

QUARTERLY COMPLIANCE STATEMENT

Period Covered: From: To:

Quarterly Period	VEHICLE Number of			DAILY CHECKS		SERVICES		FAULT REPORTS		MEDICAL			
	Truck	Trailer	Dolly	Done	Missed	Done	Missed	Done	Not closed out	Attended	Missed	Restrictions	Failed
Reviewed by Date													
Reviewed by Date													
Reviewed by Date													
Reviewed by Date													
Comment													

Signed: