

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
63450766	324979
DATE <span style="font-size: 1.2em;">05/17/23</span>	

MOTOR CARRIER OPERATOR <span style="font-size: 1.5em; color: blue;">Fedex ground</span> ADDRESS <span style="font-size: 1.5em; color: blue;">1000 fedex drive</span> CITY, STATE, ZIP CODE <span style="font-size: 1.5em; color: blue;">Pittsburgh PA 15108</span> VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input checked="" type="checkbox"/> (OTHER) <span style="font-size: 1.5em; color: blue;">Van</span>	INSPECTOR'S NAME (PRINT OR TYPE) <span style="font-size: 1.5em; color: blue;">Andrew Kuelboer</span> THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <span style="font-size: 1.5em; color: blue;">4U2AARDU7HC1W 8487</span> INSPECTION AGENCY/LOCATION (OPTIONAL)
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## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>12. WINDSHIELD GLAZING</b>
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure				<b>13. WINDSHIELD WIPERS</b>
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>			d. Brake Hose								<b>14. MOTORCOACH SEATS</b>
<input checked="" type="checkbox"/>			e. Brake Tubing	NA							Seats securely fastened to the vehicle structure.
NA			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			<b>7. STEERING MECHANISM</b>				<b>15. REAR IMPACT GUARD</b>
NA			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	NA			In place, securely attached, proper size, proper placement (see 393.86).
NA			h. Air Compressor	<input checked="" type="checkbox"/>			b. Steering Column				<b>16. OTHER</b>
NA			i. Electric Brakes	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			d. Steering Gear Box				_____
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			e. Pitman Arm				_____
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			f. Power Steering				_____
NA			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				_____
			<b>2. COUPLING DEVICES</b>				<b>8. SUSPENSION</b>				
NA			a. Fifth Wheels	<input checked="" type="checkbox"/>			a. Axle Positioning Parts				_____
NA			b. Pintle Hooks	<input checked="" type="checkbox"/>			b. Spring Assembly				_____
NA			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components				_____
NA			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>							_____
NA			e. Safety Devices	<input checked="" type="checkbox"/>			<b>9. FRAME</b>				_____
NA			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members				_____
			<b>3. EXHAUST SYSTEM</b>				<b>10. TIRES</b>				
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires				_____
NA			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			b. All Other Tires				_____
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	NA			c. Speed-Restricted Tires				_____
			<b>4. FUEL SYSTEM</b>				<b>11. WHEELS AND RIMS</b>				
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			a. Lock or Side Ring				_____
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	NA			b. Wheels and Rims				_____
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Fasteners				_____
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			d. Welds				_____
			<b>5. LIGHTING DEVICES</b>								
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>							_____

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.