Northland INSURANCE

ANNUAL AUTOMOBILE SAFETY INSPECTION REPORT

Return to Forms Summary

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: _____ MAKE: _____ TYPE _____ VIN: _____

LIGHTING	OK	NEEDS REPAIR	REPAIR DONE
Headlights			
Tail/ Stop			
Clearance/ Marker			
Identification			
Reflectors			
Other			
CAB/ BODY			
Access			
Load Securement			
Tie Downs			
Headerboard			
Emergency Equip.			
Other			
STEERING			
Adjustment			
Column/ Gear			
Axle			
Linkage			
Power Steering			
Other			
FUEL SYSTEM			
Tank(s)			
Lines			
Other			
SUSPENSION			
Springs			
Attachments			
Sliders			
Other			
FRAME			
Members			
Clearance			
Other			
TIRES			
Tread			
Inflation			
Damage			
Tire & Wheel Clearance			
Other			
WHEELS/ RIMS			
Fasteners			
Disc/ Spoke			
Other			

BRAKES	OK	NEEDS REPAIR	REPAIR DONE
Adjustment			
Mech. Components			
Drum/ Rotor			
Hose/ Tubing			
Lining			
Low Air Warning			
Trailer Air Supply			
Compressor			
Parking Brakes			
Tractor Protection			
Valve			
Other			
COUPLERS			
Fifth Wheel & Mount			
Pin/ Upper Plate			
Pintle-Hook/ Eye			
Safety Chains			
Other			
EXHAUST			
Leaks			
Placement			
WINDSHIELD			
WIPERS			
MIRRORS			

List any other condition which may prevent safe operation of this vehicle.

THIS VEHICLE HAS BEEN INSPECTED AND REPAIRED AS NEEDED TO COMPLY WITH 49 CFR PART 396, APPENDIX G.

Certified Inspector's Signature _____ Date _____