



COMMERCIAL VEHICLE INSPECTION

(49, CFR, 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

ENTERPRISE NAME		DATE	
STREET ADDRESS	CITY	STATE	ZIP CODE
OWNER (IF NOT THE MOTOR CARRIER)			
STREET ADDRESS	CITY	STATE	ZIP CODE
VEHICLE TYPE <input type="checkbox"/> Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Converter Dolly	MODEL	MAKE	YEAR
VEHICLE IDENTIFICATION #	TAG #	STATE TAG ISSUED	
STREET ADDRESS OF INSPECTION LOCATION	CITY	STATE	ZIP CODE
INSPECTOR NAME (PLEASE PRINT)		ID #	

REPORT OF CONDITION

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

	OK	REPAIR		OK	REPAIR		OK	REPAIR
BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>	FUEL SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Tank(s)	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Components	<input type="checkbox"/>	<input type="checkbox"/>	Tail / Stop	<input type="checkbox"/>	<input type="checkbox"/>	Lines	<input type="checkbox"/>	<input type="checkbox"/>
Drum/Rotor	<input type="checkbox"/>	<input type="checkbox"/>	Clearance/Marker	<input type="checkbox"/>	<input type="checkbox"/>	SUSPENSION	<input type="checkbox"/>	<input type="checkbox"/>
Hose / Tubing	<input type="checkbox"/>	<input type="checkbox"/>	Identification	<input type="checkbox"/>	<input type="checkbox"/>	Springs	<input type="checkbox"/>	<input type="checkbox"/>
Lining	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Attachments	<input type="checkbox"/>	<input type="checkbox"/>
Low Air Warning	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Sliders	<input type="checkbox"/>	<input type="checkbox"/>
Trailer Air Supply	<input type="checkbox"/>	<input type="checkbox"/>	CAB / BODY	<input type="checkbox"/>	<input type="checkbox"/>	FRAME	<input type="checkbox"/>	<input type="checkbox"/>
Compressor	<input type="checkbox"/>	<input type="checkbox"/>	Access	<input type="checkbox"/>	<input type="checkbox"/>	Members	<input type="checkbox"/>	<input type="checkbox"/>
Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Eqpt / Load Secure	<input type="checkbox"/>	<input type="checkbox"/>	Clearance	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Tie-Downs	<input type="checkbox"/>	<input type="checkbox"/>	TIRES	<input type="checkbox"/>	<input type="checkbox"/>
COUPLERS	<input type="checkbox"/>	<input type="checkbox"/>	Headerboard	<input type="checkbox"/>	<input type="checkbox"/>	Tread	<input type="checkbox"/>	<input type="checkbox"/>
Fifth-Wheel & Mount	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Inflation	<input type="checkbox"/>	<input type="checkbox"/>
Pin / Upper Plate	<input type="checkbox"/>	<input type="checkbox"/>	STEERING	<input type="checkbox"/>	<input type="checkbox"/>	Damage	<input type="checkbox"/>	<input type="checkbox"/>
Pintle-Hook / Eye	<input type="checkbox"/>	<input type="checkbox"/>	Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Safety Chain(s)	<input type="checkbox"/>	<input type="checkbox"/>	Column / Gear	<input type="checkbox"/>	<input type="checkbox"/>	WHEELS	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST	<input type="checkbox"/>	<input type="checkbox"/>	Axle	<input type="checkbox"/>	<input type="checkbox"/>	Fasteners	<input type="checkbox"/>	<input type="checkbox"/>
Leaks	<input type="checkbox"/>	<input type="checkbox"/>	Linkage	<input type="checkbox"/>	<input type="checkbox"/>	Disc/Spoke	<input type="checkbox"/>	<input type="checkbox"/>
Placement	<input type="checkbox"/>	<input type="checkbox"/>	Power Steering	<input type="checkbox"/>	<input type="checkbox"/>	WIND SHIELD	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>	WINDSHIELD WIPERS	<input type="checkbox"/>	<input type="checkbox"/>
						MIRRORS	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

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

QUALIFIED INSPECTOR SIGNATURE X	DATE
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