

VEHICLE INSPECTION REPORT

Mayflower Transit, LLC
 #1 Mayflower Drive
 Fenton, MO 63026-1350
 US DOT# 125563
 Tel: (636) 305-4000
 Fax: (636) 305-6610

United Van Lines, LLC
 #1 United Drive
 Fenton, MO 63026-1350
 US DOT# 077949
 Tel: (636) 326-3100
 Fax: (636) 305-4682

	UNIT #	MAKE	SERIAL NUMBER	YEAR	BASE PLATE	LICENSE NO.	LENGTH
TRACTOR							
TRAILER							
TRUCK							

COMPANY POLICY PROHIBITS THE USE OF A WELDER OR CUTTING TORCH ON LOADED EQUIPMENT

Agent Name _____ Agent # _____ Odometer Mileage _____
 Van Operator _____ Driver I.D. _____

TRUCK CHASSIS or TRACTOR <table style="width: 100%;"> <tr> <td style="width: 50%;"> NEEDS REPAIR <input type="checkbox"/> Engine <input type="checkbox"/> Manifold <input type="checkbox"/> Exhaust System <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Air/Vacuum Lines <input type="checkbox"/> Low Air/Vacuum Device <input type="checkbox"/> Air Pressure <input type="checkbox"/> Breakaway Valve <input type="checkbox"/> Light Cord to Van <input type="checkbox"/> Steering <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Horn (City & Air) <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Speedometer <input type="checkbox"/> Glass </td> <td style="width: 50%;"> NEEDS REPAIR <input type="checkbox"/> Mirror <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Wheels & Lugs <input type="checkbox"/> Springs, Hangers, etc. or Air Ride System <input type="checkbox"/> Seat Belts <input type="checkbox"/> Oil & Grease Leaks <input type="checkbox"/> Cooling System <input type="checkbox"/> Fuel System <input type="checkbox"/> Frame <input type="checkbox"/> Lubrication <input type="checkbox"/> General Mechanical Condition <input type="checkbox"/> Conspicuity Markings </td> </tr> </table>	NEEDS REPAIR <input type="checkbox"/> Engine <input type="checkbox"/> Manifold <input type="checkbox"/> Exhaust System <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Air/Vacuum Lines <input type="checkbox"/> Low Air/Vacuum Device <input type="checkbox"/> Air Pressure <input type="checkbox"/> Breakaway Valve <input type="checkbox"/> Light Cord to Van <input type="checkbox"/> Steering <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Horn (City & Air) <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Speedometer <input type="checkbox"/> Glass	NEEDS REPAIR <input type="checkbox"/> Mirror <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Wheels & Lugs <input type="checkbox"/> Springs, Hangers, etc. or Air Ride System <input type="checkbox"/> Seat Belts <input type="checkbox"/> Oil & Grease Leaks <input type="checkbox"/> Cooling System <input type="checkbox"/> Fuel System <input type="checkbox"/> Frame <input type="checkbox"/> Lubrication <input type="checkbox"/> General Mechanical Condition <input type="checkbox"/> Conspicuity Markings	TRUCK BODY or TRAILER NEEDS REPAIR <input type="checkbox"/> Airlines from Glad Hands to Chambers <input type="checkbox"/> Wheels & Axles <input type="checkbox"/> Mud Flaps <input type="checkbox"/> Lights & Reflectors <input type="checkbox"/> Landing Supports <input type="checkbox"/> Springs, Hangers, etc. or Air Ride System <input type="checkbox"/> Frame <input type="checkbox"/> Body Panels (Inside & Outside) <input type="checkbox"/> Doors-Seals-Water Leaks? <input type="checkbox"/> Roof-Holes-Water Leaks? <input type="checkbox"/> Lubrication <input type="checkbox"/> King Pin/Apron <input type="checkbox"/> Lift Gate Safety Pins (If Applicable) <input type="checkbox"/> Conspicuity Markings <input type="checkbox"/> Rear Impact Guards	EMERGENCY EQUIPMENT NEEDS REPAIR <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> 3 Reflective Triangles <input type="checkbox"/> Tire Chains (Optional) <input type="checkbox"/> Other _____
NEEDS REPAIR <input type="checkbox"/> Engine <input type="checkbox"/> Manifold <input type="checkbox"/> Exhaust System <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Air/Vacuum Lines <input type="checkbox"/> Low Air/Vacuum Device <input type="checkbox"/> Air Pressure <input type="checkbox"/> Breakaway Valve <input type="checkbox"/> Light Cord to Van <input type="checkbox"/> Steering <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Horn (City & Air) <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Speedometer <input type="checkbox"/> Glass	NEEDS REPAIR <input type="checkbox"/> Mirror <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Wheels & Lugs <input type="checkbox"/> Springs, Hangers, etc. or Air Ride System <input type="checkbox"/> Seat Belts <input type="checkbox"/> Oil & Grease Leaks <input type="checkbox"/> Cooling System <input type="checkbox"/> Fuel System <input type="checkbox"/> Frame <input type="checkbox"/> Lubrication <input type="checkbox"/> General Mechanical Condition <input type="checkbox"/> Conspicuity Markings			

BRAKES NEEDS REPAIR <input type="checkbox"/> Tractor/truck front <input type="checkbox"/> Tractor/truck rear <input type="checkbox"/> Tractor/truck tandem <input type="checkbox"/> Trailer front <input type="checkbox"/> Trailer rear	TIRES No. Tires For Tractor _____ Trailer _____ Truck _____ Tire Size For Tractor _____ Trailer _____ Truck _____ <table style="width: 100%;"> <tr> <td style="width: 33%;"> NEEDS REPAIR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 </td> <td style="width: 33%;"> NEEDS REPAIR <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 </td> <td style="width: 33%;"> NEEDS REPAIR <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 </td> </tr> </table> Refer to chart at right for tire number.	NEEDS REPAIR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	NEEDS REPAIR <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	NEEDS REPAIR <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18
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TIRE CHART

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LIST ALL ITEMS CHECKED "NEEDS REPAIR" and DESCRIBE DEFECT	CORRECTED		IF NO, EXPLAIN
	YES	NO	

I CERTIFY THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS IN ACCORDANCE WITH 49 CFR 396 AND THAT I AM A QUALIFIED INSPECTOR PURSUANT TO THESE REGULATIONS. Phone # _____ Date _____ Inspection Station _____ Address _____ City, State _____ Zip _____ Qualified Inspector – Printed Name _____ Signature _____	DO NOT RELEASE UNIT UNTIL REPAIRS ARE MADE Repairs made by: Name _____ Date _____	INSPECTION STATUS <div style="font-size: 2em; font-weight: bold; display: inline-block; margin-right: 20px;">PASS</div> <div style="font-size: 2em; font-weight: bold; display: inline-block;">FAIL</div> <div style="display: flex; justify-content: space-around; width: 100%;"> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> </div>
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