

Quarterly Compliance Statement

Truck Operations

| | | | |
|--|--|-----------|--|
| Depot Location: | | | |
| Period Covered by Statement: | | | |
| Number of Vehicles Operating from Depot: | | | |
| Commencement Date: | | End Date: | |

For details of non-compliance see individual monthly truck compliance statements.

| Driver | Compliant Trips/Days | Non-compliant Trips/Days | Reason for non-compliance | | | | |
|--------|-------------------------|-----------------------------|---------------------------|--------------------------|--------------------------|-------|------|
| | | | Mass | Maintenance | Fatigue | Other | Note |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
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Comments

Name (Print):

Date:

Signature: