BRAZOS SPECIALTY RISK, INC.
Vehicle Inspection Form

Vehicle Owner: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

Vehicle Description: _____ _____
(Year) (Make) (Model) (Local Phone)

_____ _____
(VIN Number) (Engine Size)

_____ _____
(Transmission Type/Speed) (Tire Size)

	Not Defective	Defective
Safety Equipment		
Fire Extinguishers		
Tires		
Headache Rack		
Winch (Cable & Gears)		
Chains & Boomers (Secured)		
Chocks (2 required)		
Batteries		
Wheel Alignment		
Lights & Reflectors		
Four-way Flashers		
Wiring		
Speedometer Operative		
Windshield Wipers (2)		
Instrument Panel Gauges		
Glass		
Leaks – Fuel, Water, Oil		
Fuel Tanks (ICC approved)		
Inspect Mounting Steps		
Body, Doors, Hinges, Mounts		
Appearance, Lettering		
Coupling Device		
U-bolts – (5^{th} Wheel)		
Brake Linings & Drums		
Wheels – Lugs & Studs		
Steering Arms		
Ball Joints		
Tie Rods		
Drag Link		
Shackles & Hangers		
Wheel Bearings		
Springs		

	Not Defective	Defective
Hand Brake (Parking)		
Air Pressure (adequate?)		
Tractor Protection Valve		
Low Air Warning		
Pressure Test for Leaks (AIR)		
Operation of Brake System (AIR)		
Hoses & Connections (AIR)		
Clutch		
Frame		
Exhaust System		
TRAILER		
Sliding Tandems		
Wheels & Brakes		
Suspension		
Relay Valve		
Hoses & Wiring		
Lights & Reflectors		
Tires		
Flooring & Frame		

Inspected By:_____

Date:_____

NAME OF GARAGE DOING INSPECTION_____

GARAGE TELEPHONE NUMBER_____