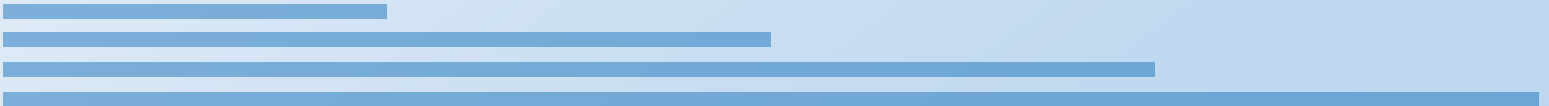




Terminal Inspection Process

Motor Carrier Specialist II Lynn Brenneman

Motor Carrier Specialist III John Williams



RULES & REGULATIONS

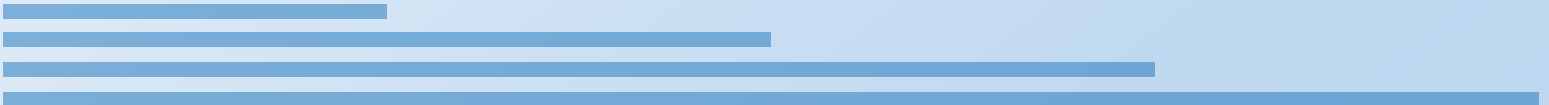
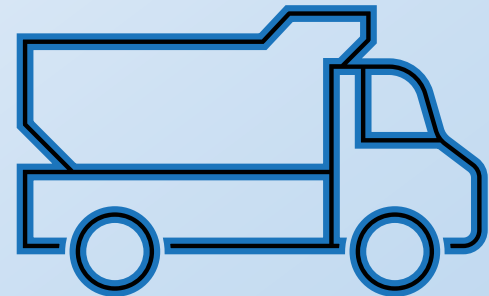
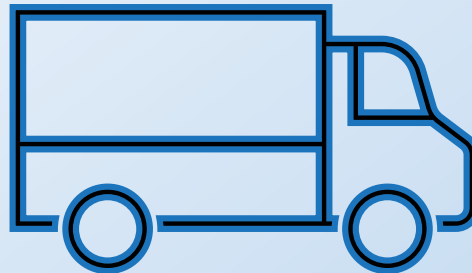
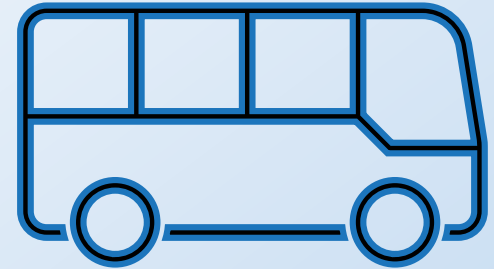
CURRENT TERMINAL RATING

SATISFACTORY

Inspection Categories

- **Regulated Vehicles**
- **Maintenance Program Records**
- **Driver Records**
- **Hazardous Materials, if applicable**

Regulated Vehicle Inspections



Maintenance Program

- Daily Vehicle Inspection Report
- Title 13, California Code of Regulations (CCR), Section 1215

BOUND EDGE 9/12

DRIVER'S VEHICLE INSPECTION REPORT
AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: _____
 LOCATION: _____
 DATE: _____ TIME: _____ A.M. _____ P.M.
 ODOMETER BEGIN: _____
 TRUCK NO.: _____ READING END: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

Prt = Pre-Trip			Pot = Post-Trip			RR = Requires Repair		
<input type="checkbox"/>	<input type="checkbox"/>	RR	<input type="checkbox"/>	<input type="checkbox"/>	RR	<input type="checkbox"/>	<input type="checkbox"/>	RR
<input type="checkbox"/>	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>	<input type="checkbox"/>	Front Axle	<input type="checkbox"/>	<input type="checkbox"/>	Safety Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Air Lines	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tanks	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	Generator	<input type="checkbox"/>	<input type="checkbox"/>	Flags - Flares - Fuses
<input type="checkbox"/>	<input type="checkbox"/>	Belts and Hoses	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Triangles
<input type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	Lights	<input type="checkbox"/>	<input type="checkbox"/>	Spare Bulbs and Fuses
<input type="checkbox"/>	<input type="checkbox"/>	Brake Accessories			Head - Stop	<input type="checkbox"/>	<input type="checkbox"/>	Spare Seal Beam
<input type="checkbox"/>	<input type="checkbox"/>	Brakes, Parking			Tail - Dash	<input type="checkbox"/>	<input type="checkbox"/>	Starter
<input type="checkbox"/>	<input type="checkbox"/>	Brakes, Service			Turn Indicators	<input type="checkbox"/>	<input type="checkbox"/>	Steering
<input type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System
<input type="checkbox"/>	<input type="checkbox"/>	Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>	Tire Chains
<input type="checkbox"/>	<input type="checkbox"/>	Defroster/Heater	<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	Tires
<input type="checkbox"/>	<input type="checkbox"/>	Drive Line	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Level	<input type="checkbox"/>	<input type="checkbox"/>	Transmission
<input type="checkbox"/>	<input type="checkbox"/>	Engine	<input type="checkbox"/>	<input type="checkbox"/>	Rear End	<input type="checkbox"/>	<input type="checkbox"/>	Trip Recorder
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Wheels and Rims
<input type="checkbox"/>	<input type="checkbox"/>	Flth Wheel				<input type="checkbox"/>	<input type="checkbox"/>	Windows
<input type="checkbox"/>	<input type="checkbox"/>	Fluid Levels				<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers
<input type="checkbox"/>	<input type="checkbox"/>	Frame and Assembly				<input type="checkbox"/>	<input type="checkbox"/>	Other

TRAILER(S) NO.(S): 1 2

Prt Pot RR			Prt Pot RR			Prt Pot RR		
<input type="checkbox"/>	<input type="checkbox"/>	RR	<input type="checkbox"/>	<input type="checkbox"/>	RR	<input type="checkbox"/>	<input type="checkbox"/>	RR
<input type="checkbox"/>	<input type="checkbox"/>	Brake Connections	<input type="checkbox"/>	<input type="checkbox"/>	Landing Gear	<input type="checkbox"/>	<input type="checkbox"/>	Straps
<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Lights - All	<input type="checkbox"/>	<input type="checkbox"/>	Tarpaulin
<input type="checkbox"/>	<input type="checkbox"/>	Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors/Reflective	<input type="checkbox"/>	<input type="checkbox"/>	Tires
<input type="checkbox"/>	<input type="checkbox"/>	Coupling (King) Pin	<input type="checkbox"/>	<input type="checkbox"/>	Tape	<input type="checkbox"/>	<input type="checkbox"/>	Wheels and Rims
<input type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>	Roof	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Hitch	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System			

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: _____
 ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____
 DRIVER'S SIGNATURE: _____ DATE: _____

8253

Maintenance Program



- **General Maintenance**
- **Title 13, CCR, Section 1232**

Maintenance Program

- **Inspector Qualifications**
- **Title 13, CCR, Section 1232(e)**



Maintenance Program



- **Periodic Inspections**
- **Sections 34505 and 34505.5 CVC**
- **Title 13, CCR, Section 1232(b)**

Driver Records



- **Hours-of-Service**
 - **Title 13, CCR, Section 1213**
- **Timekeeping**
 - **Title 13, CCR, Section 1212(e)**
- **Supporting Documents**
 - **Title 13, CCR, Section 1201(bb)**

Driver Records

- **Employer Pull Notice**
 - Section 1808.1 of the California Vehicle Code (CVC)

DRIVER RECORD INFORMATION										IDENTIFICATION OF DRIVER BASED ON INFORMATION SUBMITTED	
DRIVER LICENSE OR ID CARD #	F.D. BIRTH NO.	TYPE/APP.	DATE	REC. INFO SUBMITTED BY REQUESTOR	REC. CODE	RECORD DATE	60573				
092975	M	509	230	SB00M	SB00M	100918					
							DMV USE ONLY				
							CL. B74 10/09				
							BLK. 001				
							VOL. 980				
DRIVER LICENSE INFORMATION											
CLASS	ISSUED	EXPIRES	SEX	RESTRICTIONS	DOT LIC. ISSUED	LIC. HELD					
A						S					
COMB.	111317	092921				1830					
ITEM	LOCATION OR AGENCY	CONVICTION DATE	SECTION VOLUME LOCATION OR AGENCY OR DOT (DATE VOL. ISSUED)	STATUS	COURT DISPOSITION	DOCKET NUMBER OF FILE NUMBER	LOCATION OF COURT	ACCOUNT REPORT NUMBER	VEHICLE LICENSE		
NONE TO REPORT											

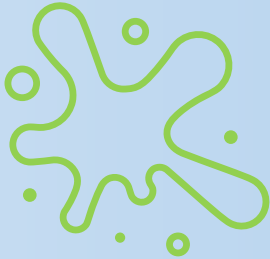
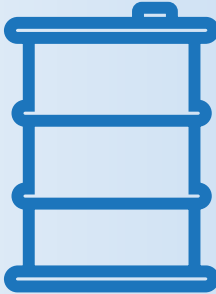
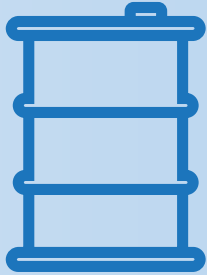
- **Employment Applications**
 - Section 15230 CVC

DRIVER APPLICATION FORM			
COMPANY NAME	Location: Region/District/Branch		
COMPANY ADDRESS	Street	City	State Zip
TO BE READ AND SIGNED BY APPLICANT			
<p>I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, requires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in regarding my release and releasing information in connection with my Application.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.</p> <p>I understand that information provided regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 48 CFR 381.210(c) and (j). I understand that I have the right to:</p> <ul style="list-style-type: none"> • Review information provided by current/previous employers. 			

- **Driver Proficiency**
 - Title 13, CCR, Section 1229

DRIVER PROFICIENCY/ AUTHORIZED VEHICLES	
_____	_____
Driver's Name	Commercial Drivers License Number
has demonstrated to me on _____	
Date	Name and Title

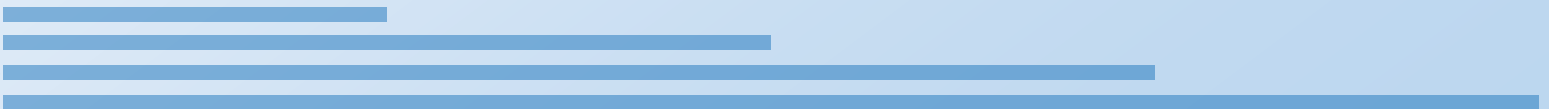
Hazardous Materials and Hazardous Waste



Records Retention



- **Title 13, CCR, Section 1234**

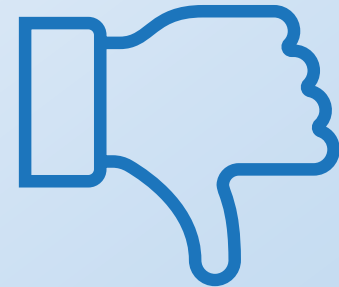


Safety Compliance Ratings

- **Satisfactory**



- **Unsatisfactory**



- **Conditional**



Terminal Inspection Process



CURRENT TERMINAL RATING

SATISFACTORY

Questions?



Commercial Vehicle Section
(916) 843-3400



California Highway Patrol

Commercial Vehicle Section

Motor Carrier Safety Unit

Manager, Motor Carrier Safety Program Craig Weaver
Motor Carrier Specialist III Casey Matlock
Motor Carrier Specialist III John Williams
Motor Carrier Specialist II Lynn Brenneman
Motor Carrier Specialist II Jerry Hall
Motor Carrier Specialist II Jason Phulps

