor Follow-Up	
			YES	NO		Action Taken	Date

COMMENTS: (Any observations not previously noted and positive feedback)

HAZARD CLASSIFICATION:

Class A	HIGH RISK OF INJURY OR EQUIPMENT / PROPERTY DAMAGE
Class B	MODERATE RISK OF INJURY OR EQUIPMENT / PROPERTY DAMAGE
Class C	LOW RISK OF INJURY OR EQUIPMENT / PROPERTY DAMAGE

Supervisor: _____

H&S Committee Rep: _____



Asphalt Plant Inspection Form

(To be completed Monthly)

Time:

Date: d d / m m / y y y y

Weather: (Temperature, Humidity, Conditions & Warnings)

Rate: **A**-high risk of injury or equipment / property damage. **B**-moderate risk of injury or equipment / property damage. **C**-low risk of injury or equipment / property damage. **N/A**-not applicable.

Date: Every issue recognized, needs corrective actions identified (addressed in the Notes section) and the date the issue was resolved, recorded. Record an "R" if for repeating issues.

(✓: good, ✖: needs improvement)	Item Inspected:	Rate:	Date:
General Requirements			
<input type="checkbox"/>	Jobsite Document Checklist is complete	A B C	d d / m m
<input type="checkbox"/>	Plant start up warning is functioning	A B C	d d / m m
<input type="checkbox"/>	Jobsite is clean and orderly (unobstructed access and egress)	A B C	d d / m m
<input type="checkbox"/>	"Authorized Entry Only" "Danger" & "Warning" Signs as required	A B C	d d / m m
<input type="checkbox"/>	Smoking only occurs in designated areas	A B C	d d / m m
<input type="checkbox"/>	Adequate Lighting is present (ex. for night work)	A B C	d d / m m
<input type="checkbox"/>	Potable drinking water & Sanitary Washrooms are present	A B C	d d / m m
<input type="checkbox"/>	All labels on hazardous agents are visible and readable	A B C	d d / m m
<input type="checkbox"/>	Cylinders are secure, and stored up-right with protective caps	A B C	d d / m m
<input type="checkbox"/>	Proper storage of material and equipment	A B C	d d / m m
<input type="checkbox"/>	Tools, Equipment & Vehicles are in adequate condition	A B C	d d / m m
<input type="checkbox"/>	Lock-Out Procedures are performed (locks and tags available)	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
<input type="checkbox"/>	Other	A B C	d d / m m
Notes / Required Actions:			

Item Inspected:	Rate:	Date:
Emergency Response		
<input type="checkbox"/>	Fire Extinguishers are present, charged and inspected	A B C d d / m m
<input type="checkbox"/>	First Aid Kits, Eyewash & Spill Kits are present, stocked & inspected	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Manual Material Handling		
<input type="checkbox"/>	Minimize High Repetitions, High Loads, and Awkward Postures	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		
Confined Space (CS)		
<input type="checkbox"/>	CS is adequately secured with signage	A B C d d / m m
<input type="checkbox"/>	CS Entry Procedures are followed (no unauthorized access)	A B C d d / m m
<input type="checkbox"/>	Other	A B C d d / m m
Notes / Required Actions:		

(✓: good, ✖: needs improvement)

<u>Item Inspected:</u>	<u>Rate:</u>	<u>Date:</u>
Electrical Hazards		
<input type="checkbox"/> High Voltage areas are labelled and secured	A B C	d d / m m
<input type="checkbox"/> GFCIs are present, in adequate condition	A B C	d d / m m
<input type="checkbox"/> Electrical / Extension cords have Ground Pins intact	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
Notes / Required Actions:		
Personal Protective Equipment (PPE)		
<input type="checkbox"/> PPE* in good condition (Hard Hat, Safety Boots & High Vis.)	A B C	d d / m m
<input type="checkbox"/> Additional PPE Available (ex. Safety Glasses, Ear Plugs)	A B C	d d / m m
<input type="checkbox"/> Specialized PPE Available (ex. Arch Flash & Electrically Insulated)	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
Notes / Required Actions:		
Working at Heights		
<input type="checkbox"/> Ladders are adequately protected and in good repair (i.e. caged)	A B C	d d / m m
<input type="checkbox"/> Cat Walks and Ramps have adequate Fall Protection in place	A B C	d d / m m
<input type="checkbox"/> Guardrails complete (top rail, mid rail and toe board present)	A B C	d d / m m
<input type="checkbox"/> Fall Arrest Harness and Lanyard in adequate condition	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
Notes / Required Actions:		

<u>Item Inspected:</u>	<u>Rate:</u>	<u>Date:</u>
Mobile Equipment		
<input type="checkbox"/> Minimize reversing (drive-through operations where possible)	A B C	d d / m m
<input type="checkbox"/> Back-up warning signs present	A B C	d d / m m
<input type="checkbox"/> Alarms / beacons functioning (sound horn twice before reversing)	A B C	d d / m m
<input type="checkbox"/> Mirrors (in good repair) and a Signal Person used as required	A B C	d d / m m
<input type="checkbox"/> Path of Travel and Safe Limit of Approach being respected	A B C	d d / m m
<input type="checkbox"/> Equipment pre-use inspections & the operator's manual present	A B C	d d / m m
Notes / Required Actions:		
Conveyors		
<input type="checkbox"/> Moving parts and Pinch Points are Guarded	A B C	d d / m m
<input type="checkbox"/> Guards are present beneath conveyors preventing falling debris	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
Notes / Required Actions:		
Hoisting		
<input type="checkbox"/> Chains & Slings Labelled, Rated, in Good Repair & Stored Properly	A B C	d d / m m
<input type="checkbox"/> Logs and Manuals updated & Available	A B C	d d / m m
<input type="checkbox"/> Competent Signal Person (Used when Required)	A B C	d d / m m
<input type="checkbox"/> Come Along Chain Hoists & Safety Latches on Hooks in Good Repair	A B C	d d / m m
<input type="checkbox"/> Other	A B C	d d / m m
Notes / Required Actions:		

Name of Person Filling out this form: _____

Section 9-2 – Machinery and Equipment Inspections

PURPOSE

Pre-Operation Checklists of our commercial mobile vehicles (CVOR), machinery and/or equipment will have a pre-use inspection performed to ensure they maintain a functionality in accordance with the manufacturer specification and the legislative requirements.

SCOPE

Pre-use inspection of our commercial mobile vehicles, machinery and/or equipment will help determine the degree of compliance with applicable legislation and site safety policies.

RESPONSIBILITIES

Health and Safety Coordinator Responsibilities:

- Comply with all the requirements as defined under the Operators Manuals, Occupational Health and Safety Act and Regulations.
- Assist in developing corporate health and safety orientation documentation, policies and procedures where required.

Senior Management Responsibilities:

- Ensure all company employees receive the appropriate training and workplace specific overviews.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Ensure that the equipment, materials and protective devices as prescribed are provided, maintained in good condition and used as prescribed.
- The measures and procedures prescribed are carried out in the workplace.

Project Manager Responsibilities:

- Distribute the Equipment Pre-Operation Checklist package to be used to record the vehicle or equipment specific health and safety condition and observations.
- Ensure appropriate distribute and obtain or all completed inspection checklists for various equipment/machinery.
- Distribute and communicate information to the appropriate parties regarding any nonconformance or deficiencies reported.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Section 9-2 – Machinery and Equipment Inspections

Superintendent Responsibilities:

- Where applicable, review any findings with each required Foreman to ensure identified non-conformities to correct each unsafe condition from Equipment Pre-Operation Checklist package.
- Assist in the follow-up on the findings and correction of each unsafe condition.
- Ensure that copies (hard copy or electronic) of completed workplace inspections are submitted to the Health and Safety Coordinator on a weekly basis.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Foreman Responsibilities:

- Participate in the review of the completed Equipment Pre-Operation Checklist package with the Superintendent to identify unsafe conditions noted on the inspection report.
- Assist the Superintendent in the follow-up to the findings and correction of each unsafe condition.
- Ensure records of the corrected unsafe condition are recorded.
- Allow for follow up questions and clarification of topics as needed.
- Ensure, where reasonably possible, that every workplace party complies with all Occupational Health and Safety Act and Regulations.
- Advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which they are aware of.
- Take every precaution reasonable in the circumstances for the protection of a worker.
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker.

Workers Responsibilities:

- When as an approved operator, conduct an Equipment Pre-Operation Checklist using the provided package of your assigned equipment.
- Record the findings, observations and follow up activities on the appropriate Equipment Pre-Operation Checklist package to demonstrate compliance.
- Record all observations that demonstrate compliance and non-compliance as found during the inspections process.
- Advise Foreman if experiencing any difficulties with assigned tasks, or if assigned tasks are beyond perceived limitations or medically not capable of performing tasks.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.
- Report to his or her Foreman any contravention of the Occupational Health and Safety Act and Regulations or the absence/defect in any equipment or protective device.

Section 9-2 – Machinery and Equipment Inspections

PROCEDURE:

Trucks, Vehicles and Equipment which are CVOR register or site equipment are required to be inspected every day when they are used prior to operating it at the beginning of a work shift. Forms to be used for this purpose are as follows within the document **(9-2-1 Form)** for Equipment and **(9-2-2 Form)** for CVOR vehicles. The inspections conducted daily by the by the operator will be called Pre-Use Inspections.

These Pre-Use Inspection requirements include a specific list of inspection items that must be on and ensure the operators follows the schedule for inspection at all times.

Any employee operating their own personal vehicle for authorized company business must have an appropriate class of license for the vehicle being operated and appropriate insurance coverage for operating a personal vehicle for business use. These vehicles do not require the use of our pre-trip inspection forms.

Step 1 All commercial licensed mobile vehicles requiring CVOR compliance or exceeding 4500 Kg in weight and/ or required machinery/ equipment will be inspected on a pre-use basis using **(9-2-2 Form)**.

Step 2 All Mobile equipment and/ required machinery/ or equipment will be inspected on a pre-use basis using **(9-2-1 Form)**.

Step 3 The **Project Manager** shall ensure appropriate distribute and obtain or all completed inspection checklists for various equipment/machinery (i.e. commercial licensed mobile vehicles, Equipment and Machinery).

Step 4 Reported defects or other deficiencies observed during pre-use inspections are documented on our inspection forms. Substandard or otherwise unsafe conditions must be rectified and made safe.

Note: If a hazardous condition is identified, the vehicle, equipment / machinery must not be used, rather taken out of service (locked out) and tagged – until repairs or adjustments have been made by an authorized person. The Foreman or Superintendent must be made aware of the circumstances immediately and given a copy of the inspection report and contact the appropriate certified service provided.

DISTRIBUTION

Upon completion of follow-up activities, copy to the Project Manager

RECORDS:

Through the duration of the project or facility location, all Pre-use Inspection reports must remain in the safety files for review by the Health and Safety Coordinator and/or authorities having jurisdiction.

The Pre-use inspection report forms and any subsequent follow-up must be maintained on file for the duration of the project or facility and subsequently retained on file for a minimum of six (6) months and if a defect has been noted for a minimum of two (2) years.

Section 9-2 – Machinery and Equipment Inspections

COMMUNICATION

Significant information concerning pre-use inspection reports will be communicated by senior management and the Joint Health and Safety Committee/Health and Safety Representative on a regular basis at the Management and the JHSC meetings.



Equipment Pre-Operational Checklist Instructions

A pre-operational safety inspection and the Equipment Pre-Operational Checklist is to be completed at the start of every shift by the operator, prior to using any equipment.

NO EXCEPTIONS.

The Equipment Pre-Operational Checklist is to be signed and dated by the worker and the foreman/supervisor to ensure that the pre-operational safety inspection has been completed and defects are reported as required.

The equipment is to be maintained, used and inspected in accordance with the manufacturer's requirements. The operator's manual is the best reference for information regarding equipment safety inspections and safe operation. Every operator must be familiar with the contents of the operator's manual for every piece of equipment they operate.

The attached Equipment Pre-Operational Checklist is a general outline of the components and areas of the equipment that are to be inspected.

Equipment operators must be competent and trained on the specific equipment that they operate. Operators of cranes, forklifts and power elevated work platforms, require specific training to be considered competent. Cranes, forklifts and powered elevated work platforms (PEWP) require the completion of a separate, equipment-specific Pre-Operational Checklist.

EQUIPMENT SHALL NOT BE OPERATED/MOVED BY AN UNTRAINED WORKER.

Reporting Mechanical Defects Requiring Repair

The equipment operator is to check the "YES" box, circle the item in the list on the right and write the specific details about all items requiring service, as well as immediately report all problems to the Foreman/Superintendent. The white copy of the Equipment Pre-Operational Checklist is forwarded to the mechanics and the yellow copy remains in the book. The Foreman/Superintendent will notify the mechanical department of the reported equipment problems. Any safety related mechanical problems are to be repaired prior to using the equipment.

UNSAFE EQUIPMENT SHALL NOT BE OPERATED.



GAZZOLA PAVING LIMITED

529 CARLINGVIEW DRIVE, ETOBICOKE, ONTARIO M9W 5H2

TEL: 416-675-7007 • FAX: 416-675-4370

EQUIPMENT PRE-OPERATIONAL INSPECTION

(This form is to be used for ALL mobile equipment except cranes, forklifts & PEWPs)

Equipment #: <i>R38</i>	Hour/km: <i>2098</i>	Inspection Time: <i>6:45 am</i>
-------------------------	----------------------	---------------------------------

- Please check the box indicating that the operator has read and understands the operator's manual regarding information about equipment safety inspections and safe operation.

Defects Noted YES or NO		Equipment Components or Areas Inspected:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Engine Area: clean and check the radiator, belts, hoses
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fluid Levels: engine oil, transmission oil, hydraulic oil, coolant, greasing system
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Safety Devices: <u>back-up alarm</u> , horn, mirrors (clean & adjusted), warning stickers / signs (in place & legible), emergency stop, seatbelts (must be used by the operator when seated), handholds, guardrails, steps (clean, ensure 3-point contact), machine guarding, lift arm safety supports
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lights: yellow / blue beacon(s), headlights, <u>flood lights</u> , marker lights, signal lights, brake lights, tail lights
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional Equipment: operator's manual (mandatory); first aid kit & fire extinguisher (if equipped)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Operator Controls: braking & emergency braking (under load), gauges, switches, windows, wipers, operator control functions: steering, throttle, transmission
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Operational Check: conveyors, bucket, loader arms, feed & discharge points, tires, tracks, forks, quick coupler locked, attachments

When an operator finds a defect(s) in operator controls and/or braking systems that could allow uncontrolled movement, the operator will immediately stop using the equipment and report the defect to the Foreman / Superintendent. The Foreman / Superintendent will immediately request a repair. The equipment is **NOT** to be operated until the repair has been completed.

Note Items to be Repaired:

1. *Back up alarm not working*2. *Rear, right flood light not working*

3.

4. *(The R38 is parked at Lawrence and Banbury Road, Toronto)*

Operator Name (Print):

Chris P. Bacon

Signature:

Chris Bacon

Date:

17 / 08 / 2016

THIS BOOK WILL REMAIN WITH THE EQUIPMENT AT ALL TIMES

White copy – is to be forwarded to the mechanics. Yellow copy – remains in the book.



GAZZOLA PAVING LIMITED

529 CARLINGVIEW DRIVE, ETOBICOKE, ONTARIO M9W 5H2

TEL: 416-675-7007 • FAX: 416-675-4370

EQUIPMENT PRE-OPERATIONAL INSPECTION

(This form is to be used for ALL mobile equipment except cranes, forklifts & PEWPs)

Equipment #:	Hour/km:	Inspection Time:
--------------	----------	------------------

- Please check the box indicating that the operator has read and understands the operator's manual regarding information about equipment safety inspections and safe operation.

Defects Noted YES or NO		Equipment Components or Areas Inspected:
<input type="checkbox"/>	<input type="checkbox"/>	Engine Area: clean and check the radiator, belts, hoses
<input type="checkbox"/>	<input type="checkbox"/>	Fluid Levels: engine oil, transmission oil, hydraulic oil, coolant, greasing system
<input type="checkbox"/>	<input type="checkbox"/>	Safety Devices: back-up alarm, horn, mirrors (clean & adjusted), warning stickers / signs (in place & legible), emergency stop, seatbelts (must be used by the operator when seated), handholds, guardrails, steps (clean, ensure 3-point contact), machine guarding, lift arm safety supports
<input type="checkbox"/>	<input type="checkbox"/>	Lights: yellow / blue beacon(s), headlights, flood lights, marker lights, signal lights, brake lights, tail lights
<input type="checkbox"/>	<input type="checkbox"/>	Additional Equipment: operator's manual (mandatory); first aid kit & fire extinguisher (if equipped)
<input type="checkbox"/>	<input type="checkbox"/>	Operator Controls: breaking & emergency braking (under load), gauges, switches, windows, wipers, operator control functions: steering, throttle, transmission
<input type="checkbox"/>	<input type="checkbox"/>	Operational Check: conveyors, bucket, loader arms, feed & discharge points, tires, tracks, forks, quick coupler locked, attachments

When an operator finds a defect(s) in operator controls and/or braking systems that could allow uncontrolled movement, the operator will immediately stop using the equipment and report the defect to the Foreman / Superintendent. The Foreman / Superintendent will immediately request a repair. The equipment is **NOT** to be operated until the repair has been completed.

Note Items to be Repaired:

5. _____
6. _____
7. _____
8. _____

Operator Name (Print): _____	Signature: _____	Date: _____ d d / m m / y y y y
------------------------------	------------------	--

THIS BOOK WILL REMAIN WITH THE EQUIPMENT AT ALL TIMES

White copy – is to be forwarded to the mechanics. Yellow copy – remains in the book.

Vehicle Inspection (Circle Check)

Stage 1 ENGINE COMPARTMENT

Before engine start-up, check:

- engine oil and coolant levels;
- all drive belts and coolant hoses
- electrical wiring and connections
- other fluid levels (i.e. windshield washer)
- steering Linkage
- Suspension Compartments
- Brake Components

DO NOT SMOKE WHEN CONDUCTING ENGINE COMPARTMENT CHECKS



Stage 2 IN-CAB INSPECTION & ENGINE START

Enter the cab and:

- adjust seat and mirrors
 - check windows/mirrors (clean)
 - start engine
- Check:**
- horn
 - wipers/washers
 - gauges
 - low air pressure warning signals/light
 - unusual noises
 - emergency equipment

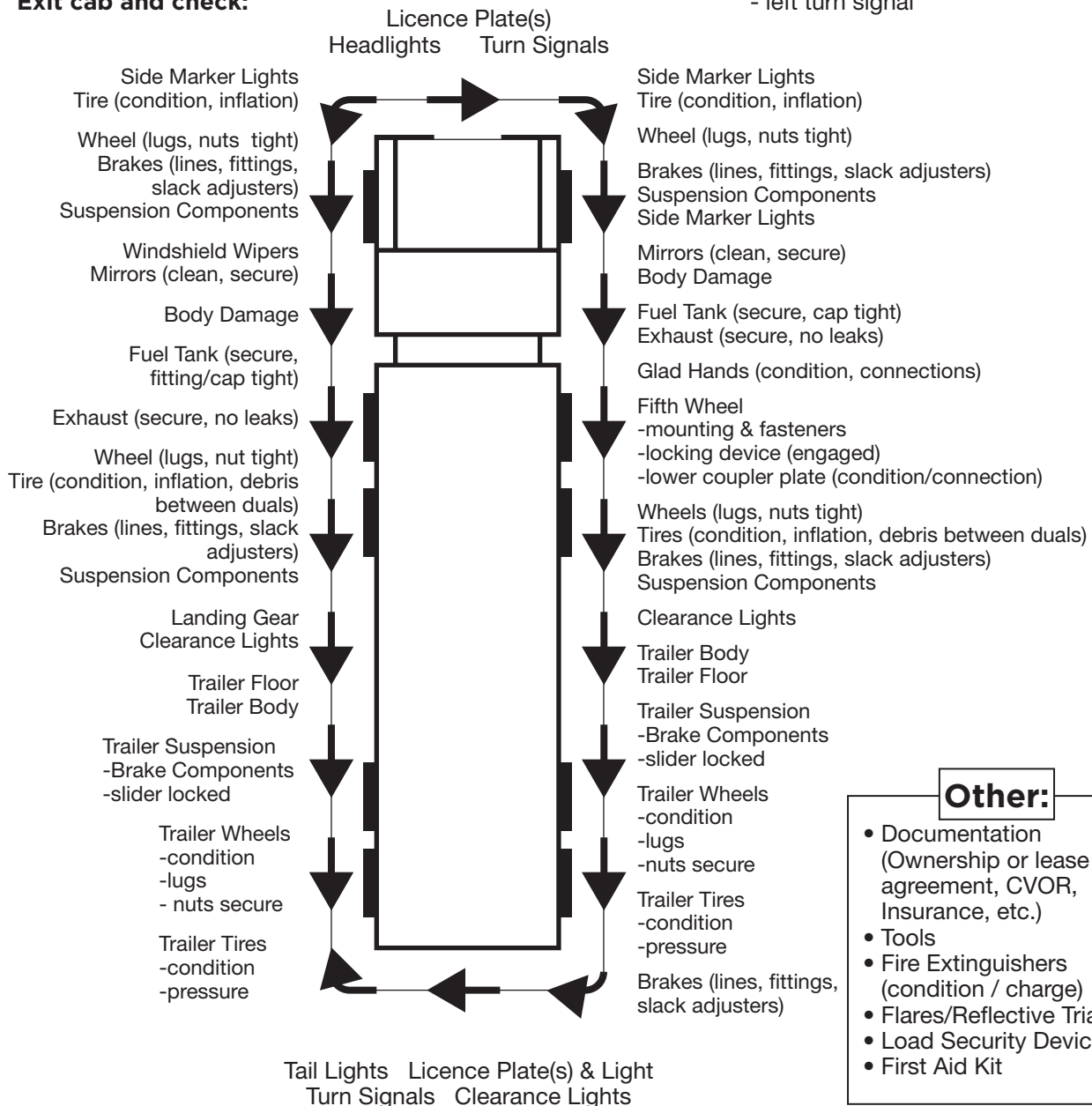
When air system is fully charged:

- listen for air leaks
- apply brakes and check pressure drop

Turn on:

- low beam headlights
- left turn signal

Stage Outside Circle Check Exit cab and check:



Other:

- Documentation (Ownership or lease agreement, CVOR, Insurance, etc.)
- Tools
- Fire Extinguishers (condition / charge)
- Flares/Reflective Triangles
- Load Security Devices
- First Aid Kit

VEHICLE INSPECTION LOG		Date	Day	Month	Year																																																																																																																																																						
Carrier: <input checked="" type="checkbox"/> Gazzola Paving Limited <input type="checkbox"/> Attwell Haulage Limited		Truck/Tractor License #: ONT <div style="text-align: center; font-size: 1.2em;">ABC 123</div>		22	05	2014																																																																																																																																																					
Principle Address: 529 Carlingview Drive Etobicoke, Ontario M9W 5H2		Truck Unit #: <div style="text-align: center; font-size: 1.2em;">100</div>		Starting Odometer Reading <div style="text-align: center; font-size: 1.2em;">120699</div> KM																																																																																																																																																							
Home Terminal Address (if different from above):		Trailer(s) License #: ONT <div style="text-align: center; font-size: 1.2em;">DEF 456</div>																																																																																																																																																									
		Trailer Unit #: <div style="text-align: center; font-size: 1.2em;">T12</div>																																																																																																																																																									
I declare that the vehicle(s) shown above has (have) been inspected in accordance with the Ontario Regulation 199/07. Commercial Motor Vehicle																																																																																																																																																											
Driver #1 Signature: <div style="font-family: cursive; font-size: 1.2em;">John Smith</div>		Driver #2 Signature:		Driver #3 Signature:																																																																																																																																																							
Driver #1 Name: <div style="font-size: 1.2em;">JOHN SMITH</div>		Driver #2 Name:		Driver #3 Name:																																																																																																																																																							
Time of Inspection: <div style="font-size: 1.2em;">6:30 AM</div>		Time of Inspection:		Time of Inspection:																																																																																																																																																							
<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td>No Major or Minor Defects Found</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td>Defects need not be corrected for safe operation</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></td> <td>Defects Corrected</td> </tr> </table>							No Major or Minor Defects Found		Defects need not be corrected for safe operation		Defects Corrected																																																																																																																																																
	No Major or Minor Defects Found																																																																																																																																																										
	Defects need not be corrected for safe operation																																																																																																																																																										
	Defects Corrected																																																																																																																																																										
Minor Defects:			Major Defects (Vehicle not to be operated until repaired):																																																																																																																																																								
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="width: 20px;">1.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="width: 20px;">10.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="width: 20px;">19.1</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>1.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>11.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>20.1</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>2.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>12.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>20.2</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>3.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>14.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>20.3</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>4.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>14.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>21.1</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>6.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>15.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>21.2</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>7.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>17.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>22.1</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>8.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>17.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>22.2</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>9.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>18.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>23.1</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>18.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>23..2</td></tr> </table>				1.1		10.1		19.1		1.2		11.1		20.1		2.1		12.1		20.2		3.1		14.1		20.3		4.1		14.2		21.1		6.1		15.1		21.2		7.1		17.1		22.1		8.1		17.2		22.2		9.1		18.1		23.1				18.2		23..2	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="width: 20px;">1.3</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="width: 20px;">10.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="width: 20px;">19.2</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>1.4</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>11.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>19.3</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>1.5</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>12.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>20.4</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>1.6</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>12.3</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>20.5</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>1.7</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>13.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>20.6</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>2.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>15.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>20.7</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>3.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>17.3</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>21.3</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>3.3</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>17.4</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>21.4</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>4.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>17.5</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>21.5</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>4.3</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>17.6</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>21.6</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>4.4</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>17.7</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>21.7</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>5.1</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>18.3</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>22.3</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>18.4</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>22.4</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>8.2</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>18.5</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>22.5</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>8.3</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>18.6</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td>23.3</td></tr> </table>				1.3		10.2		19.2		1.4		11.2		19.3		1.5		12.2		20.4		1.6		12.3		20.5		1.7		13.1		20.6		2.2		15.2		20.7		3.2		17.3		21.3		3.3		17.4		21.4		4.2		17.5		21.5		4.3		17.6		21.6		4.4		17.7		21.7		5.1		18.3		22.3		<input checked="" type="checkbox"/>		18.4		22.4		8.2		18.5		22.5		8.3		18.6		23.3
	1.1		10.1		19.1																																																																																																																																																						
	1.2		11.1		20.1																																																																																																																																																						
	2.1		12.1		20.2																																																																																																																																																						
	3.1		14.1		20.3																																																																																																																																																						
	4.1		14.2		21.1																																																																																																																																																						
	6.1		15.1		21.2																																																																																																																																																						
	7.1		17.1		22.1																																																																																																																																																						
	8.1		17.2		22.2																																																																																																																																																						
	9.1		18.1		23.1																																																																																																																																																						
			18.2		23..2																																																																																																																																																						
	1.3		10.2		19.2																																																																																																																																																						
	1.4		11.2		19.3																																																																																																																																																						
	1.5		12.2		20.4																																																																																																																																																						
	1.6		12.3		20.5																																																																																																																																																						
	1.7		13.1		20.6																																																																																																																																																						
	2.2		15.2		20.7																																																																																																																																																						
	3.2		17.3		21.3																																																																																																																																																						
	3.3		17.4		21.4																																																																																																																																																						
	4.2		17.5		21.5																																																																																																																																																						
	4.3		17.6		21.6																																																																																																																																																						
	4.4		17.7		21.7																																																																																																																																																						
	5.1		18.3		22.3																																																																																																																																																						
	<input checked="" type="checkbox"/>		18.4		22.4																																																																																																																																																						
	8.2		18.5		22.5																																																																																																																																																						
	8.3		18.6		23.3																																																																																																																																																						
Minor repairs completed on (dd/mm/yy): Signature:			Major repairs completed on (dd/mm/yy): Signature:																																																																																																																																																								
Comments: (Repairs completed by driver to be detailed in this section) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Driver side seat belt not working.</div>																																																																																																																																																											
Notes: 1. Any defects to be repaired daily to supervisor and notification given to head office (416-675-7007) 2. The driver must have the applicable daily inspection schedule in his possession at all times while in control of the commercial motor vehicle. 3. Daily inspections are valid for 24 hours; after the inspection ceases to be valid, the driver shall submit the Daily Inspection Report to the operator.																																																																																																																																																											

VEHICLE INSPECTION LOG		Date	Day	Month	Year																																																																											
Carrier: <input checked="" type="checkbox"/> Gazzola Paving Limited <input type="checkbox"/> Attwell Haulage Limited		Truck/Tractor License #: ONT <div style="font-size: 1.2em; font-weight: bold;">ABC 123</div>		22	05	2014																																																																										
Principle Address: 529 Carlingview Drive Etobicoke, Ontario M9W 5H2		Truck Unit #: <div style="font-size: 1.2em; font-weight: bold;">100</div>		Starting Odometer Reading <div style="font-size: 1.2em; font-weight: bold;">120699</div> KM																																																																												
Home Terminal Address (if different from above):		Trailer(s) License #: ONT <div style="font-size: 1.2em; font-weight: bold;">DEF 456</div>																																																																														
		Trailer Unit #: <div style="font-size: 1.2em; font-weight: bold;">T12</div>																																																																														
I declare that the vehicle(s) shown above has (have) been inspected in accordance with the Ontario Regulation 199/07. Commercial Motor Vehicle																																																																																
Driver #1 Signature: <div style="font-family: cursive; font-size: 1.1em;">John Smith</div>		Driver #2 Signature:		Driver #3 Signature:																																																																												
Driver #1 Name: <div style="font-weight: bold; font-size: 1.1em;">JOHN SMITH</div>		Driver #2 Name:		Driver #3 Name:																																																																												
Time of Inspection: <div style="font-size: 1.1em; font-weight: bold;">6:30 AM</div>		Time of Inspection:		Time of Inspection:																																																																												
<table style="margin: auto;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>No Major or Minor Defects Found</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Defects need not be corrected for safe operation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Defects Corrected</td> </tr> </table>						<input checked="" type="checkbox"/>	No Major or Minor Defects Found	<input type="checkbox"/>	Defects need not be corrected for safe operation	<input type="checkbox"/>	Defects Corrected																																																																					
<input checked="" type="checkbox"/>	No Major or Minor Defects Found																																																																															
<input type="checkbox"/>	Defects need not be corrected for safe operation																																																																															
<input type="checkbox"/>	Defects Corrected																																																																															
Minor Defects:			Major Defects (Vehicle not to be operated until repaired):																																																																													
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;"><input type="checkbox"/> 1.1</td><td style="width: 33%;"><input type="checkbox"/> 10.1</td><td style="width: 33%;"><input type="checkbox"/> 19.1</td></tr> <tr><td><input type="checkbox"/> 1.2</td><td><input type="checkbox"/> 11.1</td><td><input type="checkbox"/> 20.1</td></tr> <tr><td><input type="checkbox"/> 2.1</td><td><input type="checkbox"/> 12.1</td><td><input type="checkbox"/> 20.2</td></tr> <tr><td><input type="checkbox"/> 3.1</td><td><input type="checkbox"/> 14.1</td><td><input type="checkbox"/> 20.3</td></tr> <tr><td><input type="checkbox"/> 4.1</td><td><input type="checkbox"/> 14.2</td><td><input type="checkbox"/> 21.1</td></tr> <tr><td><input type="checkbox"/> 6.1</td><td><input type="checkbox"/> 15.1</td><td><input type="checkbox"/> 21.2</td></tr> <tr><td><input type="checkbox"/> 7.1</td><td><input type="checkbox"/> 17.1</td><td><input type="checkbox"/> 22.1</td></tr> <tr><td><input type="checkbox"/> 8.1</td><td><input type="checkbox"/> 17.2</td><td><input type="checkbox"/> 22.2</td></tr> <tr><td><input type="checkbox"/> 9.1</td><td><input type="checkbox"/> 18.1</td><td><input type="checkbox"/> 23.1</td></tr> <tr><td></td><td><input type="checkbox"/> 18.2</td><td><input type="checkbox"/> 23..2</td></tr> </table>			<input type="checkbox"/> 1.1	<input type="checkbox"/> 10.1	<input type="checkbox"/> 19.1	<input type="checkbox"/> 1.2	<input type="checkbox"/> 11.1	<input type="checkbox"/> 20.1	<input type="checkbox"/> 2.1	<input type="checkbox"/> 12.1	<input type="checkbox"/> 20.2	<input type="checkbox"/> 3.1	<input type="checkbox"/> 14.1	<input type="checkbox"/> 20.3	<input type="checkbox"/> 4.1	<input type="checkbox"/> 14.2	<input type="checkbox"/> 21.1	<input type="checkbox"/> 6.1	<input type="checkbox"/> 15.1	<input type="checkbox"/> 21.2	<input type="checkbox"/> 7.1	<input type="checkbox"/> 17.1	<input type="checkbox"/> 22.1	<input type="checkbox"/> 8.1	<input type="checkbox"/> 17.2	<input type="checkbox"/> 22.2	<input type="checkbox"/> 9.1	<input type="checkbox"/> 18.1	<input type="checkbox"/> 23.1		<input type="checkbox"/> 18.2	<input type="checkbox"/> 23..2	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;"><input type="checkbox"/> 1.3</td><td style="width: 33%;"><input type="checkbox"/> 10.2</td><td style="width: 33%;"><input type="checkbox"/> 19.2</td></tr> <tr><td><input type="checkbox"/> 1.4</td><td><input type="checkbox"/> 11.2</td><td><input type="checkbox"/> 19.3</td></tr> <tr><td><input type="checkbox"/> 1.5</td><td><input type="checkbox"/> 12.2</td><td><input type="checkbox"/> 20.4</td></tr> <tr><td><input type="checkbox"/> 1.6</td><td><input type="checkbox"/> 12.3</td><td><input type="checkbox"/> 20.5</td></tr> <tr><td><input type="checkbox"/> 1.7</td><td><input type="checkbox"/> 13.1</td><td><input type="checkbox"/> 20.6</td></tr> <tr><td><input type="checkbox"/> 2.2</td><td><input type="checkbox"/> 15.2</td><td><input type="checkbox"/> 20.7</td></tr> <tr><td><input type="checkbox"/> 3.2</td><td><input type="checkbox"/> 17.3</td><td><input type="checkbox"/> 21.3</td></tr> <tr><td><input type="checkbox"/> 3.3</td><td><input type="checkbox"/> 17.4</td><td><input type="checkbox"/> 21.4</td></tr> <tr><td><input type="checkbox"/> 4.2</td><td><input type="checkbox"/> 17.5</td><td><input type="checkbox"/> 21.5</td></tr> <tr><td><input type="checkbox"/> 4.3</td><td><input type="checkbox"/> 17.6</td><td><input type="checkbox"/> 21.6</td></tr> <tr><td><input type="checkbox"/> 4.4</td><td><input type="checkbox"/> 17.7</td><td><input type="checkbox"/> 21.7</td></tr> <tr><td><input type="checkbox"/> 5.1</td><td><input type="checkbox"/> 18.3</td><td><input type="checkbox"/> 22.3</td></tr> <tr><td><input type="checkbox"/> 7.2</td><td><input type="checkbox"/> 18.4</td><td><input type="checkbox"/> 22.4</td></tr> <tr><td><input type="checkbox"/> 8.2</td><td><input type="checkbox"/> 18.5</td><td><input type="checkbox"/> 22.5</td></tr> <tr><td><input type="checkbox"/> 8.3</td><td><input type="checkbox"/> 18.6</td><td><input type="checkbox"/> 23.3</td></tr> </table>			<input type="checkbox"/> 1.3	<input type="checkbox"/> 10.2	<input type="checkbox"/> 19.2	<input type="checkbox"/> 1.4	<input type="checkbox"/> 11.2	<input type="checkbox"/> 19.3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 12.2	<input type="checkbox"/> 20.4	<input type="checkbox"/> 1.6	<input type="checkbox"/> 12.3	<input type="checkbox"/> 20.5	<input type="checkbox"/> 1.7	<input type="checkbox"/> 13.1	<input type="checkbox"/> 20.6	<input type="checkbox"/> 2.2	<input type="checkbox"/> 15.2	<input type="checkbox"/> 20.7	<input type="checkbox"/> 3.2	<input type="checkbox"/> 17.3	<input type="checkbox"/> 21.3	<input type="checkbox"/> 3.3	<input type="checkbox"/> 17.4	<input type="checkbox"/> 21.4	<input type="checkbox"/> 4.2	<input type="checkbox"/> 17.5	<input type="checkbox"/> 21.5	<input type="checkbox"/> 4.3	<input type="checkbox"/> 17.6	<input type="checkbox"/> 21.6	<input type="checkbox"/> 4.4	<input type="checkbox"/> 17.7	<input type="checkbox"/> 21.7	<input type="checkbox"/> 5.1	<input type="checkbox"/> 18.3	<input type="checkbox"/> 22.3	<input type="checkbox"/> 7.2	<input type="checkbox"/> 18.4	<input type="checkbox"/> 22.4	<input type="checkbox"/> 8.2	<input type="checkbox"/> 18.5	<input type="checkbox"/> 22.5	<input type="checkbox"/> 8.3	<input type="checkbox"/> 18.6	<input type="checkbox"/> 23.3
<input type="checkbox"/> 1.1	<input type="checkbox"/> 10.1	<input type="checkbox"/> 19.1																																																																														
<input type="checkbox"/> 1.2	<input type="checkbox"/> 11.1	<input type="checkbox"/> 20.1																																																																														
<input type="checkbox"/> 2.1	<input type="checkbox"/> 12.1	<input type="checkbox"/> 20.2																																																																														
<input type="checkbox"/> 3.1	<input type="checkbox"/> 14.1	<input type="checkbox"/> 20.3																																																																														
<input type="checkbox"/> 4.1	<input type="checkbox"/> 14.2	<input type="checkbox"/> 21.1																																																																														
<input type="checkbox"/> 6.1	<input type="checkbox"/> 15.1	<input type="checkbox"/> 21.2																																																																														
<input type="checkbox"/> 7.1	<input type="checkbox"/> 17.1	<input type="checkbox"/> 22.1																																																																														
<input type="checkbox"/> 8.1	<input type="checkbox"/> 17.2	<input type="checkbox"/> 22.2																																																																														
<input type="checkbox"/> 9.1	<input type="checkbox"/> 18.1	<input type="checkbox"/> 23.1																																																																														
	<input type="checkbox"/> 18.2	<input type="checkbox"/> 23..2																																																																														
<input type="checkbox"/> 1.3	<input type="checkbox"/> 10.2	<input type="checkbox"/> 19.2																																																																														
<input type="checkbox"/> 1.4	<input type="checkbox"/> 11.2	<input type="checkbox"/> 19.3																																																																														
<input type="checkbox"/> 1.5	<input type="checkbox"/> 12.2	<input type="checkbox"/> 20.4																																																																														
<input type="checkbox"/> 1.6	<input type="checkbox"/> 12.3	<input type="checkbox"/> 20.5																																																																														
<input type="checkbox"/> 1.7	<input type="checkbox"/> 13.1	<input type="checkbox"/> 20.6																																																																														
<input type="checkbox"/> 2.2	<input type="checkbox"/> 15.2	<input type="checkbox"/> 20.7																																																																														
<input type="checkbox"/> 3.2	<input type="checkbox"/> 17.3	<input type="checkbox"/> 21.3																																																																														
<input type="checkbox"/> 3.3	<input type="checkbox"/> 17.4	<input type="checkbox"/> 21.4																																																																														
<input type="checkbox"/> 4.2	<input type="checkbox"/> 17.5	<input type="checkbox"/> 21.5																																																																														
<input type="checkbox"/> 4.3	<input type="checkbox"/> 17.6	<input type="checkbox"/> 21.6																																																																														
<input type="checkbox"/> 4.4	<input type="checkbox"/> 17.7	<input type="checkbox"/> 21.7																																																																														
<input type="checkbox"/> 5.1	<input type="checkbox"/> 18.3	<input type="checkbox"/> 22.3																																																																														
<input type="checkbox"/> 7.2	<input type="checkbox"/> 18.4	<input type="checkbox"/> 22.4																																																																														
<input type="checkbox"/> 8.2	<input type="checkbox"/> 18.5	<input type="checkbox"/> 22.5																																																																														
<input type="checkbox"/> 8.3	<input type="checkbox"/> 18.6	<input type="checkbox"/> 23.3																																																																														
Minor repairs completed on (dd/mm/yy): Signature:			Major repairs completed on (dd/mm/yy): Signature:																																																																													
Comments: (Repairs completed by driver to be detailed in this section)																																																																																
Notes: 1. Any defects to be repaired daily to supervisor and notification given to head office (416-675-7007) 2. The driver must have the applicable daily inspection schedule in his possession at all times while in control of the commercial motor vehicle. 3. Daily inspections are valid for 24 hours; after the inspection ceases to be valid, the driver shall submit the Daily Inspection Report to the operator.																																																																																

VEHICLE INSPECTION LOG		Date	Day	Month	Year																																																																											
Carrier: <input type="checkbox"/> Gazzola Paving Limited <input type="checkbox"/> Attwell Haulage Limited		Truck/Tractor License #:																																																																														
Principle Address: 529 Carlingview Drive Etobicoke, Ontario M9W 5H2		Truck Unit #:		Starting Odometer Reading																																																																												
Home Terminal Address (if different from above):		Trailer(s) License #:																																																																														
		Trailer Unit #:																																																																														
I declare that the vehicle(s) shown above has (have) been inspected in accordance with the Ontario Regulation 199/07. Commercial Motor Vehicle																																																																																
Driver #1 Signature:		Driver #2 Signature:		Driver #3 Signature:																																																																												
Driver #1 Name:		Driver #2 Name:		Driver #3 Name:																																																																												
Time of Inspection:		Time of Inspection:		Time of Inspection:																																																																												
<input type="checkbox"/> No Major or Minor Defects Found <input type="checkbox"/> Defects need not be corrected for safe operation <input type="checkbox"/> Defects Corrected																																																																																
Minor Defects: <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> 1.1</td><td><input type="checkbox"/> 10.1</td><td><input type="checkbox"/> 19.1</td></tr> <tr><td><input type="checkbox"/> 1.2</td><td><input type="checkbox"/> 11.1</td><td><input type="checkbox"/> 20.1</td></tr> <tr><td><input type="checkbox"/> 2.1</td><td><input type="checkbox"/> 12.1</td><td><input type="checkbox"/> 20.2</td></tr> <tr><td><input type="checkbox"/> 3.1</td><td><input type="checkbox"/> 14.1</td><td><input type="checkbox"/> 20.3</td></tr> <tr><td><input type="checkbox"/> 4.1</td><td><input type="checkbox"/> 14.2</td><td><input type="checkbox"/> 21.1</td></tr> <tr><td><input type="checkbox"/> 6.1</td><td><input type="checkbox"/> 15.1</td><td><input type="checkbox"/> 21.2</td></tr> <tr><td><input type="checkbox"/> 7.1</td><td><input type="checkbox"/> 17.1</td><td><input type="checkbox"/> 22.1</td></tr> <tr><td><input type="checkbox"/> 8.1</td><td><input type="checkbox"/> 17.2</td><td><input type="checkbox"/> 22.2</td></tr> <tr><td><input type="checkbox"/> 9.1</td><td><input type="checkbox"/> 18.1</td><td><input type="checkbox"/> 23.1</td></tr> <tr><td></td><td><input type="checkbox"/> 18.2</td><td><input type="checkbox"/> 23..2</td></tr> </table>			<input type="checkbox"/> 1.1	<input type="checkbox"/> 10.1	<input type="checkbox"/> 19.1	<input type="checkbox"/> 1.2	<input type="checkbox"/> 11.1	<input type="checkbox"/> 20.1	<input type="checkbox"/> 2.1	<input type="checkbox"/> 12.1	<input type="checkbox"/> 20.2	<input type="checkbox"/> 3.1	<input type="checkbox"/> 14.1	<input type="checkbox"/> 20.3	<input type="checkbox"/> 4.1	<input type="checkbox"/> 14.2	<input type="checkbox"/> 21.1	<input type="checkbox"/> 6.1	<input type="checkbox"/> 15.1	<input type="checkbox"/> 21.2	<input type="checkbox"/> 7.1	<input type="checkbox"/> 17.1	<input type="checkbox"/> 22.1	<input type="checkbox"/> 8.1	<input type="checkbox"/> 17.2	<input type="checkbox"/> 22.2	<input type="checkbox"/> 9.1	<input type="checkbox"/> 18.1	<input type="checkbox"/> 23.1		<input type="checkbox"/> 18.2	<input type="checkbox"/> 23..2	Major Defects (Vehicle not to be operated until repaired): <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> 1.3</td><td><input type="checkbox"/> 10.2</td><td><input type="checkbox"/> 19.2</td></tr> <tr><td><input type="checkbox"/> 1.4</td><td><input type="checkbox"/> 11.2</td><td><input type="checkbox"/> 19.3</td></tr> <tr><td><input type="checkbox"/> 1.5</td><td><input type="checkbox"/> 12.2</td><td><input type="checkbox"/> 20.4</td></tr> <tr><td><input type="checkbox"/> 1.6</td><td><input type="checkbox"/> 12.3</td><td><input type="checkbox"/> 20.5</td></tr> <tr><td><input type="checkbox"/> 1.7</td><td><input type="checkbox"/> 13.1</td><td><input type="checkbox"/> 20.6</td></tr> <tr><td><input type="checkbox"/> 2.2</td><td><input type="checkbox"/> 15.2</td><td><input type="checkbox"/> 20.7</td></tr> <tr><td><input type="checkbox"/> 3.2</td><td><input type="checkbox"/> 17.3</td><td><input type="checkbox"/> 21.3</td></tr> <tr><td><input type="checkbox"/> 3.3</td><td><input type="checkbox"/> 17.4</td><td><input type="checkbox"/> 21.4</td></tr> <tr><td><input type="checkbox"/> 4.2</td><td><input type="checkbox"/> 17.5</td><td><input type="checkbox"/> 21.5</td></tr> <tr><td><input type="checkbox"/> 4.3</td><td><input type="checkbox"/> 17.6</td><td><input type="checkbox"/> 21.6</td></tr> <tr><td><input type="checkbox"/> 4.4</td><td><input type="checkbox"/> 17.7</td><td><input type="checkbox"/> 21.7</td></tr> <tr><td><input type="checkbox"/> 5.1</td><td><input type="checkbox"/> 18.3</td><td><input type="checkbox"/> 22.3</td></tr> <tr><td><input type="checkbox"/> 7.2</td><td><input type="checkbox"/> 18.4</td><td><input type="checkbox"/> 22.4</td></tr> <tr><td><input type="checkbox"/> 8.2</td><td><input type="checkbox"/> 18.5</td><td><input type="checkbox"/> 22.5</td></tr> <tr><td><input type="checkbox"/> 8.3</td><td><input type="checkbox"/> 18.6</td><td><input type="checkbox"/> 23.3</td></tr> </table>			<input type="checkbox"/> 1.3	<input type="checkbox"/> 10.2	<input type="checkbox"/> 19.2	<input type="checkbox"/> 1.4	<input type="checkbox"/> 11.2	<input type="checkbox"/> 19.3	<input type="checkbox"/> 1.5	<input type="checkbox"/> 12.2	<input type="checkbox"/> 20.4	<input type="checkbox"/> 1.6	<input type="checkbox"/> 12.3	<input type="checkbox"/> 20.5	<input type="checkbox"/> 1.7	<input type="checkbox"/> 13.1	<input type="checkbox"/> 20.6	<input type="checkbox"/> 2.2	<input type="checkbox"/> 15.2	<input type="checkbox"/> 20.7	<input type="checkbox"/> 3.2	<input type="checkbox"/> 17.3	<input type="checkbox"/> 21.3	<input type="checkbox"/> 3.3	<input type="checkbox"/> 17.4	<input type="checkbox"/> 21.4	<input type="checkbox"/> 4.2	<input type="checkbox"/> 17.5	<input type="checkbox"/> 21.5	<input type="checkbox"/> 4.3	<input type="checkbox"/> 17.6	<input type="checkbox"/> 21.6	<input type="checkbox"/> 4.4	<input type="checkbox"/> 17.7	<input type="checkbox"/> 21.7	<input type="checkbox"/> 5.1	<input type="checkbox"/> 18.3	<input type="checkbox"/> 22.3	<input type="checkbox"/> 7.2	<input type="checkbox"/> 18.4	<input type="checkbox"/> 22.4	<input type="checkbox"/> 8.2	<input type="checkbox"/> 18.5	<input type="checkbox"/> 22.5	<input type="checkbox"/> 8.3	<input type="checkbox"/> 18.6	<input type="checkbox"/> 23.3
<input type="checkbox"/> 1.1	<input type="checkbox"/> 10.1	<input type="checkbox"/> 19.1																																																																														
<input type="checkbox"/> 1.2	<input type="checkbox"/> 11.1	<input type="checkbox"/> 20.1																																																																														
<input type="checkbox"/> 2.1	<input type="checkbox"/> 12.1	<input type="checkbox"/> 20.2																																																																														
<input type="checkbox"/> 3.1	<input type="checkbox"/> 14.1	<input type="checkbox"/> 20.3																																																																														
<input type="checkbox"/> 4.1	<input type="checkbox"/> 14.2	<input type="checkbox"/> 21.1																																																																														
<input type="checkbox"/> 6.1	<input type="checkbox"/> 15.1	<input type="checkbox"/> 21.2																																																																														
<input type="checkbox"/> 7.1	<input type="checkbox"/> 17.1	<input type="checkbox"/> 22.1																																																																														
<input type="checkbox"/> 8.1	<input type="checkbox"/> 17.2	<input type="checkbox"/> 22.2																																																																														
<input type="checkbox"/> 9.1	<input type="checkbox"/> 18.1	<input type="checkbox"/> 23.1																																																																														
	<input type="checkbox"/> 18.2	<input type="checkbox"/> 23..2																																																																														
<input type="checkbox"/> 1.3	<input type="checkbox"/> 10.2	<input type="checkbox"/> 19.2																																																																														
<input type="checkbox"/> 1.4	<input type="checkbox"/> 11.2	<input type="checkbox"/> 19.3																																																																														
<input type="checkbox"/> 1.5	<input type="checkbox"/> 12.2	<input type="checkbox"/> 20.4																																																																														
<input type="checkbox"/> 1.6	<input type="checkbox"/> 12.3	<input type="checkbox"/> 20.5																																																																														
<input type="checkbox"/> 1.7	<input type="checkbox"/> 13.1	<input type="checkbox"/> 20.6																																																																														
<input type="checkbox"/> 2.2	<input type="checkbox"/> 15.2	<input type="checkbox"/> 20.7																																																																														
<input type="checkbox"/> 3.2	<input type="checkbox"/> 17.3	<input type="checkbox"/> 21.3																																																																														
<input type="checkbox"/> 3.3	<input type="checkbox"/> 17.4	<input type="checkbox"/> 21.4																																																																														
<input type="checkbox"/> 4.2	<input type="checkbox"/> 17.5	<input type="checkbox"/> 21.5																																																																														
<input type="checkbox"/> 4.3	<input type="checkbox"/> 17.6	<input type="checkbox"/> 21.6																																																																														
<input type="checkbox"/> 4.4	<input type="checkbox"/> 17.7	<input type="checkbox"/> 21.7																																																																														
<input type="checkbox"/> 5.1	<input type="checkbox"/> 18.3	<input type="checkbox"/> 22.3																																																																														
<input type="checkbox"/> 7.2	<input type="checkbox"/> 18.4	<input type="checkbox"/> 22.4																																																																														
<input type="checkbox"/> 8.2	<input type="checkbox"/> 18.5	<input type="checkbox"/> 22.5																																																																														
<input type="checkbox"/> 8.3	<input type="checkbox"/> 18.6	<input type="checkbox"/> 23.3																																																																														
Minor repairs completed on (dd/mm/yy): Signature:			Major repairs completed on (dd/mm/yy): Signature:																																																																													
Comments: (Repairs completed by driver to be detailed in this section)																																																																																
Notes: 1. Any defects to be repaired daily to supervisor and notification given to head office (416-675-7007) 2. The driver must have the applicable daily inspection schedule in his possession at all times while in control of the commercial motor vehicle. 3. Daily inspections are valid for 24 hours; after the inspection ceases to be valid, the driver shall submit the Daily Inspection Report to the operator.																																																																																

SCHEDULE 1

SYSTEMS and COMPONENTS for TRUCK, TRACTOR and TRAILERS

Minor Defect(s) are Outside of Red Border Areas — MAJOR Defect(s) are INSIDE Red Border areas with Bold Letters.



Part 1. AIR BRAKE SYSTEM

- A—audible air leak
- B—slow air pressure build-up rate
- C—pushrod stroke of any brake exceeds the adjustment limit**
- D—air loss rate exceeds prescribed limit**
- E—inoperative towing vehicle (tractor) protection system**
- F—low air warning system fails or system is activated**
- G—inoperative service, parking or emergency brake**

Part 2. CAB

- A—occupant compartment door fails to open
- B—any cab or sleeper door fails to close securely**

Part 3. CARGO SECUREMENT

- A—insecure or improper load covering
- B—insecure cargo**
- C—absence, failure, malfunction or deterioration of required cargo securement device or load covering**

Part 4. COUPLING DEVICES

- A—coupler or mounting has loose or missing fastener
- B—coupler is insecure or movement exceeds prescribed limit**
- C—coupling or locking mechanism is damaged or fails to lock**
- D—defective, incorrect or missing safety chain or cable**

Part 5. DANGEROUS GOODS

- A—dangerous goods requirements not met**

Part 6. DRIVER CONTROLS

- A—accelerator pedal, clutch, gauges, audible and visual indicators or instruments fail to function properly

Part 7. DRIVER SEAT

- A—seat is damaged or fails to remain in set position
- B—seatbelt or tether belt is insecure, missing or malfunctions**

Part 8. ELECTRIC BRAKE SYSTEM

- A—loose or insecure wiring or electrical connection
- B—inoperative breakaway device**
- C—inoperative brake**

Part 9. EMERGENCY EQUIPMENT & SAFETY DEVICES

- A—emergency equipment is missing, damaged or defective

Part 10. EXHAUST SYSTEM

- A—exhaust leak, except as described in Column 3 (below)
- B—leak that causes exhaust gas to enter the occupant compartment**

Part 11. FRAME and CARGO BODY

- A—damaged frame or cargo body
- B—visibly shifted, cracked, collapsing or sagging frame member**

Part 12. FUEL SYSTEM

- A—missing fuel tank cap
- B—insecure fuel tank**
- C—dripping fuel leak**

Part 13. GENERAL

- A—serious damage or deterioration that is noticeable and may affect the vehicle's safe operation**

Part 14. GLASS and MIRRORS

- A—required mirror or window glass fails to provide the required view to the driver as a result of being cracked, broken, damaged, missing or maladjusted
- B—required mirror or glass has broken or damaged attachments onto vehicle body

Part 15. HEATER / DEFROSTER

- A—control or system failure
- B—defroster fails to provide unobstructed view through the windshield**

Part 16. HORN

- A—vehicle has no operative horn

Part 17. HYDRAULIC BRAKE SYSTEM

- A—brake fluid level is below indicated minimum level
- B—brake boost or power assist is not operative**
- C—brake fluid leak**
- D—brake pedal fade or insufficient brake pedal reserve**
- E—activated (other than ABS) warning device**
- F—brake fluid reservoir is less than ¼ full**
- G—parking brake is inoperative**

Part 18. LAMPS and REFLECTORS

- A—required lamp does not function as intended
- B—required reflector is missing or partially missing

When use of lamps is required:

- C—failure of both low-beam headlamps**
- D—failure of both rearmost tail lamps**

At all times:

- E—failure of a rearmost turn-indicator lamp**
- F—failure of both rearmost brake lamps**

Part 19. STEERING

- A—steering wheel lash (free-play) is greater than normal
- B—steering wheel is insecure, or does not respond normally**
- C—steering wheel lash (free-play) exceeds prescribed limit**

Part 20. SUSPENSION SYSTEM

- A—air leak in air suspension system
- B—a broken spring leaf
- C—suspension fastener is loose, missing or broken
- D—damaged, (patched, cut, bruised, cracked to braid or deflated) air bag or insecurely mounted air bag**
- E—cracked or broken main spring leaf or more than one broken spring leaf**
- F—part of spring leaf or suspension is missing, shifted out of place or is in contact with another vehicle component**
- G—loose U-bolt**

Part 21. TIRES

- A—damaged tread or sidewall of tire
- B—tire leaking, if leak cannot be heard
- C—flat tire**
- (C.1) - tire leaking, if leak can be felt or heard**
- D—tire tread depth is less than wear limit**
- E—tire is in contact with another tire or any vehicle component other than mud-flap**
- F—tire is marked "Not for highway use"**
- G—tire has exposed cords in the tread or outer sidewall area**

Part 22. WHEELS, HUBS and FASTENERS

- A—hub oil below minimum level (when fitted with sight glass)
- B—leaking wheel seal
- C—wheel has loose, missing or ineffective fastener**
- D—damaged, cracked or broken wheel, rim or attaching part**
- E—evidence of imminent wheel, hub or bearing failure**

Part 23. WINDSHIELD WIPER / WASHER

- A—control or system malfunction
- B—wiper blade is damaged, missing or fails to adequately clear driver's field of vision

When use of wipers or washer is required:

- C—wiper or washer fails to adequately clear driver's field of vision in area swept by driver's side wiper**