



This form should be used for documenting the semi-annual safety inspection of a Central Vehicle Agency (CVA) vehicle.

## Central Vehicle Agency Semi-Annual Safety Inspection

Last revised: January 2018

Last reviewed: January 2018

Next review: January 2019

<b>Date (MM/DD/YY)</b>	<i>Please mail completed form to: Central Vehicle Agency, 500 McLeod Street, Regina, SK S4N 4Y1</i>
<b>Unit Information</b>	

Vendor name	Vendor address	
Vehicle plate	CVA Unit number	Invoice number
CVA authorization number	Kilometres	Pending Safety Recalls:* <input type="checkbox"/> Yes** <input type="checkbox"/> No

Road Test (Hwy & City)				
Test	OK	X	C	Recommendation
Engine Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transmission Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clutch Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Four Wheel Drive Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steering and Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brake Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Park Brake Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inst Panel/Switches/Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noises/Vibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heater and A/C Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes				
Test	OK	X	C	Recommendation
LF Lining	mm/32"	<input type="checkbox"/>	<input type="checkbox"/>	
RF Lining	mm/32"	<input type="checkbox"/>	<input type="checkbox"/>	
LR Lining	mm/32"	<input type="checkbox"/>	<input type="checkbox"/>	
RR Lining	mm/32"	<input type="checkbox"/>	<input type="checkbox"/>	
Rotors/Drums		<input type="checkbox"/>	<input type="checkbox"/>	
Master Cylinder		<input type="checkbox"/>	<input type="checkbox"/>	
Calipers/Hardware		<input type="checkbox"/>	<input type="checkbox"/>	
Brake Booster/Hydro Boost		<input type="checkbox"/>	<input type="checkbox"/>	
Brake Hoses/Lines		<input type="checkbox"/>	<input type="checkbox"/>	
Brake Fluid Leaks		<input type="checkbox"/>	<input type="checkbox"/>	
Engine Compartment				
Test	OK	X	C	Recommendation
Engine Oil***		<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Levels Full		<input type="checkbox"/>	<input type="checkbox"/>	
Battery/Terminals/Cables		<input type="checkbox"/>	<input type="checkbox"/>	
Belts/Tensioners/Idlers		<input type="checkbox"/>	<input type="checkbox"/>	
Coolant and Vacuum Hoses		<input type="checkbox"/>	<input type="checkbox"/>	
Coolant/Oil/Fluid Leaks		<input type="checkbox"/>	<input type="checkbox"/>	
Intake/Exh. Manifold Leaks		<input type="checkbox"/>	<input type="checkbox"/>	
Undercarriage				
Test	OK	X	C	Recommendation
Engine/Trans/T. Case Leaks		<input type="checkbox"/>	<input type="checkbox"/>	
Muffler and Exhaust System		<input type="checkbox"/>	<input type="checkbox"/>	
Drive Shafts & U-joints		<input type="checkbox"/>	<input type="checkbox"/>	
Engine and Trans. Mounts		<input type="checkbox"/>	<input type="checkbox"/>	
Body/Box Mounts		<input type="checkbox"/>	<input type="checkbox"/>	
Fuel/Brake/Evap. Lines		<input type="checkbox"/>	<input type="checkbox"/>	
Differential Leaks		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	

Driver Safety							
Test	OK	X	C	Recommendation			
Air Bag Light Self-check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Brake Warning Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Seat Belt Operation (all belts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Seat Condition/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Visibility							
Test	OK	X	C	Recommendation			
Lights (interior and exterior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wipers/Washers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Windshield Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Front/Rear Defrost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tires (Rotation If Required)							
Test	OK	X	C	Recommendation			
RF Tread Depth	/32"	<input type="checkbox"/>	<input type="checkbox"/>				
LF Tread Depth	/32"	<input type="checkbox"/>	<input type="checkbox"/>				
RR Tread Depth	/32"	<input type="checkbox"/>	<input type="checkbox"/>				
LR Tread Depth	/32"	<input type="checkbox"/>	<input type="checkbox"/>				
Inside Duals L /32"R /32"		<input type="checkbox"/>	<input type="checkbox"/>				
Pressure	RF: LF: LR: RR:			Inside Dual, L: R: Spare:			
Jack/Wrench/Handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tire Winch Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Steering and Suspension							
Test	OK	X	C	Recommendation			
Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ball Joints ( <i>measure if failing</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ball Joints Measurement	LU: LL: RU: RR:						
Tie Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pitman/Idler Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Drag/Centre Link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Steering Gear/Rack and Pinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Struts and Shocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Coil and Leaf Springs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pwr Steering Pump/Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Stabilizer Links and Bushings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Body Damage							
Test	OK	X	C	Recommendation			
Body Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Truck Box and Tailgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bumpers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Undercarriage Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mudflaps/Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Signatures**

*The signature of this form does not certify goods received/services rendered. The invoice must also be signed by the vehicle operator.*

Vendor Signature	Driver Name (Please print)	Driver Signature	Driver Phone Number
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Repairs must be estimated, and if more than \$300, you must call CVA at 1-877-787-6902 to obtain authorization before repair.  
 Tire and windshield replacement must have prior authorization regardless of the dollar value.  
 This original form must be submitted to CVA attached to the repair invoice. A photocopy can be given to client/driver if requested.  
 Signature verifies that all applicable inspection items have been checked and driver verifies knowledge of defects.  
 Submit pictures of any oil leaks if replacement is recommended.  
 \* Please check with the manufacturer for any outstanding safety recalls.  
 \*\* Ask the driver to take the vehicle to the appropriate dealership if there are any pending safety recalls.  
 \*\*\*Change oil if last oil change was more than 5,000 kms or five (5) months ago (recommended oil change interval is 6,000 kms or six (6) months).