



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 _____