



## Task Title: Understanding a Commercial Vehicle Inspection Form

OALCF Cover Sheet – Learner Copy

**Learner Name:** \_\_\_\_\_

**Date Started:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Successful Completion:** Yes  No

**Goal Path:** Employment  Apprenticeship

Secondary School  Post Secondary  Independence

### Task Description:

Read a Pre/Post Trip Inspection Form to understand the legal requirements for commercial / work vehicles.

### Main Competency/Task Group/Level Indicator:

- Find and Use Information/Interpret documents/A2.2

### Materials Required:

- Access to a computer or other digital device (if preferred)
- Pen and paper (if preferred)

## Learner Information

Truck drivers or another person who is capable of confirming that the vehicle is in good operating condition must do an inspection and complete an inspection form before starting their day's trip. This must be done every 24 hours, and the driver is also responsible for monitoring the condition of their vehicle throughout their workday. Scan the Pre/Post Check Inspection Form.

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**PRE/POST CHECK INSPECTION FORM**  
Locations of Inspection

Date: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

2 Aviva Park  
Vaughan, Ontario  
L4L 9C7

9 Belfa Rd.  
Ottawa, Ontario  
K1G 0Z6

88 Colb. Dr.  
Waterloo, Ontario  
N2V 1A2

DRIVER: (Print) \_\_\_\_\_ Plate # \_\_\_\_\_ ON Truck # \_\_\_\_\_

**TRUCK SUPPLY LIST**

Safety Kit  YES  NO    Spill Kit  YES  NO    Dolly/Cart  YES  NO    Straps  YES  NO    Flashlight  YES  NO    Roadnet Cradle  YES  NO  
407 Transponder  YES  NO    Gas Card  YES  NO    Safety Cones  YES  NO    Extension Cord  YES  NO    Brake Sticks  YES  NO    Snow Brush  YES  NO

DESCRIPTION	OK		PRE-TRIP INSPECTION	OK		POST-TRIP INSPECTION
	YES	NO	(NOTE ANY DEFECTS BELOW)	YES	NO	(NOTE ANY DEFECTS BELOW)
<b>O</b> Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>U</b> Mirrors - condition and adjustment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>T</b> Oil Levels - engine and transmission	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>S</b> Lights and reflectors	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>I</b> Wheels and fasteners	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>D</b> Suspension / springs / air bags / controlling adjustments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>E</b> Air Brakes - adjustments and connections	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Fuel system (no leaks)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Coolant levels	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Doors and body	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Tires	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Steering Wheel	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Brakes - Warning lights / buzzer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Windshield washer / wipers / all windows clear	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>I</b> Brakes - low pressure / vacuum / failure warning light	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>S</b> Brakes Pedal / booster / gauges	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>I</b> Defroster / heater	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>D</b> Horn	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>E</b> Seat belt / seat security	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Emergency equipment and First Aid equipment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Parking brakes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Registration, Insurance, License, CVOR, License Plate	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness of the Truck	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

No minor or major defect found

Defects repaired by outside vendor Signature: \_\_\_\_\_ (PRINT): \_\_\_\_\_ P.O.# \_\_\_\_\_

<b>PRE-TRIP</b>	<b>POST-TRIP</b>
<input type="checkbox"/> Defect reported <input type="checkbox"/> Vehicle condition satisfactory Start KM: _____ Vehicle was inspected in accordance with O. Reg. 199/07, S.7 (1) Driver Signature: _____	<input type="checkbox"/> Defect reported <input type="checkbox"/> Vehicle condition satisfactory Finish KM: _____ Driver Signature: _____

WHITE - OFFICE COPY

CANARY - DRIVER'S COPY

## Work Sheet

**Task 1: List 3 items that must be on the truck from the truck supply list.**

Answer:

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**Task 2: As part of the pre-trip inspection what must be entered on the form?**

Answer:

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**Task 3: List 5 things that need to be checked outside of the vehicle.**

Answer:

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**Task 4: List 5 things that need to be checked inside of the vehicle.**

Answer:



**Task 5: What colour copy of the form does the driver keep?**

Answer:

