

Record of Annual Inspection

(49 CFR, §396.17-23) NOTE: Prepare Separate Reports for Each Unit Inspected

Date: _____

Company: _____
 Street Address: _____
 City, St Zip: _____
 Inspector Name: _____ Certified? YES
(please print)
 Insp. Agency: _____
(if applicable)

VEHICLE INFORMATION		
CO. ID: _____		
<input type="checkbox"/> Lic. Plate No. _____		
<input type="checkbox"/> VIN No. _____		
TYPE: <input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Other: _____		
MAKE	MODEL	YEAR

REPORT OF CONDITION			
(For detailed information on inspection procedures, see FMSCR Part 396, Appendix G)			
	OK	NR	NOTES
BRAKES*			
Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical Components	<input type="checkbox"/>	<input type="checkbox"/>	
Drum / Rotor	<input type="checkbox"/>	<input type="checkbox"/>	
Roto Chamber	<input type="checkbox"/>	<input type="checkbox"/>	
Clamp Type Chamber	<input type="checkbox"/>	<input type="checkbox"/>	
Hose / Tubing	<input type="checkbox"/>	<input type="checkbox"/>	
Lining	<input type="checkbox"/>	<input type="checkbox"/>	
Low Air Warning	<input type="checkbox"/>	<input type="checkbox"/>	
Trailer Air Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Compressor	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
COUPLERS*			
Fifth-Wheel & Mount	<input type="checkbox"/>	<input type="checkbox"/>	
Pin / Upper Plate	<input type="checkbox"/>	<input type="checkbox"/>	
Pintle-Hook / Eye	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Chain(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Light / Hose Connections	<input type="checkbox"/>	<input type="checkbox"/>	
EXHAUST*			
Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Placement	<input type="checkbox"/>	<input type="checkbox"/>	
LIGHTING*			
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	
Tail / Stop	<input type="checkbox"/>	<input type="checkbox"/>	
Clearance / Marker	<input type="checkbox"/>	<input type="checkbox"/>	
Identification	<input type="checkbox"/>	<input type="checkbox"/>	
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
CAB / BODY			
Access	<input type="checkbox"/>	<input type="checkbox"/>	
Damage	<input type="checkbox"/>	<input type="checkbox"/>	
EQUIPMENT / LOAD SECURE*			
Tie-Downs	<input type="checkbox"/>	<input type="checkbox"/>	
Headerboard	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
STEERING*			
Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	
Column / Gear	<input type="checkbox"/>	<input type="checkbox"/>	
Axle	<input type="checkbox"/>	<input type="checkbox"/>	
Linkage	<input type="checkbox"/>	<input type="checkbox"/>	
Power Steering	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
FUEL SYSTEM*			
Tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Lines	<input type="checkbox"/>	<input type="checkbox"/>	
SUSPENSION*			
Springs	<input type="checkbox"/>	<input type="checkbox"/>	
Attachments	<input type="checkbox"/>	<input type="checkbox"/>	
Sliders	<input type="checkbox"/>	<input type="checkbox"/>	
MIRRORS			
	<input type="checkbox"/>	<input type="checkbox"/>	
FRAME*			
Members	<input type="checkbox"/>	<input type="checkbox"/>	
Clearance	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
TIRES*			
Tread	<input type="checkbox"/>	<input type="checkbox"/>	
Inflation	<input type="checkbox"/>	<input type="checkbox"/>	
Damage	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
WHEELS / RIMS*			
Fasteners	<input type="checkbox"/>	<input type="checkbox"/>	
Disc / Spoke	<input type="checkbox"/>	<input type="checkbox"/>	
WINDSHIELD GLAZING*			
	<input type="checkbox"/>	<input type="checkbox"/>	
WINDSHIELD WIPERS*			
	<input type="checkbox"/>	<input type="checkbox"/>	
EMERGENCY EQ.			
Reflection Triangles	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
First-Aid Kit (if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
GAUGES			
	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:			
	<input type="checkbox"/>	<input type="checkbox"/>	

Instructions: Mark each item "OK" or "NR" (Needs Repair) and add applicable notes. If item does not apply, put "N/A" in the Notes column.

REMARKS:

I certify that the above vehicle has been inspected and passed in accordance with 49 CFR §396.17, Appendix G.

Inspector's Signature: _____ Date: _____