

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
67775668	5090
DATE 08/2024	

MOTOR CARRIER OPERATOR ALFA PRIME LLC	INSPECTOR'S NAME (PRINT OR TYPE) Danny Cacho Jr
ADDRESS 75 Executive Dr Apt 107	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Aurora IL 60504	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 3AK7HMDR XMSML 0043
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SPARTAK SERVICES

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
1. BRAKE SYSTEM				6. SAFE LOADING				12. WINDSHIELD/GLAZING			
<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	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<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	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts				
2. COUPLING DEVICES				8. SUSPENSION							
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			a. Axle Positioning Parts				
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components				
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			9. FRAME				
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			a. Frame Members				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance				
3. EXHAUST SYSTEM				10. TIRES							
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires				
<input checked="" type="checkbox"/>			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.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires				
4. FUEL SYSTEM				11. WHEELS AND RIMS							
<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	<input checked="" type="checkbox"/>			b. Wheels and Rims				
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Fasteners				
5. LIGHTING DEVICES								d. Welds			
<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.