

■ Sample Circle Check Report

CIRCLE CHECK REPORT					
Operator Name: _____ _____					
Vehicle Licence plate number: * _____ Kilometrage: _____					
Circle Check Date: _____ Time: _____ Municipality or location: _____ _____					
* or the unit number, if it appears on the registration certificate					
Defects _____ _____ _____					
No defects were noted during the circle check <input type="checkbox"/>					
Person Who Performed the Inspection Last name: _____ (please print) First name: _____ (please print) Person designated by the operator to perform the circle check: Yes <input type="checkbox"/> No <input type="checkbox"/> I personally inspected the vehicle and confirm that it was inspected according to the applicable requirements. Signature: _____					
Driver's Declaration (where the driver did not perform the circle check) <table border="0"><tr><td>Buses, Minibuses, Tow Trucks or Emergency Vehicles The driver can decide to review the existing report that was completed by the person designated by the operator, or by the previous driver, and co-sign below.</td><td>All Other Vehicles The driver can decide to review the existing report that was completed by the person designated by the operator and co-sign below.</td></tr><tr><td colspan="2">or</td></tr></table> <p>The driver can always decide to perform a complete inspection of the vehicle himself/herself and fill out a new circle check report.</p> <p>I have reviewed the circle check report.</p> <p>Driver's signature: _____</p> <p>Driver's signature: _____</p>		Buses, Minibuses, Tow Trucks or Emergency Vehicles The driver can decide to review the existing report that was completed by the person designated by the operator, or by the previous driver, and co-sign below.	All Other Vehicles The driver can decide to review the existing report that was completed by the person designated by the operator and co-sign below.	or	
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