

# Canadian Pacific Railway Company Taxi/Driver Exception Report

Please fax completed form to (403) 319-3636 Facilities Dept, Submit hardcopy to your Manager of Field Operations.

## 1. Trip Details:

Time of call: \_\_\_\_\_ Date: \_\_\_\_\_ Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

Pickup Time: \_\_\_\_\_ Name of Taxi Company: \_\_\_\_\_

Driver Name and/or Taxi/Van Number: \_\_\_\_\_

Was this an ASAP call: ..... Yes  No

Note: Emergency calls (ASAP): taxi should arrive within 1 hour from time of call.

Non-emergency calls: taxi should arrive within 2 hours from time of call.

Type of Vehicle: ..... Van  Cab

Was vehicle in compliance of Standards: ..... Yes  No

## 2. Taxi Standards:

All safety appliances must be in good working condition.

- Headlights/taillights working. Vehicle must have daytime running lights, or use headlights at all times.....

- Tires in good condition.....

- Operable seatbelts.....

- Windshield and wipers in good condition.....

- Spare tire and jack available.....

- Emergency kit available.....

- Taxi equipped with a cellular phone or two-way radio.....

Comments (expand on exceptions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Driver:

Was Driver Alert: ..... Yes  No

Was Driver in compliance with Highway Traffic Act (eg. Speed Limits): ..... Yes  No

Did Driver have 12 hours or more of time on duty prior to departing his home terminal: ..... Yes  No

Comments (expand on exceptions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Manager's name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ E-mail address: \_\_\_\_\_