PRE-TRIP INSPECTION PERFORMED

ON UNIT NUMBER _____

NOTE: SUBMIT INSPECTION FORM TO THE

DIVISION OFFICE EVERY 20 OPERATING DAYS

Day	Month	Year	Odometer Reading	Fuel	Oil	Defect Report ("Nil"or List Defects)	Reported To (List name)	Driver's Signature	Repaired (Mechanic's Signature)	Date of Repair			Post-Inspection	
										Day	Month	Year	A.M.	P.M.

Manitoba Education