

Annual Periodic Vehicle Inspection Report

Name and Address of Inspecting Company or Agency						
Registered Owner's Name			Date		Time	
Street			Certified Inspector's Name (Print or Type)			
City, State, Zip Code			The signing of this inspection report certifies that the technician meets and exceeds all requirements of 49 CFR §396.17 and compatible state regulations and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR §396.17			
Motor Carrier Operating Vehicle (If different from Owner)						
Street						
City, State, Zip Code						
License Plate Number/State		Vehicle Identification Number		Vehicle Make	Vehicle Model	Model Year

Vehicle Components Inspected

OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item
			1. BRAKE SYSTEM				5. FUEL SYSTEM				10. SUSPENSION
			Adjustment				Visible Leaks				Springs <i>(cracked/broken/shifted)</i>
			Drums or Rotors				Fill Caps in place/intact				U-bolts. Hangers, etc.
			Hoses and/or Tubing				Tank(s) securely attached				Torque, Radius, Tracking Arms
			Lining				6. LIGHTING DEVICES				11. FRAME
			Warning (Low Pressure)				Headlamps				Frame Members
			Tractor Protection Valve				Front Turn Signals				Tire & Wheel Clearance
			Air Compressor				Front ID/Clearance Lamps				Sliding Subframe (adj. axle)
			Service Brakes				Side Marker Lamps - Left				12. TIRES
			Parking Brakes				Side Marker Lamps -Right				Steering Axle Tires -Condition
			Electric Brakes				Rear Turn Signals				Steering Tires - over 4/32" tread
			Hydraulic Brakes				Stop Lamps				Other Tires - Condition
			Vacuum Brakes				Tail Lamps				Other Tires - over 2/32" tread
			Warning (Sys Failure)				Rear ID/Clearance Lamps				13. WHEELS & RIMS
			2. STEERING SYSTEM				Reflectors / Ref Tape				Lock/Slide Ring
			Free Play (Lash)				7. COUPLING DEVICES				Fasteners
			Steering Column				5 TH Wheel				Disk/Spoke Condition
			Front Axle Beam				Pintle Hooks				Welds
			Steering Gear Box				Drawbar Eye				List any other condition which may affect safe vehicle operation
			Pittman Arm				Drawbar Tongue				
			Ball & Socket Joints				Safety Devices				
			Tie Rods & Drag Links				8. EXHAUST SYSTEM				
			Nuts, Bolts, Fasteners				Leaks				
			Power Steering Fluid				Placement				
			3. WINDSHIELDS				9. SAFE LOADING				
			4. WIPERS				Securement Devices				

MARK COLUMNS AS FOLLOWS: x = OK; o = Needs repair; NA = Does not apply; Fill in Repair date as appropriate

I CERTIFY THE ANNUAL VEHICLE INSPECTION HAS BEEN DONE ACCURATELY AND COMPLETELY. I FURTHER CERTIFY THAT THIS INSPECTION COMPLIES WITH THE REQUIREMENTS OF 49 CFR §396.21.

This information must be available on board the vehicle, either as a copy of this report, or on a decal that complies with 49 CFR §396.17(c)(2). This report must be kept a minimum of fourteen months from date of completion

Certified Inspector's Signature: _____

Date: _____

Driver's Vehicle Inspection Report

Check Any Defective Item and Give Details Under "Remarks."

DATE: _____

TRUCK/TRACTOR NO. _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head – Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail – Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Carburetor | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Fire Extinguisher | |
| | <input type="checkbox"/> Flags-Flares-Fusees | |
| | <input type="checkbox"/> Spare Bulbs & Fuses | |
| | <input type="checkbox"/> Spare Seal Beam | |

TRAILER(S) NO.(S) _____

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Lights – All | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Springs | |

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE _____

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE _____ DATE _____

DRIVER'S SIGNATURE _____ DATE _____