STRIKE	NSC Compliance Checklist	CF-S-79

Manager Name: _____ Business Unit: _____

Date of Review: _____ Review Completed By: _____

Fleet Safety and Journey Management Requirements:	A	NI	UA	Comments:
Active driver's list is accurate and up-to-date (NSC Files)	☐	☐	☐	
All active drivers have a valid Driver's License	☐	☐	☐	
Verify driver's application for employment completed and filed in Driver's file (includes 3 years of employment history prior to Strike)	☐	☐	☐	
Driver's consent to obtain Driver's abstract obtained and filed	☐	☐	☐	
Driver's Abstracts up-to-date (within 30 days of hire), infractions reviewed & in line with policy. Manager approval required	☐	☐	☐	
Driver's evaluation completed prior to being assigned a driving role	☐	☐	☐	
All NSC drivers have received FSJM training	☐	☐	☐	
Log books reviewed. If deviation from legislation identified (hours of service, inspections)	☐	☐	☐	
NSC Violations are documents on CF-S-21 Non-Conformance report and filed	☐	☐	☐	
Log and Inspection documentation received and filed within 21 days	☐	☐	☐	
CVIP certification current on all NSC Vehicles	☐	☐	☐	
Maintenance reports (CF-S-36) filed in the assigned vehicle file	☐	☐	☐	
All required documents are in the vehicle files: • Vehicle registration • Trailer registration • Motor vehicle and liability insurance card • Radio License (as per jurisdiction) • Valid CVIP inspection certificate and decal (unit and trailer) • Safety Fitness Certificate • International Fuel Tax Agreement (if applicable)	☐	☐	☐	

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• Hours of Service driver's log book (with Driver) • Most recent Trip inspection (current shift) • Overweight/over dimensional permits (as required for applicable units) • Transportation of dangerous goods documentation, training certificate, and permits as required by regulation for applicable loads				
All vehicle files are retained for the current calendar year and the preceding four years.	☐	☐	☐	
Vehicle files for non-NSC and NSC regulated vehicles that are sold and or transferred are retained for the current calendar year and the preceding 6 months.	☐	☐	☐	

Corrective Actions:

Deficiency:	Follow Up Plan:	Date Completed:

Managers Comments:

Review Signature: _____ Date: _____

Manager Signature: _____ Date: _____