

# Annual Vehicle Inspection Report

## ANNUAL VEHICLE INSPECTION REPORT Under 49 C.F.R. 396.17 through 396.21

Unit #:	VIN:	Make:	Model:	License #:	
Motor Carrier:		Inspection Location:			
Address:		Date of Inspection:	Odometer Reading:		
COMPONENTS INSPECTED					
If an inspection certificate was issued, certificate #					
ITEM	Pass	Defect	Item	Pass	Defect
1. BRAKE SYSTEM			d. Clearance lights	<input type="checkbox"/>	<input type="checkbox"/>
a. Service Brakes	<input type="checkbox"/>	<input type="checkbox"/>	e. Stop & tail lights & lenses	<input type="checkbox"/>	<input type="checkbox"/>
b. Parking brake system			f. Reflectors	<input type="checkbox"/>	<input type="checkbox"/>
i. Push rod travel	<input type="checkbox"/>	<input type="checkbox"/>	6. SAFE LOADING		
ii. Lining thickness	<input type="checkbox"/>	<input type="checkbox"/>	a. Parts of vehicle or condition of loading area such that the spare tire or any part of the load or equipment can fall into the roadway	<input type="checkbox"/>	<input type="checkbox"/>
c. Brake drum or rotors	<input type="checkbox"/>	<input type="checkbox"/>	b. Protection against shifting cargo	<input type="checkbox"/>	<input type="checkbox"/>
d. Brake hoses	<input type="checkbox"/>	<input type="checkbox"/>	7. STEERING MECHANISM		
e. Brake tubing	<input type="checkbox"/>	<input type="checkbox"/>	a. Steering wheel free play	<input type="checkbox"/>	<input type="checkbox"/>
f. Low pressure warning device	<input type="checkbox"/>	<input type="checkbox"/>	b. Steering column	<input type="checkbox"/>	<input type="checkbox"/>
g. Tractor Protection Valve	<input type="checkbox"/>	<input type="checkbox"/>	c. Front axle beam and all steering components other than the steering column	<input type="checkbox"/>	<input type="checkbox"/>
h. Air compressor	<input type="checkbox"/>	<input type="checkbox"/>	d. Steering gear box	<input type="checkbox"/>	<input type="checkbox"/>
i. Electric brakes	<input type="checkbox"/>	<input type="checkbox"/>	e. Pitman arm	<input type="checkbox"/>	<input type="checkbox"/>
j. Hydraulic brakes	<input type="checkbox"/>	<input type="checkbox"/>	f. Power steering	<input type="checkbox"/>	<input type="checkbox"/>
k. Vacuum Systems	<input type="checkbox"/>	<input type="checkbox"/>	g. Ball and socket joints	<input type="checkbox"/>	<input type="checkbox"/>
2. COUPLING DEVICES			h. Tie rods and drag links	<input type="checkbox"/>	<input type="checkbox"/>
a. Fifth Wheel	<input type="checkbox"/>	<input type="checkbox"/>	i. Nuts	<input type="checkbox"/>	<input type="checkbox"/>
b. Pintle hook	<input type="checkbox"/>	<input type="checkbox"/>	j. Steering System	<input type="checkbox"/>	<input type="checkbox"/>
c. Drawbar/towbar eye	<input type="checkbox"/>	<input type="checkbox"/>	8. SUSPENSION		
d. Drawbar/towbar tongue	<input type="checkbox"/>	<input type="checkbox"/>	a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose, or missing resulting in shifting of an axle from its normal position	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety Devices	<input type="checkbox"/>	<input type="checkbox"/>	b. Spring assemblies	<input type="checkbox"/>	<input type="checkbox"/>
f. Saddle mounts	<input type="checkbox"/>	<input type="checkbox"/>	c. Torque, radius or tracking components	<input type="checkbox"/>	<input type="checkbox"/>
3. EXHAUST SYSTEM			9. FRAME		
a. Any exhaust system determined to be leaking at a point forward of or directly below the sleeper/driver compartment	<input type="checkbox"/>	<input type="checkbox"/>	a. Frame members	<input type="checkbox"/>	<input type="checkbox"/>
b. A bus exhaust system leaking or discharging to the atmosphere too far forward	<input type="checkbox"/>	<input type="checkbox"/>	b. Tire and wheel clearance	<input type="checkbox"/>	<input type="checkbox"/>
c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	10. TIRES		
4. FUEL SYSTEM AND LINES			a. Cuts and blemishes	<input type="checkbox"/>	<input type="checkbox"/>
a. No visible Leaks	<input type="checkbox"/>	<input type="checkbox"/>	b. Tread Depth (4/32" steering - 2/32" other axles)	<input type="checkbox"/>	<input type="checkbox"/>
b. Fuel tank filler caps present	<input type="checkbox"/>	<input type="checkbox"/>	11. WHEELS AND RIMS		
c. Fuel tank securely attached	<input type="checkbox"/>	<input type="checkbox"/>	a. Locks or side ring	<input type="checkbox"/>	<input type="checkbox"/>
5. LIGHTS AND REFLECTORS			b. Wheels and rims	<input type="checkbox"/>	<input type="checkbox"/>
a. Turn Signals and Lenses	<input type="checkbox"/>	<input type="checkbox"/>	c. Fasteners	<input type="checkbox"/>	<input type="checkbox"/>
b. 4-way Emergency flasher	<input type="checkbox"/>	<input type="checkbox"/>	d. Welds	<input type="checkbox"/>	<input type="checkbox"/>
c. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	12. WINDSHIELD GLAZING AND CRACKS	<input type="checkbox"/>	<input type="checkbox"/>
			13. WINDSHIELD WIPER	<input type="checkbox"/>	<input type="checkbox"/>
<b>INSPECTOR'S QUALIFICATIONS</b>					
I, _____, am qualified to perform an annual inspection pursuant to Part 396.19 for the following reason(s): (Print Name)					
1. <input type="checkbox"/> I have successfully completed a state or federally sponsored training program (or have a certificate from a state or Canadian Province which qualifies me to perform commercial motor vehicle safety inspections).					
2. <input type="checkbox"/> I have a combination of training and/or experience totaling at least 1 year, which consists of:					
a. <input type="checkbox"/> participation in a truck manufacturer sponsored training program or similar commercial training program designed to train students in truck operation and maintenance,					
b. <input type="checkbox"/> experience as a mechanic or inspector in a motor carrier maintenance program,					
c. <input type="checkbox"/> experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility, and/or					
d. <input type="checkbox"/> experience as a commercial vehicle inspector for a State, Provincial or Federal Government					
<b>INSPECTION CERTIFICATION</b>					
I hereby certify that I have been issued a copy of Appendix G of 49 C.F.R. Chapter III, Subchapter B (Minimum Periodic Inspection Standards) and that I have performed an annual inspection of the above noted vehicle, which is accurate and complete pursuant to the inspection criteria set forth therein.					
Inspector's Signature		Inspector's Printed Name		Date of Inspection	

**Note: Commercial Motor Vehicles registered in Texas (with a Texas License Plate) must have an inspection conducted by the Texas CMV Inspection Program. The red sticker placed on a vehicle which passes such an inspection complies with 396.21. This form is provided as a suggested format for performing and documenting a periodic (annual) inspection for vehicles not registered in a state with a mandatory CMV inspection program. A motor carrier may use any format for reporting an annual periodic inspection which complies with 396.17 thru 396.21.**