ANNUAL
TRAILER INSPECTION REPORT

IF TRAILER FAILS INSPECTION, PLEASE FAX
THIS FORM TO 412-490-2805 IMMEDIATELY.

Check the applicable Carrier:

❑ AETNA FREIGHT LINES, INC.
❑ AMERICAN TRANSPORT INC.
❑ GREENTREE TRANSPORTATION COMPANY
❑ _____

DATE:	OWNER:	UNIT NO.:
VEHICLE YEAR:	MAKE:	LICENSE & STATE:
ODOMETER:	VIN:	

D.O.T. INSPECTION

COMPONENTS INSPECTED: ✓ **MEETS STANDARD**   **X BELOW STANDARD**

1. BRAKE SYSTEM		3. SUSPENSION		9. FRAME	
a. Service Brakes		a. Axle Positioning Parts		a. Beam	
b. Parking Brake System		b. Spring Assembly		b. Cross Members	
c. Brake Drums or Rotors		c. Torque/Radius/Tracking Components		c. Tire and Wheel Clearance	
d. Brake Hose		4. Springs, Shackles, Etc.		d. Adjustable Axle Assemblies	
e. Brake Tubing		5. GENERAL TRAILER CONDITION		10. TIRES	
f. Electric Brakes		a. Trailer Floor		11. WHEELS AND RIMS	
g. Hydraulic Brakes		b. Slider Rails, Pins, Etc.		a. Lock or Side Ring	
h. Vacuum Systems		c. Bulkhead (Headerboard)		b. Wheels and Rims	
i. Relay Emergency Valve		d. Doors, Hinges (If Van Type)		c. Fasteners	
j. Air Tank Securement		e. Reflective Tape		d. Welds	
2. LIGHTING DEVICES		f. DOT Bumper		12. OTHER	
a. Clearance		g. Mudflaps			
b. Side Markers		6. SAFE LOADING			
c. Reflectors		7. SECUREMENT DEVICES			
d. Tail & Stop Lamps		a. No. of Chains			
e. I.D. Lights		b. No. of Binders			
f. Turn Signals		c. Load Locks			
g. License Plate Lamp		8. TARPS IN GOOD CONDITION			

ABOVE COMPONENTS CODED "BELOW STANDARD" (X) WERE REPAIRED. SEE WORK ORDER # _____ FOR DETAIL.

RECORD COMPLETE INFORMATION

- Pushrod travel for all positions in inch increments (ie: 2 ½ ")
- Brake lining or pad thickness in 8ᵗʰ inch increments (ie: 2/8")
- The Tread Depth for all positions in 32nds inch increments (ie: 4/32 ")
- Tire Pressure for all positions

RFO/32NDS   LBS
RFI/32NDS   LBS
TRAVEL   8THS
TRAVEL   8THS
LFI/32NDS   LBS
LFO/32NDS   LBS

RRO/32NDS   LBS
RRI/32NDS   LBS
TRAVEL   8THS
TRAVEL   8THS
LRI/32NDS   LBS
LRO/32NDS   LBS

_____/32NDS   LBS
_____/32NDS   LBS
TRAVEL   8THS
TRAVEL   8THS
_____/32NDS   LBS
_____/32NDS   LBS

I certify this report as accurate and complete and meets the requirements of 49CFR Part 396 and is in accord with Appendix G to Subchapter B.

QUALIFIED INSPECTOR NAME:_____ Inspector Signature:_____

INSPECTION STATION NAME:_____ Address:_____

City:_____ State:_____ Station No:_____ Phone:_____

Driver Name:_____ Driver Signature:_____

CARRIER'S COPY