

## ANNUAL AUTOMOBILE SAFETY INSPECTION REPORT

## **Report of Condition**

Policy Number		PREPARE SEPARATE REPORT FOR EACH VEHICLE INSPECTED			Inspection Date		
Owner (if not motor carrier)					Phone		
Address							
Inspection Location				Inspector's Name (print)			
YEAR: TYP			TYPE	VIN: _			
LIGHTING	ОК	NEEDS REPAIR	REPAIR DONE	BRAKES	ок	NEEDS REPAIR	REPAIR DONE
Headlights				Adjustment			
Tail/ Stop				Mech. Components			
Clearance/ Marker				Drum/ Rotor			
Identification				Hose/Tubing			
Reflectors				Lining			
Other				Low Air Warning			
CAB/BODY				Trailer Air Supply			
Access				Compressor			
Load Securement				Parking Brakes			
Tie Downs				Tractor Protection			
Headerboard				Valve			
Emergency Equip.				Other			
Other				COUPLERS			
STEERING				Fifth Wheel & Mount			
Adjustment				Pin/ Upper Plate			
Column/ Gear				Pintle-Hook/ Eye			
Axle				Safety Chains			
Linkage				Other			
Power Steering Other				<b>EXHAUST</b> Leaks			
FUEL SYSTEM				Placement			
Tank(s)				WINDSHIELD			
Lines				WIPERS			
Other				MIRRORS			
SUSPENSION							l
Springs				List any other condition	n which may	prevent saf	e operatio
Attachments				of this vehicle.			
Sliders							
Other				-			
FRAME							
Members							
Clearance							
Other							
TIRES							
Tread							
Inflation				-			
Damage							
Tire & Wheel Clearance							
Other							
WHEELS/ RIMS							
Fasteners							
Disc/ Spoke							
Other							
THIS VEHICLE HAS BEE	EN INSPE	CTED AND R	EPAIRED AS	NEEDED TO COMPLY WITH	I 49 CFR PA	RT 396, APF	PENDIX G.