



# Structural Integrity Assessment Report

Commercial Vehicle Safety and Enforcement Division (CVSE)

The Best Place on Earth

<b>Designated Inspection Facility Information</b>	<b>ASSESSMENT RESULTS</b> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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Facility Number _____ Facility Name _____ Authorized Inspector Number _____ Inspector Name _____ Inspector Signature _____ Date _____	<b>Vehicle Information</b> OWNER _____ <div style="text-align: right; font-size: small;">SURNAME                      GIVEN NAME</div> ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____ REGISTRATION NUMBER _____ PLATE NUMBER _____ YEAR _____ MAKE _____ MODEL _____ BODY STYLE _____ VIN # _____
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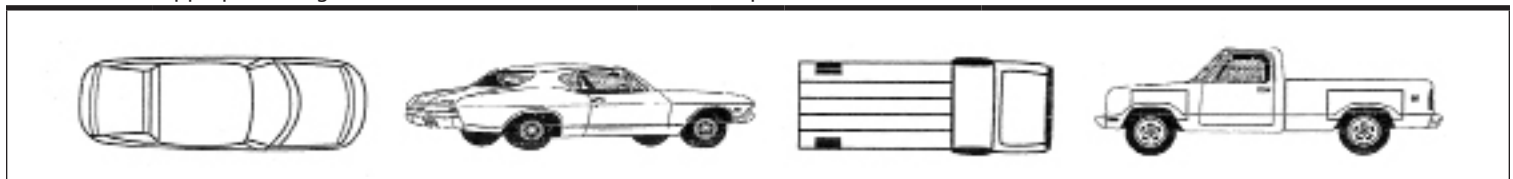
**Section 8** Light Vehicle Section — (Safety and Repair) Inspection Standards  
 Regulation (Vehicle Inspection Manual) B.C. Regulation 103/2002

Pass      Fail

1. HOOD			WHEEL ALIGNMENT (ALL FOUR WHEELS or ATTACH PRINTOUT IF AVAILABLE) ALIGNMENT PERFORMED AT: _____  PLEASE INDICATE NUMBERS AND MEASUREMENTS ON DIAGRAM BELOW: <div style="display: flex; justify-content: space-between; align-items: center;"> <table style="border: 1px solid black; width: 45%;"> <tr><td>_____</td><td>CAMBER</td></tr> <tr><td>_____</td><td>CASTER</td></tr> <tr><td>_____</td><td>TOE</td></tr> <tr><td>_____</td><td>SAI</td></tr> </table> <div style="text-align: center; width: 10%;">             INCLUDED ANGLE TURNING ANGLE         </div> <table style="border: 1px solid black; width: 45%;"> <tr><td>_____</td><td>CAMBER</td></tr> <tr><td>_____</td><td>CASTER</td></tr> <tr><td>_____</td><td>TOE</td></tr> <tr><td>_____</td><td>SAI</td></tr> </table> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <table style="border: 1px solid black; width: 45%;"> <tr><td>_____</td><td>CAMBER</td></tr> <tr><td>_____</td><td>CASTER</td></tr> <tr><td>_____</td><td>TOE</td></tr> <tr><td>_____</td><td>SAI</td></tr> </table> <div style="text-align: center; width: 10%;">           INCLUDED ANGLE TURNING ANGLE         </div> <table style="border: 1px solid black; width: 45%;"> <tr><td>_____</td><td>CAMBER</td></tr> <tr><td>_____</td><td>CASTER</td></tr> <tr><td>_____</td><td>TOE</td></tr> <tr><td>_____</td><td>SAI</td></tr> </table> </div>	_____	CAMBER	_____	CASTER	_____	TOE	_____	SAI	_____	CAMBER	_____	CASTER	_____	TOE	_____	SAI	_____	CAMBER	_____	CASTER	_____	TOE	_____	SAI	_____	CAMBER	_____	CASTER	_____	TOE	_____	SAI
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2. BODY/CHASSIS																																			
3. 18. FRAME AND/OR STRUCTURAL BODY COMPONENTS																																			
5. BUMPERS FRONT AND REAR																																			
6. DOORS																																			
4. 19. 21. UNIBODY STRUCTURAL INTEGRITY																																			
23. WELDING																																			
REPAIRS DONE COMPARABLE TO ORIGINAL CORROSION PROTECTION																																			
UNREPAIRABLE STRUCTURAL COMPONENTS REPLACED																																			
ASSEMBLY JOINTS OF BODY IN PROPER LOCATIONS																																			
SEALANT, SOUNDPROOFING, RUSTPROOFING COMPOUND NOT APPLIED TO REPAIR AREA PRIOR TO INSPECTION (REBUILT VEHICLES ONLY)																																			
COMPONENTS OF CHASSIS OF THE UNITIZED BODY ASSEMBLED SO AS NOT TO AFFECT THE MECHANICAL AND METALLURGICAL PROPERTIES OF THE MATERIALS																																			
COMMENTS (ATTACH PAGES IF REQUIRED)																																			

ALIGNMENT       PASS                       FAIL

Indicate on the appropriate diagram, areas of the vehicle that have been repaired or modified



I certify that this vehicle was inspected according to the structural integrity criteria as detailed in the body integrity section of the (Safety and Repair) Inspection Standards Regulations, B.C. Reg 103/2002 as amended, and that the 4-wheel alignment is within the vehicle manufacturer's specifications for this vehicle.

Repair Facility Name _____	Autobody Technician's Name _____
Address _____	Signature _____
Telephone Number _____	TQ Number _____

The original of this form must be forwarded to the designated inspection facility indicated above, and must be retained by that facility. A photocopy must accompany the customer's copy of the MV3199 report.

The personal information on this form is collected under the authority of the Motor Vehicle Act, Section 217. The information will be used to process the vehicle inspection.