

PERIODIC VEHICLE INSPECTION INFORMATION FORM

Inspector

Name: _____

Date: _____ Time: _____ Veh. Lic.# _____ Decal # _____

BRAKE ADJUSTMENT

Right	Chamber Type/Size							
	Pushrod Stroke (in.)							
Axle #		1	2	3	4	5	6	7
Left	Pushrod Stroke (in.)							
	Chamber Type/Size							

TIRE INFORMATION

Right	Tire Size							
	Outside	Min. Tread						
		PSI						
	Inside	Min. Tread						
PSI								
Axle #		1	2	3	4	5	6	7
Left	Inside	Min. Tread						
		PSI						
	Outside	Min. Tread						
		PSI						
Tire Size								

Brakes
 Electric Surge
 Controller
 Make/Model: _____

Tow Vehicle
 Lic. Plate: _____ State: _____
 GVWR: _____

Trailer
 Lic. Plate: _____ State: _____
 GVWR: _____

Steering
 Wheel diameter: _____
 Free Play (in.): _____

Tractor Protection Valve
 Activates at (PSI): _____

Safety Devices
 Chain Cable
 Size: _____ Grade: _____

5th Wheel Measurements (in.)
 Pivot Pin/Bracket: _____
 Slider/Base: _____
 Upper/Lower Halves: _____
 Tractor/Trailer used for Test
 Lic. Plate: _____ State: _____

Motor Coaches
 Emergency Exits/Push-out Windows:
 Pass Fail NA

Notes:

I hereby certify the information contained herein is true and accurate: _____

Inspector signature