

Record of Annual Inspection (Bus)

(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: Coach Mini-bus School Other: _____		
Passenger Capacity: _____		
MAKE	MODEL	YEAR

REPORT OF CONDITION			
(For detailed information on inspection procedures, see FMSCR Part 396, Appendix G)			
	OK	NR	NOTES

	OK	NR	NOTES
BRAKES*			
Adjustment			
Mechanical Components			
Drum / Rotor			
Roto Chamber			
Clamp Type Chamber			
Hose / Tubing			
Lining			
Low Air Warning			
Trailer Air Supply			
Compressor			
Parking Brakes			
Other:			
COUPLERS*			
Fifth-Wheel & Mount			
Pin / Upper Plate			
Pintle-Hook / Eye			
Safety Chain(s)			
Light / Hose Connections			
EXHAUST*			
Leaks			
Placement			
LIGHTING*			
Headlights			
Tail / Stop			
Clearance / Marker			
Identification			
Reflectors			
Other:			
CAB / BODY			
Access			
Damage			
EQUIPMENT / LOAD SECURE*			
Tie-Downs			
Headerboard			
Other:			

	OK	NR	NOTES
STEERING*			
Adjustment			
Column / Gear			
Axle			
Linkage			
Power Steering			
Other:			
FUEL SYSTEM*			
Tank(s)			
Lines			
SUSPENSION*			
Springs			
Attachments			
Sliders			
MIRRORS			
FRAME*			
Members			
Clearance			
Other:			
TIRES*			
Tread			
Inflation			
Damage			
Other:			
WHEELS / RIMS*			
Fasteners			
Disc / Spoke			
WINDSHIELD GLAZING*			
WINDSHIELD WIPERS*			
EMERGENCY EQ.			
Reflection Triangles			
Fire Extinguisher			
First-Aid Kit (if necessary)			
Other:			
EMERGENCY EXITS			
GAUGES			

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: _____