

Part 396

Inspection, Repair and Maintenance

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Inspection, Repair, and Maintenance

Every motor carrier, its officers, drivers, agents, representatives, and employees directly concerned with inspection or maintenance of commercial motor vehicles must comply and be conversant with these rules.

General Requirements

Every carrier shall systematically inspect, repair, and maintain all commercial motor vehicles under its control.

Record Keeping Requirements

Motor carriers must maintain the following information for every vehicle that they have controlled for 30 days or more:

- Identifying information, including company number, make, serial number, year, and tire size
- A schedule of inspections to be performed, including type and due date
- Inspection, repair, and maintenance records
- Records of tests conducted on buses with push out windows, emergency doors, and marking lights

These records must be retained for one year at the location where the vehicle is garaged, and maintained for six months after the vehicle leaves the carrier's control (via sale, trade-in, or scrap).

Roadside Inspection Reports

Any driver who receives a roadside inspection report must deliver it to the motor carrier.

Certification of Roadside Inspection Reports

An official of the motor carrier is to examine the roadside inspection report and ensure that any violations or defects noted on the report are corrected. Within 15 days after the inspection, the carrier must sign the completed roadside inspection report to certify that all violations have been corrected, and then return it to the indicated address. A copy must be retained for 12 months from the date of inspection.

Inspection and Maintenance Record

Make _____ Year _____ Model _____ VIN No. _____

No. of Tires _____ Sizes _____ Co. Unit No. _____

If Leased, Name of Lessor _____

Example of what repair may consist of is lights and reflectors, wheels and tires, running gear and undercarriage, brake system, hoses, tubing, body, etc.

X – O.K., A – Adjustment Made; R – Repairs Made; RP – Replacement Made

Date (MM/DD/YYYY)	Milage	Lube	Oil	Repair Type	Location	Invoice#	Cost

Equipment, Inspection and Use Pre-Trip Inspection Report

No commercial motor vehicle shall be driven unless the driver is satisfied that the following parts and accessories are in good working order, nor shall any driver fail to use or make use of such parts and accessories when and as needed §392.7:

- Service brakes (including trailer brake connections)
- Parking (hand) brake
- Steering mechanism
- Lighting devices and reflectors
- Tires
- Horn
- Windshield wiper or wipers
- Rear-vision mirror or mirrors
- Coupling devices

Post-Trip Inspection Report

Commercial motor vehicle drivers must complete a driver vehicle inspection (Post-trip) for each vehicle driven at the end of each driving day when they have either found or been made aware of a vehicle and/or deficiency. This report must cover at least the following parts and accessories:

- Service brakes (including trailer brake connections)
- Parking (hand) brake
- Steering mechanism
- Lighting devices and reflectors
- Tires
- Horn
- Windshield wipers
- Rearview mirrors
- Coupling devices
- Wheels and rims
- Emergency equipment

The report must list any condition that the driver either found or had reported to him/her that would affect safety of operation or cause a breakdown. If no defect or deficiency is discovered, completion of the report is not required. The driver must sign the report in all cases.

Before dispatching the vehicle again, a carrier shall ensure that a certification has been made as to any defect or deficiency that they have been corrected, or state those deficiencies that do not require immediate correction. Carriers must keep the original post-trip inspection report and the certification of repairs for at least three months from the date of preparation.

Before starting out, the driver must be satisfied that the motor vehicle is in safe operating condition. If the last vehicle inspection report notes any deficiencies, the driver must review and sign to acknowledge that necessary repairs have been completed. The report does not have to be carried on the vehicle.

EXCEPTIONS: The Post-Trip Inspection Report shall not apply to a private motor carrier of passengers (nonbusiness), a driveaway-towaway operation, or any motor carrier operating only one commercial motor vehicle.

Driver's Vehicle Inspection Report

Beginning Mileage _____

Tractor _____ Date _____ Ending Mileage _____

√ Check Any Defects Noted Below	
Parking (Hand) Brake	Wheels And Rims
Steering Mechanism	Emergency Equipment
Lights And Reflectors	Engine
Tires	Transmission
Horn	Clutch
Windshield Wipers	Exhaust
Rear View Mirrors	Brakes
Coupling Devices	Cooling And Oil Pressure

Explain In Detail Any Defects Checked (Tractor Only)

If No Defects – Write “None”

Explain In Detail Any Trailer Defects

Trailer No. _____	Trailer No. _____

<p>I have inspected the above unit and reported all defects known to me.</p>	<table style="width: 100%;"> <tr> <td style="width: 70%;">Driver's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Driver's Signature	Date
Driver's Signature	Date		
<p>I have reviewed the previous report and needed repairs of safety defects on this tractor have been made.</p>	<table style="width: 100%;"> <tr> <td style="width: 70%;">Next Trip Driver's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Next Trip Driver's Signature	Date
Next Trip Driver's Signature	Date		
<p>I have made all needed repairs of the defects reported on this unit.</p>	<table style="width: 100%;"> <tr> <td style="width: 70%;">Repairman's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Repairman's Signature	Date
Repairman's Signature	Date		

Driver's Vehicle Inspection Report

DRIVER _____		TOTAL HOURS _____	
TIME OUT _____	TIME RETURNED _____	DATE _____	
TRACTOR _____		ENDING MILEAGE _____	
BEGINNING MILEAGE _____		ENDING MILEAGE _____	
√ CHECK ANY DEFECTS NOTED BELOW			
<input type="checkbox"/>	PARKING (HAND) BRAKE		WHEELS AND RIMS
<input type="checkbox"/>	STEERING MECHANISM		EMERGENCY EQUIPMENT
<input type="checkbox"/>	LIGHTS AND REFLECTORS		ENGINE
<input type="checkbox"/>	TIRES		TRANSMISSION
<input type="checkbox"/>	HORN		CLUTCH
<input type="checkbox"/>	WINDSHIELD WIPERS		EXHAUST
<input type="checkbox"/>	REAR VIEW MIRRORS		BRAKES
<input type="checkbox"/>	COUPLING DEVICES		COOLING AND OIL PRESSURE
EXPLAIN IN DETAIL ANY DEFECTS CHECKED (TRACTOR ONLY)			
IF NO DEFECTS - WRITE "NONE"			
EXPLAIN IN DETAIL ANY TRAILER DEFECTS			
TRAILER NO. _____		TRAILER NO. _____	
I HAVE INSPECTED THE ABOVE UNIT AND REPORTED ALL DEFECTS KNOWN TO ME.		DRIVER'S SIGNATURE _____	DATE _____
I HAVE REVIEWED THE PREVIOUS REPORT AND NEEDED REPAIRS OF SAFETY DEFECTS ON THIS TRACTOR HAVE BEEN MADE.		NEXT TRIP DRIVER'S SIGNATURE _____	DATE _____
I HAVE MADE ALL NEEDED REPAIRS OF THE DEFECTS REPORTED ON THIS UNIT.		REPAIRMAN'S SIGNATURE _____	DATE _____

DRIVER _____		TOTAL HOURS _____	
TIME OUT _____	TIME RETURNED _____	DATE _____	
TRACTOR _____		ENDING MILEAGE _____	
BEGINNING MILEAGE _____		ENDING MILEAGE _____	
√ CHECK ANY DEFECTS NOTED BELOW			
<input type="checkbox"/>	PARKING (HAND) BRAKE		WHEELS AND RIMS
<input type="checkbox"/>	STEERING MECHANISM		EMERGENCY EQUIPMENT
<input type="checkbox"/>	LIGHTS AND REFLECTORS		ENGINE
<input type="checkbox"/>	TIRES		TRANSMISSION
<input type="checkbox"/>	HORN		CLUTCH
<input type="checkbox"/>	WINDSHIELD WIPERS		EXHAUST
<input type="checkbox"/>	REAR VIEW MIRRORS		BRAKES
<input type="checkbox"/>	COUPLING DEVICES		COOLING AND OIL PRESSURE
EXPLAIN IN DETAIL ANY DEFECTS CHECKED (TRACTOR ONLY)			
IF NO DEFECTS - WRITE "NONE"			
EXPLAIN IN DETAIL ANY TRAILER DEFECTS			
TRAILER NO. _____		TRAILER NO. _____	
I HAVE INSPECTED THE ABOVE UNIT AND REPORTED ALL DEFECTS KNOWN TO ME.		DRIVER'S SIGNATURE _____	DATE _____
I HAVE REVIEWED THE PREVIOUS REPORT AND NEEDED REPAIRS OF SAFETY DEFECTS ON THIS TRACTOR HAVE BEEN MADE.		NEXT TRIP DRIVER'S SIGNATURE _____	DATE _____
I HAVE MADE ALL NEEDED REPAIRS OF THE DEFECTS REPORTED ON THIS UNIT.		REPAIRMAN'S SIGNATURE _____	DATE _____

DRIVER _____		TOTAL HOURS _____	
TIME OUT _____	TIME RETURNED _____	DATE _____	
TRACTOR _____		ENDING MILEAGE _____	
BEGINNING MILEAGE _____		ENDING MILEAGE _____	
√ CHECK ANY DEFECTS NOTED BELOW			
<input type="checkbox"/>	PARKING (HAND) BRAKE		WHEELS AND RIMS
<input type="checkbox"/>	STEERING MECHANISM		EMERGENCY EQUIPMENT
<input type="checkbox"/>	LIGHTS AND REFLECTORS		ENGINE
<input type="checkbox"/>	TIRES		TRANSMISSION
<input type="checkbox"/>	HORN		CLUTCH
<input type="checkbox"/>	WINDSHIELD WIPERS		EXHAUST
<input type="checkbox"/>	REAR VIEW MIRRORS		BRAKES
<input type="checkbox"/>	COUPLING DEVICES		COOLING AND OIL PRESSURE
EXPLAIN IN DETAIL ANY DEFECTS CHECKED (TRACTOR ONLY)			
IF NO DEFECTS - WRITE "NONE"			
EXPLAIN IN DETAIL ANY TRAILER DEFECTS			
TRAILER NO. _____		TRAILER NO. _____	
I HAVE INSPECTED THE ABOVE UNIT AND REPORTED ALL DEFECTS KNOWN TO ME.		DRIVER'S SIGNATURE _____	DATE _____
I HAVE REVIEWED THE PREVIOUS REPORT AND NEEDED REPAIRS OF SAFETY DEFECTS ON THIS TRACTOR HAVE BEEN MADE.		NEXT TRIP DRIVER'S SIGNATURE _____	DATE _____
I HAVE MADE ALL NEEDED REPAIRS OF THE DEFECTS REPORTED ON THIS UNIT.		REPAIRMAN'S SIGNATURE _____	DATE _____

DRIVER _____		TOTAL HOURS _____	
TIME OUT _____	TIME RETURNED _____	DATE _____	
TRACTOR _____		ENDING MILEAGE _____	
BEGINNING MILEAGE _____		ENDING MILEAGE _____	
√ CHECK ANY DEFECTS NOTED BELOW			
<input type="checkbox"/>	PARKING (HAND) BRAKE		WHEELS AND RIMS
<input type="checkbox"/>	STEERING MECHANISM		EMERGENCY EQUIPMENT
<input type="checkbox"/>	LIGHTS AND REFLECTORS		ENGINE
<input type="checkbox"/>	TIRES		TRANSMISSION
<input type="checkbox"/>	HORN		CLUTCH
<input type="checkbox"/>	WINDSHIELD WIPERS		EXHAUST
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<input type="checkbox"/>	COUPLING DEVICES		COOLING AND OIL PRESSURE
EXPLAIN IN DETAIL ANY DEFECTS CHECKED (TRACTOR ONLY)			
IF NO DEFECTS - WRITE "NONE"			
EXPLAIN IN DETAIL ANY TRAILER DEFECTS			
TRAILER NO. _____		TRAILER NO. _____	
I HAVE INSPECTED THE ABOVE UNIT AND REPORTED ALL DEFECTS KNOWN TO ME.		DRIVER'S SIGNATURE _____	DATE _____
I HAVE REVIEWED THE PREVIOUS REPORT AND NEEDED REPAIRS OF SAFETY DEFECTS ON THIS TRACTOR HAVE BEEN MADE.		NEXT TRIP DRIVER'S SIGNATURE _____	DATE _____
I HAVE MADE ALL NEEDED REPAIRS OF THE DEFECTS REPORTED ON THIS UNIT.		REPAIRMAN'S SIGNATURE _____	DATE _____

Periodic Inspection

Every commercial vehicle, including each segment of a combination vehicle, requires a periodic inspection and must be performed at least once every 12 months. At a minimum, inspections must include all items enumerated in the Minimum Periodic Inspection Standards, Appendix G to Subchapter B. Carriers may perform required annual inspections themselves. The motor carrier must retain the original or a copy of the periodic inspection report for 14 months from the report date.

Equivalent to Periodic Inspection

The motor carrier may meet periodic inspection requirements through:

- Self-inspection by qualified employee or
- Third party inspection by qualified individual

Documentation of Inspection

Documentation (report, sticker, or decal) of the most recent periodic inspection must be kept on the vehicle.

Inspector Qualification

Motor carriers must ensure that persons performing annual inspections are qualified.

Inspectors must:

- Understand the inspection standards of Part 393 and Appendix G
- Be able to identify defective components
- Have knowledge and proficiency in methods, procedures, and tools

Inspector Training or Experience

Inspectors may have gained experience or training by:

- Completing a state or federal training program, or earning a state or Canadian province qualifying certificate in commercial motor vehicle safety inspections
- A combination of other training or experience totaling at least a year

Evidence of Qualifications

Motor carriers must retain evidence of an inspector's qualifications until one year after the inspector ceases to perform inspections for the carrier.

Brake Inspector Qualification

The motor carrier is responsible for ensuring that all inspections, maintenance, repairs, and service to brakes of commercial motor vehicles comply with these regulations. The carrier must ensure that the employees responsible for brake inspection, maintenance, service, or repairs meet minimum brake inspector qualifications.

Qualifications for Brake Inspectors

The brake inspector must:

- Understand and be able to perform the brake service and inspection
- Know the methods, procedures, tools and equipment needed and
- Be qualified to perform brake service or inspection by training and/or experience

Qualifying Brake Training or Experience

Qualifying brake training or experience includes successful completion of:

- A state, Canadian province, federal agency, or union training program
- A state-approved training program
- Training that led to attainment of a state or Canadian province qualifying certificate to perform assigned brake service or inspection tasks, including passage of CDL air brake test in the case of a brake inspection or
- One year of brake-related training, experience, or combination of both

Maintaining Evidence of Brake Inspector Qualifications

Motor carriers must maintain evidence of brake inspector qualification at the principal place of business or the location where the inspector works. Evidence must be retained for the period during which the brake inspector is employed in that capacity and for one year thereafter.

Annual Vehicle Inspection Report

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE	

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED														
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM			
			1. BRAKE SYSTEM a. Service Brakes b. Parking Brake System c. Brake Drums or Rotors d. Brake Hose e. Brake Tubing f. Low Pressure Warning Device g. Tractor Protection Valve h. Air Compressor i. Electric Brakes j. Hydraulic Brakes k. Vacuum Systems				4. FUEL SYSTEM a. Visible leak b. Fuel tank filler cap missing c. Fuel tank securely attached				9. FRAME a. Frame Members b. Tire and Wheel Clearance c. Adjustable Axle Assemblies (Sliding Subframes)			
								5. LIGHTING DEVICES All lighting devices and reflectors required by Section 393 shall be operable.					10. TIRES a. Tires on any steering axle of a power unit. b. All other tires.	
									6. SAFE LOADING a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway. b. Protection against shifting cargo					
				2. COUPLING DEVICES a. Fifth Wheels b. Pintle Hooks c. Drawbar/Towbar Eye d. Drawbar/Towbar Tongue e. Safety Devices f. Saddle-Mounts						7. STEERING MECHANISM a. Steering Wheel Free Play b. Steering Column c. Front Axle Beam and All Steering Components Other Than Steering Column d. Steering Gear Box e. Pitman Arm f. Power Steering g. Ball and Socket Joints h. Tie Rods and Drag Links i. Nuts j. Steering System				
								13. WINDSHIELD WIPERS Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.					List any other condition which may prevent safe operation of this vehicle. _____ _____ _____ _____	
					3. EXHAUST SYSTEM a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment. b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3). c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.									
									8. SUSPENSION a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. b. Spring Assembly c. Torque, Radius or Tracking Components.					

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

Periodic Inspector Qualification Certification

I, _____, hereby certify that I am knowledgeable in the requirements for performing an annual vehicle inspection and I can identify defective components in compliance with the regulations of the U.S. Department of Transportation for annual vehicle inspections contained in 49 CFR Part 396 Appendix G. I hereby agree to comply with all such regulations governing annual vehicle inspections.

A qualified inspector must meet one or more of the following requirements. Please check those applicable.

_____ Successfully completed a state or federal sponsored training program, which qualifies me to perform a commercial vehicle safety inspection.

_____ One year of training and/or experience in truck manufacturer of similar commercially sponsored training designed to train in truck operation and maintenance.

_____ One year experience as a mechanic or inspector in a motor carrier maintenance program.

_____ One year experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility.

_____ One year experience as a commercial vehicle inspector for a state, provincial or federal government.

Signature of Mechanic/Inspector

I, _____, hereby certify that _____ has met the requirements for a qualified inspector to perform the annual vehicle inspection in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Section 396.19.

Dated this _____ day of _____, 20_____.

Signature of Owner/Supervisor

Brake Inspector Qualification Certification

I, _____, hereby certify that I am knowledgeable and understand the requirements for performing the brake service or inspection task and I can identify the defective components in compliance with the regulations of the U.S. Department of Transportation for brake service or inspection tasks contained in 49 CFR Part 396 Appendix G. I hereby agree to comply with all such regulations governing the annual brake service and inspection tasks.

A qualified inspector must meet one or more of the following requirements. Please check those applicable.

- _____ Has successfully completed an apprenticeship program sponsored by a State, Canadian province, Federal Agency or a labor union.
- _____ Has successfully completed a training program approved by a state, federal agency.
- _____ Has a certificate from a State or Canadian province qualifying me to perform the assigned brake service or inspection task.
- _____ Has brake related training or experience or a combination totaling at least one year.

Such training may consist of:

- _____ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks.
- _____ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task in a motor carrier maintenance program.
- _____ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company or similar facility.
- _____ Has passed the air brake knowledge and skills test for a Commercial Driver's License.

Signature of Brake Inspector

I, _____, hereby certify that _____ has met the requirements for a qualified inspector to perform the brake service or inspection task in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Section 396.25

Dated this _____ day of _____, 20_____.

Signature of Owner/Supervisor