

Annual Inspector Hands On Performance Test Score Sheet

Applicant Name			Hands-on Test Date		Test Score		
CDL (with 'P' endorsement) Yes No		Brake Inspect Qual. Date		Written Test Date		Test Score	
Applicants Inspecting Site Name							
Test Site (if different than Inspecting Site)					Test Unit ID		
Vehicle Type A B C D Multifunction Small Vehicle			Vehicle Description (Body, Chassis, Year)				
Passing - 2 or less defects per line in 1st column - 3 or less per line in 2nd column or a total of 10 or more to fail							
Air or Hydraulic Brakes			Identification & Body				
Inside brake checks 1 2 3			Lettering & paint 1 2 3 4				
Brake valves check 1 2 3			Body interior 1 2 3 4				
Under the bus checks 1 2 3			Body exterior 1 2 3 4				
Under hood checks 1 2 3							
Foundation checks 1 2 3							
Brake adjustment 1 2 3							
Exhaust			Emergency Equipment				
Hangers and shields 1 2 3			Emergency reflectors 1 2 3 4				
Muffler, manifold, turbo 1 2 3			Fire extinguisher 1 2 3 4				
exhaust pipe 1 2 3			First aid kit(s) 1 2 3 4				
(tailpipe & header)			Body fluid kit 1 2 3 4				
Steering & Suspension			Fuel Systems				
Steering components 1 2 3			Fuel Tank 1 2 3 4				
Suspension system 1 2 3			Fuel lines & filters 1 2 3 4				
			System leaks 1 2 3 4				
Tires & Wheels			Lighting				
Tread depth & inflation 1 2 3			Switches 1 2 3 4				
Tire matching 1 2 3			8-light system 1 2 3 4				
Tire & wheel condition 1 2 3			Lights 1 2 3 4				
Emergency Exits and Doors			Special Needs Equipment				
Alarms 1 2 3			(if equipped)				
Ignition interlock 1 2 3			1 2 3 4				
Emergency exits 1 2 3							
General Inspection Knowledge							
<input type="checkbox"/> Use of proper tools <input type="checkbox"/> Works in safe manner <input type="checkbox"/> General knowledge of systems							
Comments					Hands On Test		
					Pass Fail		
					(Circle One)		

Third Party Tester's Signature _____ Number _____

Applicant's Signature _____