

Admiral Merchants Trailer Inspection

Inspection Status:

Pass Fail



General Offices:
215 South 11th St.
Minneapolis, MN 55403
612.332.4819 - 800.972.8864
Fax: 612.843.8182

*denotes required field

Vehicle Make:	License & State*	Work Order #	Purchase Order #
Vehicle Model:	Vehicle Year:	VIN *	Odometer:
			Hubometer:

D.O.T. Trailer Inspection

Components Inspected:	✓ : Meets Standard	X : Below Standard	NA : Not Applicable for this Equipment
1. Brake Systems		3. Coupling Device	5. Steering Mechanism
a. Service Brakes		a. King Pin and Upper Coupler	6. Frame
b. Parking Brake System		b. Pintle Hooks (or)	a. Frame Members
c. Brake Drums or Rotors		c. Drawbar/Towbar Eye (or)	b. Tire & Wheel Clearance
d. Brake Hose & Tubing		d. Drawbar/Towbar Tongue	c. Bumper, Mudflaps, Brackets
e. Valves and Fittings		e. Safety Devices (coupling)	d. Adjustable Axle (Sliding Subframe)
f. Electric Brakes		4. Lighting	7. Suspension
g. Hydraulic Brakes		a. All lighting devices required by Section 393 shall be operable	a. Spring Assemblies
h. Antilock Brake System		b. Lights	b. Torque Radius/Track Comp.
i. ABS Indicator		c. Wiring	c. Landing Gear
j. Auto Slack Adjusters		d. Plug Box	d. Axle Positioning Parts
2. Wheels & Rims		e. Reflectors/Conspicuity Tape	8. Tires (see below)
a. Lock or Side Ring (<i>rare</i>)			
b. Wheels & Rims			
c. Fasteners			

<p>RECORD COMPLETE INFORMATION</p> <p>Pushrod travel for all positions in inch increments (ie: 2-1/2")</p> <p>Brake lining or pad thickness in 8th inch increments (ie: 2/8")</p> <p>Tire Tread Depth for all positions in 32nds inch increments (ie: 4/32")</p> <p>Tire Pressure for all positions</p>	FRONT	<table border="1"> <tr><td>RRO/32NDS</td><td>LBS</td></tr> <tr><td>RRI/32NDS</td><td>LBS</td></tr> <tr><td>LRI/32NDS</td><td>LBS</td></tr> <tr><td>LRO/32NDS</td><td>LBS</td></tr> </table>	RRO/32NDS	LBS	RRI/32NDS	LBS	LRI/32NDS	LBS	LRO/32NDS	LBS	RIGHT	<table border="1"> <tr><td>RCO/32NDS</td><td>LBS</td></tr> <tr><td>RCI/32NDS</td><td>LBS</td></tr> <tr><td>LCI/32NDS</td><td>LBS</td></tr> <tr><td>LCO/32NDS</td><td>LBS</td></tr> </table>	RCO/32NDS	LBS	RCI/32NDS	LBS	LCI/32NDS	LBS	LCO/32NDS	LBS	<table border="1"> <tr><td>RRO/32NDS</td><td>LBS</td></tr> <tr><td>RRI/32NDS</td><td>LBS</td></tr> <tr><td>LRI/32NDS</td><td>LBS</td></tr> <tr><td>LRO/32NDS</td><td>LBS</td></tr> </table>	RRO/32NDS	LBS	RRI/32NDS	LBS	LRI/32NDS	LBS	LRO/32NDS	LBS	LEFT	<table border="1"> <tr><td>RRO/32NDS</td><td>LBS</td></tr> <tr><td>RRI/32NDS</td><td>LBS</td></tr> <tr><td>LRI/32NDS</td><td>LBS</td></tr> <tr><td>LRO/32NDS</td><td>LBS</td></tr> </table>	RRO/32NDS	LBS	RRI/32NDS	LBS	LRI/32NDS	LBS	LRO/32NDS	LBS
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		Push Rod Travel		Push Rod Travel		Push Rod Travel																																	
		Brake Shoe Thickness		Brake Shoe Thickness		Brake Shoe Thickness																																	
		8THS		8THS		8THS																																	

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

Qualified Inspector Name* _____ Signature* _____

I certify the inspector named above is qualified and competent in accordance with CFR Part 396.19

Authorized Representative _____ Signature _____

Facility Name* _____

Facility Address _____

Facility Phone Number _____

Driver Name* _____ Signature* _____