

PERIODIC VEHICLE INSPECTION INFORMATION FORM

DATE: _____ TIME: _____ VEH. LIC. #: _____ DECAL#: _____ INSPECTOR NAME: _____

BRAKE ADJUSTMENT

RIGHT CHAMBER SIZE & TYPE							
PUSHROD STROKE							
AXLE #	1	2	3	4	5	6	7
PUSHROD STROKE							
LEFT CHAMBER SIZE & TYPE							

TIRE CHART

RIGHT - TIRE SIZE							
OUTSIDE - MIN TREAD/PSI							
INSIDE - MIN TREAD/PSI							
AXLE #							
INSIDE - MIN TREAD/PSI							
OUTSIDE - MIN TREAD/PSI							
LEFT - TIRE SIZE							

STEERING WHEEL

DIAMETER: _____ INCHES STEERING WHEEL FREE PLAY: _____ INCHES

5TH WHEEL PLAY: PIVOT PIN/BRACKET _____ SLIDER/BASE _____ UPPER/LOWER HALVES _____

TRACTOR/TRAILER USED FOR TEST: LICENSE # _____ LIC. STATE _____

TRACTOR PROTECTION VALVE: ACTIVATES AT: _____ PSI

TYPE OF SAFETY DEVICES: CHAINS or CABLES SIZE OF DEVICES: _____ GRADE: _____

BRAKES: TOW VEHICLE LIC #: _____ GVWR: _____ TRAILER LIC #: _____ GVWR: _____

SURGE

ELECTRIC MAKE/MODEL OF CONTROLLER: _____

BUS/MOTOR COACH INSPECTIONS:

EMERGENCY EXITS AND PUSH-OUT WINDOWS CHECKED? PASS FAIL N/A

MISCELLANEOUS NOTES:

I hereby certify the information contained herein is true and accurate.

INSPECTOR SIGNATURE: _____