



Lesser Slave River

SCHEDULE "B" of POLICY E-6



Road Inspection Form

Lesser Slave River

ROAD INSPECTION INFORMATION

Pre-Trip Inspection Post Trip Inspection Permit No: _____

Inspector Name: _____ Date: _____

Inspection Method: Aerial Ground

Road Bars: Yes No % _____ Aids: _____

Current Local Conditions: Clear/Sunny Wet/Raining Frozen Other: _____

Road Name(s): _____

Road Section(s) Inspected: _____

Surface Description: Gravel Paved Oil Calcium Other: _____

PERMIT HOLDER INFORMATION

Company Name: _____

Address: _____

City/Prov./Postal: _____

Phone number: _____ Cell Number: _____

GENERAL ROAD CONDITIONS

Dust Control Required Type: _____

Is the road surface smooth and firm? Yes No

Is erosion evident on the road surface? Yes No

Check any of the following which are present:

- | | | | |
|------------------------------------|-------|-----------------------------------------|-------|
| <input type="checkbox"/> DUST | _____ | <input type="checkbox"/> SINKING GRAVEL | _____ |
| <input type="checkbox"/> HIGH SPOT | _____ | <input type="checkbox"/> SOFT SHOULDERS | _____ |
| <input type="checkbox"/> LOW SPOT | _____ | <input type="checkbox"/> WASHBOARD | _____ |
| <input type="checkbox"/> POTHoles | _____ | <input type="checkbox"/> OTHER | _____ |
| <input type="checkbox"/> RUTS | _____ | <input type="checkbox"/> OTHER | _____ |

ADDITIONAL COMMENTS: _____

Signature _____

Date _____