

## COMPLIANCE STATEMENT

*Monthly or Quarterly* (please circle the frequency of compliance checks, must be done at least quarterly)

Year covered: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Period	Number of vehicles in the fleet			Number of daily prestart checks		Number of recorded services		Number of faults repaired		Number of drivers medical assessments conducted during compliance period				Number of Dimension & loading checks				AMMS Permit: Load verification records			
	Trucks prime movers	Trailers	Dollies	Actual number completed	No. of checks missed	Completed on time	Missed or o/due	No. of faults repaired	No. of faults not closed out	No. attended	Missed or o/due	Restrictions applied by Doctor	No. of failed medicals	No. of loads	No. of non-compliant loads	No. of cautions / infringements / court matters	No. of vehicles in MMS	No. of trips taken	No. of trips where non-conformance occurred	Level of mass excess for each non-compliant trip	
Reviewed By																					
Date of review																					
Reviewed By																					
Date of review																					
Reviewed By																					
Date of review																					
Reviewed By																					
Date of review																					
<b>Comments</b>																					
<b>Signed &amp; Dated:</b> _____																					