

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: _____

INSPECTOR QUALIFICATIONS

Certification — 49 CFR §396.19

Motor carriers are responsible for ensuring that individual(s) performing an annual inspection under §396.17 are qualified as follows:

- Understands the inspection criteria set forth in Part 393 and Appendix G and can identify defective components
- Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection
- Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

I. ___ Successfully completed a State or Federal training program or has certificate from a State or Canadian Province which qualifies the person to perform commercial vehicle safety inspections.

Specify: _____

II. ___ Have a combination of training or experience totaling at least one year as follows (check all that apply):

a. ___ Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance.

Where and Date: _____

b. ___ (years) experience as a mechanic or inspector in a motor carrier maintenance program.

Name and Date: _____

c. ___ (years) experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility.

Name of Facility and Dates: _____

d. ___ (years) experience as a commercial vehicle inspector for a State, Provincial, or Federal Government.

Where and Dates: _____

I certify the above information is true and accurate to the best of my knowledge.

Employee _____
Signature of Mechanic/Inspector

Date

Motor Carrier/Company _____
Signature of Employer/Supervisor

Date

Evidence of Inspector Qualification is on file at:

BRAKE INSPECTOR QUALIFICATIONS

Certification — 49 CFR §396.25

“Brake Inspector” means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier’s control, meet the applicable Federal standards.

No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service or repairs of any brakes on its commercial motor vehicles.

Minimum Qualifications

- Understands and can perform brake service and inspection
 - Is knowledgeable of and has mastered the methods, procedures, tools and equipment necessary to perform brake service and inspection
 - Is capable of performing brake service or inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):
- I. ___ Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, a Federal agency or labor union, or has a certificate from a State or Canadian Province which qualifies the person to perform brake service or inspections.

Specify: _____

- II. ___ Has brake-related training or experience or a combination thereof totaling at least one year as follows (check all that apply):

a. ___ Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program.

Where and Date: _____

b. ___ (years) experience performing brake maintenance or inspection in a motor carrier maintenance program.

Name and Date: _____

c. ___ (years) experience performing brake maintenance or inspection at a commercial garage, fleet leasing company, or similar facility.

Name of Facility and Dates: _____

I certify the above information is true and accurate to the best of my knowledge.

Employee _____
Signature of Mechanic/Inspector

Date

Motor Carrier/Company _____
Signature of Employer/Supervisor

Date

Evidence of Inspector Qualification is on file at:
