



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"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Comments

Name (Print):

Date:

Signature: