

RECORD OF ANNUAL INSPECTION

(49 CFR, 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

Carrier Name _____ Date _____

Address _____
STREET CITY STATE ZIP

Owner (If Not the Motor Carrier) _____

Address _____
STREET CITY STATE ZIP

Vehicle Type TRUCK TRACTOR TRAILER CONVERTER DOLLY
(✓ One) MODEL MAKE YEAR

Vehicle ID Number _____ Tag Number / State _____

Inspection Location _____
STREET CITY STATE ZIP

Inspector's Name _____ Employee No. _____
(Please Print)

REPORT OF CONDITION

(For Detailed Information on Inspection Procedures See FMCSR Section 396, Appendix G.)

	OK	Repair
BRAKES		
Adjustment		
Mechanical Components		
Drum / Rotor		
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)		
EXHAUST		
Leaks		
Placement		

	OK	Repair
LIGHTING		
Headlights		
Tail / Stop		
Clearance / Marker		
Identification		
Reflectors		
Other		
CAB / BODY		
Access		
Eqpt. / Load Secure		
Tie - Downs		
Headerboard		
Other		
STEERING		
Adjustment		
Column / Gear		
Axle		
Linkage		
Power Steering		
Other		

	OK	Repair
FUEL SYSTEM		
Tank(s)		
Lines		
SUSPENSION		
Springs		
Attachments		
Sliders		
FRAME		
Members		
Clearance		
TIRES		
Tread		
Inflation		
Damage		
Other		
WHEELS / RIMS		
Fasteners		
Disc / Spoke		
WINDSHIELD		
WINDSHIELD WIPERS		
MIRRORS		

Remarks _____

This vehicle has been inspected and repaired as needed to comply with 49 CFR Part 396, Appendix G.

CERTIFIED INSPECTOR'S SIGNATURE

DATE