



Roadside Inspection Overview

Officer Dale Hernandez

Do I Need to Stop??



- **Section 2813 of the California Vehicle Code (CVC) states every driver of a commercial vehicle shall stop and submit the vehicle to an inspection of the size, weight, equipment, and smoke emissions of the vehicle at any location where members of the California Highway Patrol are conducting tests and inspections of commercial vehicles and when signs are displayed requiring the stop.**

What is a Commercial Motor Vehicle?

- **Section 2813 CVC - Every driver of a commercial vehicle is subject to inspection...**
- **Section 260 CVC - Commercial vehicle is a motor vehicle of a type required to be registered under this code used or maintained for the transportation of persons for hire, compensation, or profit or designed, used, or maintained primarily for the transportation of property.**

Where Are Inspections Done?

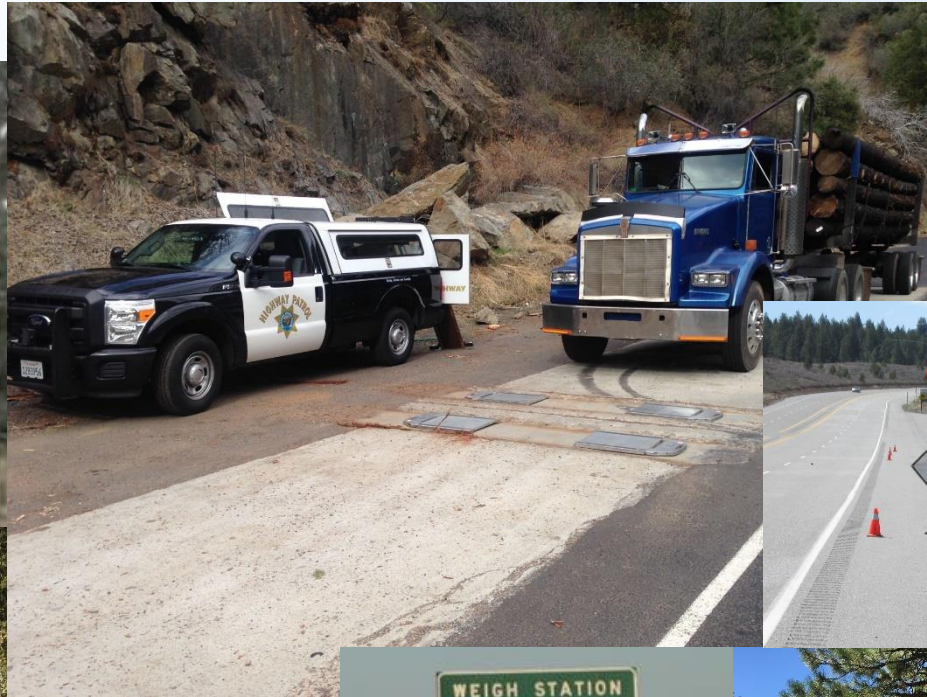


- **On the side of the road.**



- **At an inspection facility.**

Roadside Vehicle Inspections



What if I Don't Stop?

- **Section 2813 CVC – Discussed previously, is a misdemeanor.**
- **Section 21461(a) CVC – It is unlawful for a driver of a vehicle to fail to obey a sign or signal..., infraction.**

Why Are They Done?

- **Safety!**
- **Compliance with laws and regulations, which lead to...SAFETY!**



How Are Inspections Conducted?

- **North American Standard (NAS) inspection procedures.**
- **Level I – 32 Step Process**
- **Violations evaluated against the Commercial Vehicle Safety Alliance (CVSA) Out-of-Service Criteria.**



Types of Inspections

Level I	North American Standard Driver/Vehicle Inspection	All driver documentation and complete vehicle inspection
Level II	Walk-Around Driver/Vehicle Inspection	Same as Level I, but not checking under the vehicle
Level III	Driver Only Inspection	Driver documentation only
Level IV	Special Inspection	Any aspect of the safety inspection, usually done for data gathering purposes
Level V	Vehicle Only Inspection	Inspection includes each of the vehicle inspection items specified under the NAS Level I, without a driver present, conducted at any location.
Level VI	Enhanced Radioactive Inspection	For specific radioactive shipments that are route controlled.
Level VII	Jurisdiction Mandated	non regulated commercial vehicle

Level I Inspection

- **Step 1 – Choose the Inspection Site**
 - **Level**
 - **Paved**
 - **Away from traffic**
 - **Visible to traffic**
 - **Avoid**
 - **Hills**
 - **Curves**
 - **Soft shoulders**
 - **Construction**

Level I Inspection

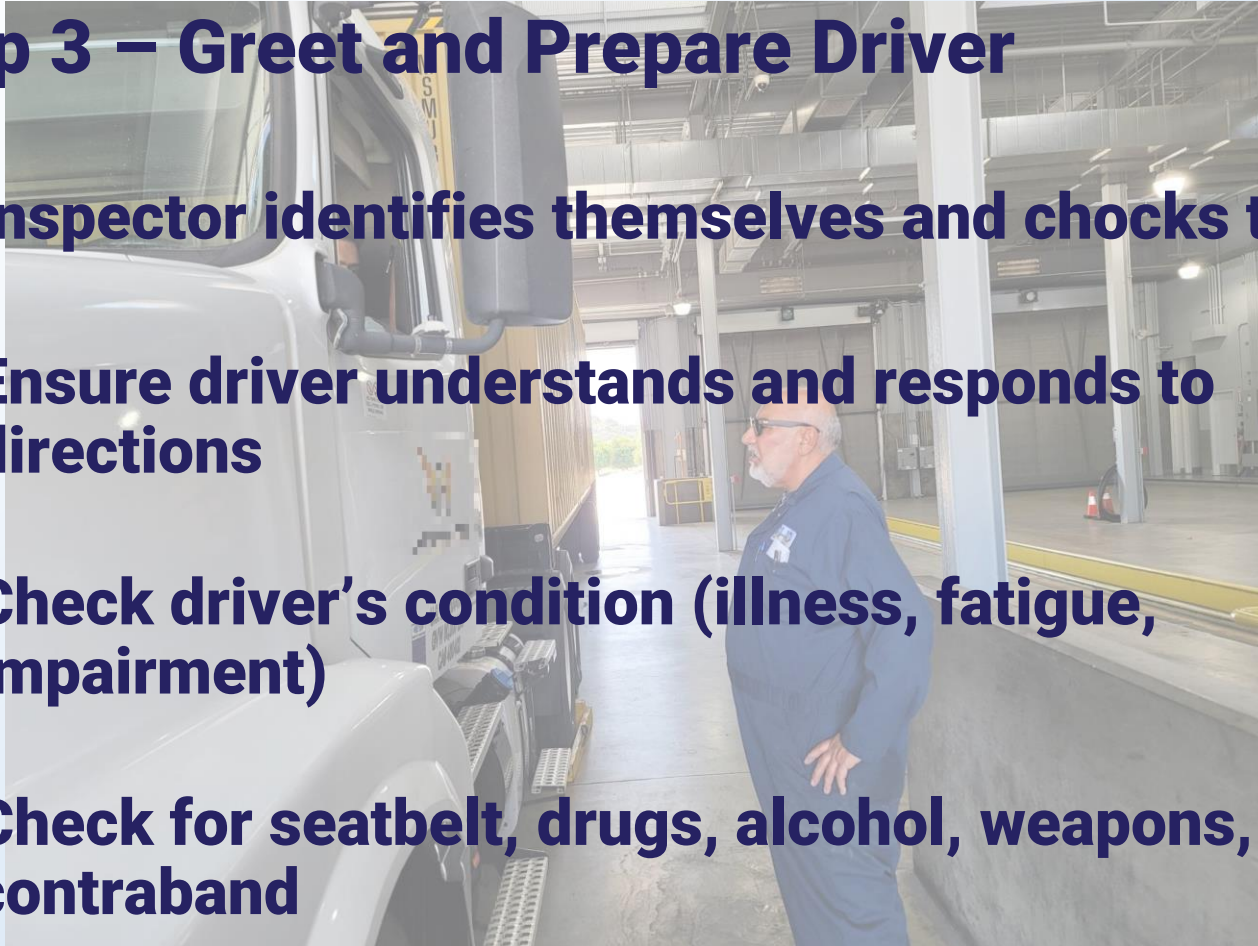
- **Step 2 – Approach the Vehicle**
 - **Observe the driver**
 - **Adhere to inspector safety policies**
 - **Be alert for leaks and unsecured cargo**



Level I Inspection

- **Step 3 – Greet and Prepare Driver**

- **Inspector identifies themselves and checks tires**
- **Ensure driver understands and responds to directions**
- **Check driver's condition (illness, fatigue, impairment)**
- **Check for seatbelt, drugs, alcohol, weapons, contraband**



Level I Inspection

- **Step 4 – Interview Driver**
 - **Starting Location**
 - **Destination**
 - **Load**
 - **Stops**
 - **Problems**



Level I Inspection

- **Step 5 – Collect the Driver’s Documents**
 - Medical Certificate
 - Skills Performance Evaluation Certificate
 - Driver’s License
 - Shipping Paperwork
 - Periodic Inspection Certificates
 - Bills of Lading
 - Receipts
 - Fuel Permits
 - Trip Permits

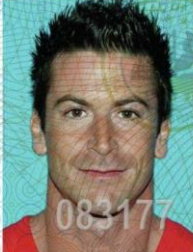
Louisiana Apportioned Registration Cab Card						
ORIGINAL						
NAME OF REGISTRANT TEST LA			ACCOUNT NO. 2	PLATE NO. 49		
DLA NAME DLA			VALIDITY PERIOD 01-JAN-2019 TO 31-DEC-2019			
REGISTRATION STREET ADDRESS 123 Trucking Lane						
CITY Terrebonne	STATE LA	EXP CODE 42514-0000	EXP CARD NO 10193			
DEPT NO. 1	VEHICLE IDENTIFICATION NO. 1G8AB21H141A101010	CARRIER TYPE FOR BOMB	TRANSACTION NO. 9			
VEHICLE MAKE Cet	VEHICLE YEAR 2017	VEHICLE TYPE Truck Tractor	APPORTIONED LICENSE PLATE NO. 89000	GROSS WEIGHT 89000		
DELIGHT WEIGHT 17900	FUEL 0	AXLES 3	SEATS 0	LA 1 Factor 1.029	LA Registration Fee 504.08	New Fee 0.00
MOTOR CARRIER RESPONSIBLE FOR SAFETY BY NEW ID DREZIDGER LA 70634						
MOTOR CARRIER RESPONSIBLE FOR SAFETY MC CERTIF NO. 690000						
OWNER NAME TEST LA						

This vehicle described herein has been proportionally registered with the State of Louisiana and other jurisdictions whose Motor-Front of Liability security was furnished as required by law prior to Louisiana of this form.

AL	AK	AR	CA	CO	CT	DC	DE	FL	GA	IA	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
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Canadian Provinces are shown in Italicized, Quebec is shown in sans, all other jurisdictions are shown in Pounds.

CALIFORNIA USA DRIVER LICENSE



DL **11234562**

EXP **08/31/2014**

LN **SAMPLE**

FN **ALEXANDER J.**

2570 24TH STREET
SACRAMENTO, CA 95818

DOB **08/31/1977**

RSTR **NONE**

0831177

Alexander Sample

CLASS A

END NON

SEX **M** HAIR **BLK** EYES **BRN**

HGT **5'-08"** WGT **150 lb**

DD **00/00/0000NNAN/ANFD/YY**

ISS
08/31/2009

Level I Inspection

- **Step 6 – Check for Hazardous Materials**
 - Shipping Paperwork
 - Placards
 - Labels
 - Markings
 - Containers



Level I Inspection

- **Step 7 – Identify the Carrier**
 - **Vehicle Markings**
 - **Registration**
 - **Fuel Permits**
 - **Hours-of-Service**
 - **Insurance**
 - **Shipping Paperwork**

Level I Inspection

- **Step 8 – Examine Driver License**
 - **Class**
 - **Endorsements**
 - **Restrictions**
 - **Status – Valid, Expired, Suspended, Withdrawn, Revoked**

Level I Inspection

- **Step 9 – Check Medical Examiner’s Certificate and Skills Performance Evaluation Certificate (if applicable)**

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 8/31/2018

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Medical Examiner's Certificate
 (For Commercial Driver Medical Certificate)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variations (which will only be valid for intrastate operations), and, with knowledge of the driving duties.

If find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date _____

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
_____	_____	_____
Medical Examiner's Name (please print or type)	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
_____	_____	_____

Driver's Signature	Driver's License Number	Issuing State/Province
_____	_____	_____
Driver's Address		CLP/CDL Applicant/Holder
Street Address: _____ City: _____ State/Province: _____ Zip Code: _____		<input type="radio"/> Yes <input type="radio"/> No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Skill Performance Evaluation Certificate

U.S. Department of Transportation
 Federal Motor Carrier Safety Administration

Federal Motor Carrier Safety Administration
 Agency Address: MICHIGAN SERVICE CENTER
 4749 1/2 Mich. St. Drive Ste#303A
 Marquette, MI 49855
 Telephone: (504) 283-3572

Issued Under Section 391.48 of the Federal Motor Carrier Safety Regulations

DRIVER: _____ **Effective Date:** _____
SSN: _____ **DOB:** _____ **Expiration Date:** _____
Address: _____ **Driver Disability:** _____

OPERATOR'S LICENSE: _____ **CHECK ONE:** NEW RENEWAL
 (State) (Number) **CHECK ONE:** UNILATERAL JOINT

In accordance with 49 CFR 391.49, subchapter B of the Federal Motor Carrier Safety Regulations (FMCSRs) the driver application for a Skill Performance Evaluation (SPE) certificate is hereby granted authorizing the above-named driver to operate in interstate or foreign commerce under the provisions set forth below. The certificate is granted for the period shown above, not to exceed 2 years, subject to periodic review as may be found necessary. This certificate may be renewed upon submission of a renewal application. Continuation of the certificate is dependent upon strict adherence by the above-named driver to the provisions set forth below and compliance with the FMCSRs. Any failure to comply with provisions herein may be cause for cancellation.

CONDITIONS: As a condition of this certificate, reports of all accidents, arrests, suspensions, revocations, withdrawal of driving licenses or permits, and convictions involving the above-named driver shall be reported in writing to the Issuing Agency, by the EMPLOYING MOTOR CARRIER within 30 days after occurrence.

LIMITATIONS:

1. VEHICLE TYPE (power unit): _____
2. VEHICLE MODE (axle(s)): _____
3. Prosthetic or Orthotic device(s): _____
4. Additional Provisions: _____

NOTICE: To all MOTOR CARRIERS employing a driver with an SPE certificate. This certificate is granted for the operation of the power unit only. It is the responsibility of the employer (motor carrier) to evaluate the driver with a road test using the gear type(s) the motor carrier intends the driver to transport, or in lieu of, accept the road test not done during the SPE. It is a similar test to that of the prospective motor carrier. Also, it is the responsibility of the employing motor carrier to evaluate the driver for those non-driving safety-related job tasks associated with the type of vehicle(s) to be used, as well as any other non-driving safety-related or job-related tasks unique to the operations of the employing motor carrier.

*The SPE of the above-named driver was given by an FMCSA Skill Performance Evaluation Program Specialist. It was honestly completed utilizing the above-named government and _____ (State or Foreign)

The bus, tractor, or truck had a _____ transmission. (State if automatic)

Please read NOTICE paragraph above

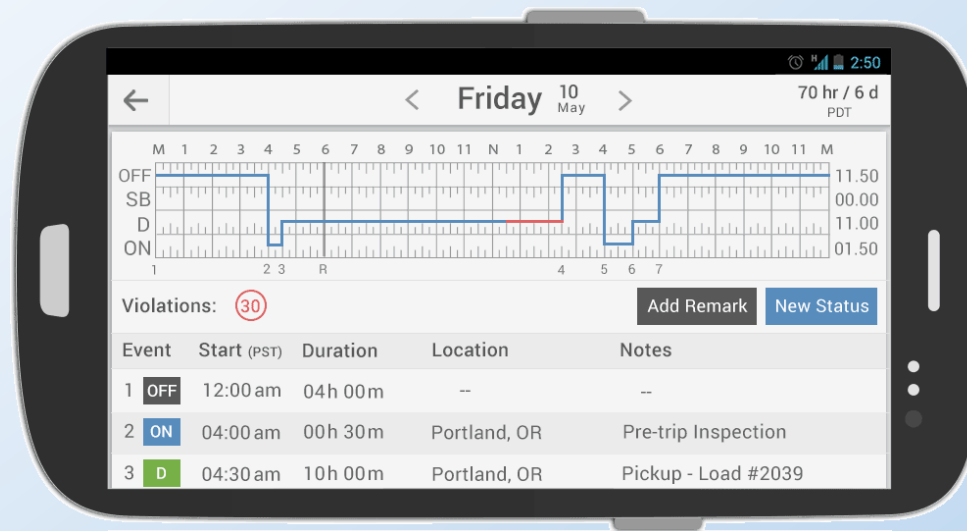
Name: _____ Signature: _____
 Title: _____ Date: _____

Form MCSA 134 (Rev. 10-10-16)



Level I Inspection

- **Step 10 – Check Record of Duty Status**
 - Check for hours-of-service compliance
 - Check for exemptions if claimed
 - Check for proper documentation



Level I Inspection

- Step 11 – Review Driver's Daily Vehicle Inspection Report (if applicable)

BOUND EDGE Rev. 9/13

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

CARRIER: _____
ADDRESS: _____
DATE: _____ TIME: _____ A.M. _____ P.M.
(CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS")

TRACTOR/ TRUCK NO. _____ **ODOMETER READING** _____

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

TRAILER(S) NO. (S) _____

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

Remarks _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

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

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

ORIGINAL

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Level I Inspection

- **Step 13 – Prepare Driver for Vehicle Inspection**
 - **Explain inspection procedures**
 - **Advise the driver of the use of hand signals**
 - **Instruct driver to remain at the controls**



Level I Inspection

- **Step 14 – Inspect Front of Tractor**



Level I Inspection

- **Step 15 – Inspect Left Front Side of Tractor**



Level I Inspection

- **Step 16 – Inspect Left Saddle Tank Area**



Level I Inspection

- **Step 17 – Inspect Trailer Front**



Level I Inspection

- **Step 18 – Inspect Left Rear Tractor Area**



Level I Inspection

- **Step 19 – Inspect Left Side of Trailer**



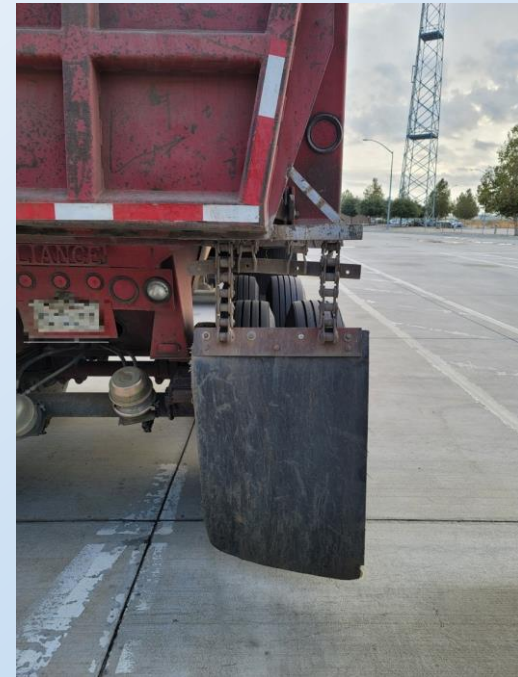
Level I Inspection

- **Step 20 – Inspect Left Rear Trailer Wheels**



Level I Inspection

- **Step 21 – Inspect Rear of Trailer**



Level I Inspection

- **Step 22 – Inspect Double, Triple, Full Trailers**



Level I Inspection

- **Step 23 – Inspect Right Rear Trailer Wheels**



Level I Inspection

- **Step 24 – Inspect Right Side of Trailer**



Level I Inspection

- **Step 25 – Inspect Right Rear Tractor Area**



Level I Inspection

- **Step 26 – Inspect Right Saddle Tank Area**



Level I Inspection

- **Step 27 – Inspect Right Front Side of Tractor**



Level I Inspection

- **Step 28 – Inspect Steering Axle**



Level I Inspection

- **Step 29 – Inspect Axles 2 and 3**



Level I Inspection

- **Step 30 – Inspect Axles 4 and 5**



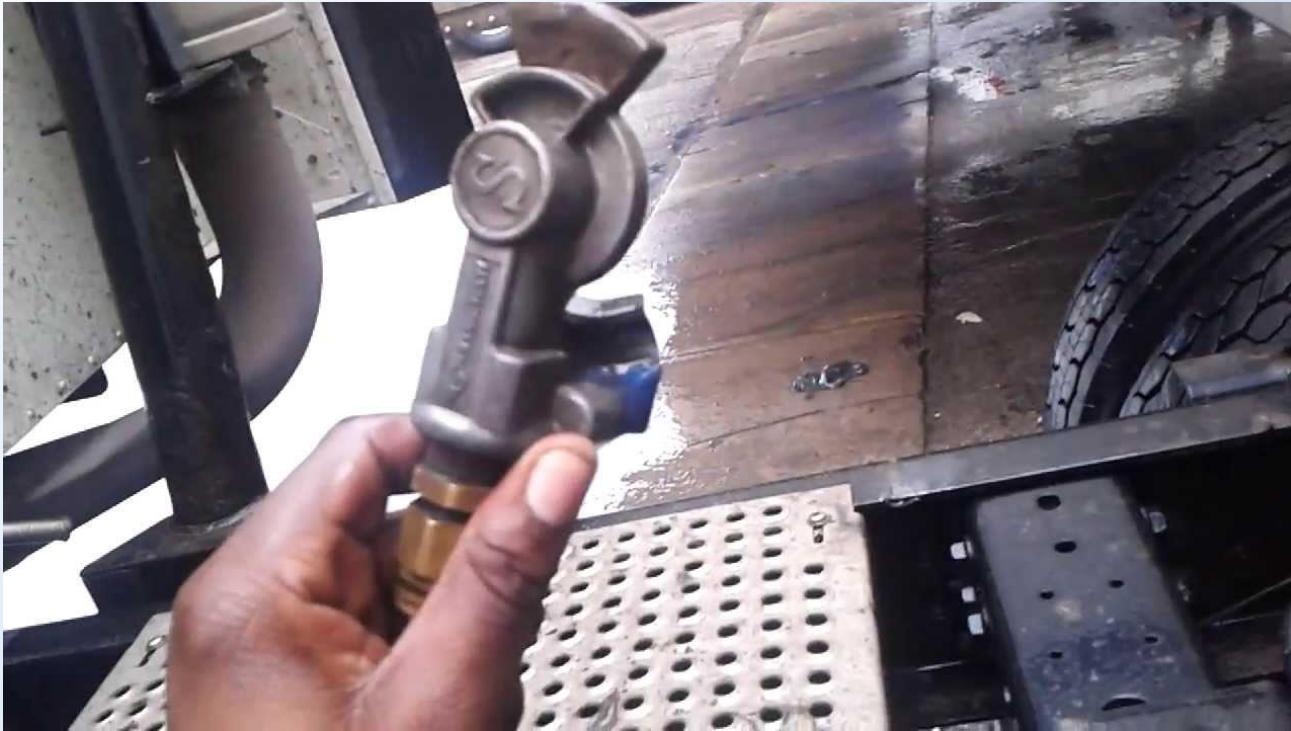
Level I Inspection

- **Step 31 – Prepare the Vehicle and Check Brake Adjustment**



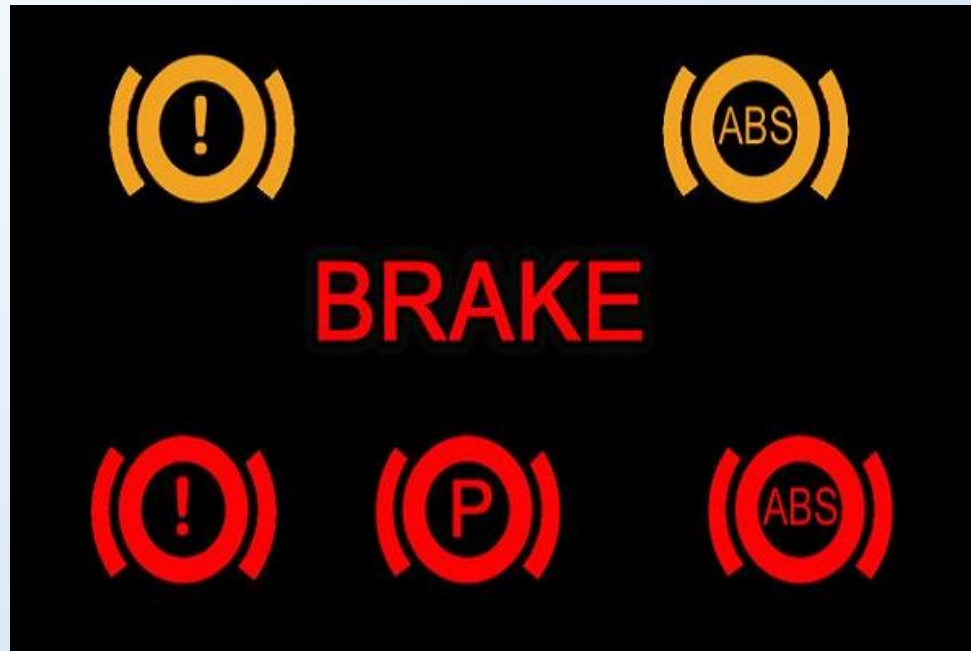
Level I Inspection

- **Step 32 – Inspect Tractor Protection System**



Level I Inspection

- **Step 33 – Inspect Required Brake System Warning Lights**



Level I Inspection

- Step 34 – Test Air Loss Rate



Level I Inspection

- **Step 35 – Check Steering Wheel Lash**



Level I Inspection

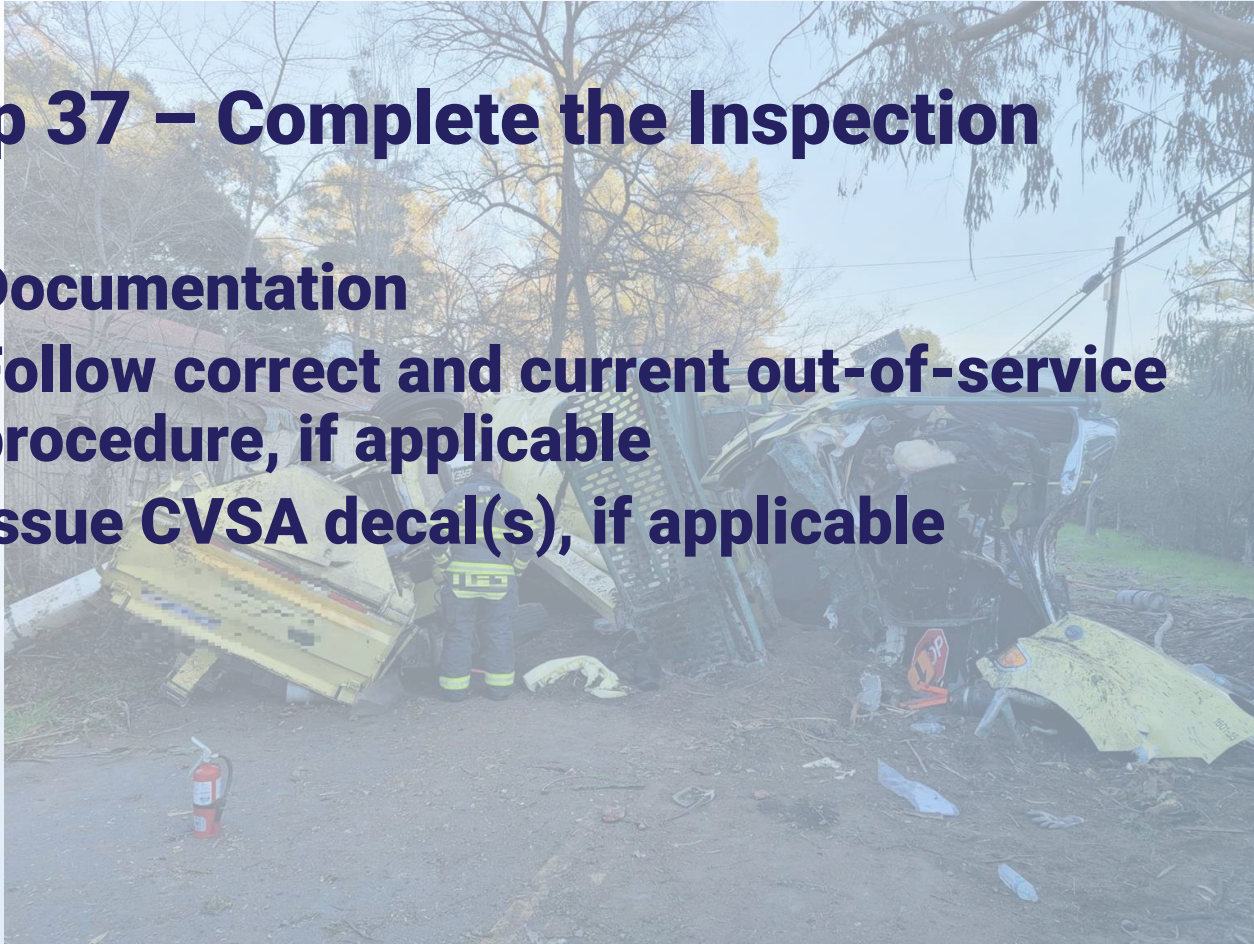
- **Step 36 – Check Fifth Wheel Movement**



Level I Inspection

- **Step 37 – Complete the Inspection**

- **Documentation**
- **Follow correct and current out-of-service procedure, if applicable**
- **Issue CVSA decal(s), if applicable**



References

- **Information relating to North American Standard inspection guidelines:**
 - <https://www.cvsa.org/inspections/>
- **California Highway Patrol, Commercial Vehicle Section**
 - <https://www.chp.ca.gov/Programs-Services/Programs/Commercial-Vehicle-Section>

Questions?



Commercial Vehicle Section
(916) 843-3400