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	STANDARD: **FMCSA 49 CFR Part 396.17**	AUDIT FREQUENCY: **Annual Audit**

Dot Annual Vehicle Inspection Safety Audit Checklist

Operational Scope: This audit checklist governs the mandatory annual commercial motor vehicle safety inspection to ensure compliance with federal operating standards. The primary objective is mitigating catastrophic mechanical failures and preventing roadway incidents through rigorous defect identification.

MANDATORY PPE:	Steel-Toe Boots (ASTM F2413), Safety Glasses (ANSI Z87.1), High-Visibility Class 2 Vest, Nitrile Chemical-Resistant Gloves, Bump Cap or Hard Hat (ANSI Z89.1)
PREREQUISITES:	Vehicle safely chocked and parked on level, stable ground with parking brake fully engaged. | Engine turned off, ignition locked out, and key secured in auditor's possession. | Vehicle exterior washed and cleared of excessive mud or debris that could obscure component inspection.

BRAKE SYSTEM & STEERING MECHANICS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Service Brake Linings and Pads**	Friction material thickness must not be less than 4/32 inch on air brake systems or 2/32 inch on hydraulic systems. Free of oil, grease, or severe cracking.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
2	**Brake Drums and Rotors**	Inspect for external cracks extending to open windows, deep scoring exceeding manufacturer limits, or severe thermal discoloration.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
3	**Steering Gear Box and Linkage**	Check steering wheel play for excessive lash. Inspect pitman arm, drag links, and tie rods for excessive wear, loose fasteners, or unauthorized welding.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
4	**Air Brake Pressure and Low-Pressure Warning**	Air pressure must build from 85 to 100 psi within 45 seconds. Low-pressure warning alarm must activate before pressure drops below 60 psi.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A

LIGHTING, ELECTRICAL & COUPLING DEVICES

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
5	**Lighting Devices and Reflectors**	All headlamps, tail lamps, stop lamps, turn signals, and clearance lights must be operational, securely mounted, and free of cracks or heavy oxidation.	**Warning**	[ ] PASS [ ] FAIL [ ] N/A
6	**Battery Compartment and Wiring**	Battery securely fastened in a vented box; terminals clean and tight. Wiring harnesses properly routed away from exhaust and moving parts, free of fraying.	**Standard**	[ ] PASS [ ] FAIL [ ] N/A
7	**Fifth Wheel and Coupling Devices**	Mounting bolts tight and secure. Locking jaws fully engage kingpin without excessive play. Release handle properly secured with safety latch.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A

TIRES, WHEELS, SUSPENSION & EMERGENCY EQUIPMENT

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
8	**Tire Tread Depth and Condition**	Steering axle tires must have at least 4/32 inch tread depth; other tires must have at least 2/32 inch. Free of bulges, cuts exposing cords, or sidewall separation.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
9	**Wheel and Rim Assembly**	Check for cracked, bent, or severely rusted rims. All wheel nuts and studs must be present with no visible rust streaks or elongation of bolt holes.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
10	**Suspension Springs and Torque Rods**	Inspect leaf springs for cracked, broken, or shifted leaves. Air suspension bags must be free of leaks, abrasions, or bulging. Torque rods and U-bolts securely torqued.	**Critical (Immediate Out of Service)**	[ ] PASS [ ] FAIL [ ] N/A
11	**Emergency Equipment & Fire Extinguisher**	Verify presence of a securely mounted, fully charged fire extinguisher (minimum 10BC rating) and three operational reflective warning triangles.	**Standard**	[ ] PASS [ ] FAIL [ ] N/A

Certified Inspector / Lead Fleet Mechanic Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Site Safety Supervisor / Fleet Operations Manager Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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