



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 exhaust pipe (tailpipe & header)	1 2 3	Fire extinguisher	1 2 3 4
		First aid kit(s)	1 2 3 4
		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 (if equipped)	
Alarms	1 2 3		
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 _____