# 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

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No defects were noted during the circle check [ ]

### Person Who Performed the Inspection

Last name: __________________________ (please print)

First name: __________________________ (please print)

Person designated by the operator to perform the circle check: Yes [ ] No [ ]

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)

**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.

The driver can always decide to perform a complete inspection of the vehicle himself/herself and fill out a new circle check report.

I have reviewed the circle check report.

Driver’s signature: __________________________

______________________________

Driver’s signature: __________________________

______________________________