

ALABAMA

LIQUEFIED PETROLEUM GAS BOARD

P.O. BOX 1742
MONTGOMERY, AL 36102-1742
(334) 242-5649
FAX (334) 240-3255

DRIVER-VEHICLE INSPECTION REPORT

No. _____

Name of Motor Carrier				MF Decal No.	
Address				Interstate Intrastate	
City		State	Zip	LPGB Permit No.	
Inspection Location			County #	Time Started <u>AM</u> PM	

Driver's Name		Street Address			City		State	Zip
D.L. No.	State	D.O.B.	SEX	Exp.Date	CDL - Yes <input type="checkbox"/> No <input type="checkbox"/> Class/Endorsement _____			
Commodity LP-Gas		Shipper's Name		Address		City	State	Zip
Shipper's Paper No. (172.202)		Whose Document?		Origin	Destination			

VEHICLE IDENTIFICATION				REMARKS: Inspected Date: Meter _____ Annual Insp _____ P _____ V _____ K _____ I _____
Unit No.	Unit Type	Company No.	License No. & State	
1			Exp.Date	
2			Exp.Date	
UNIT TYPE: BT - Bob Tail; TT - Truck Tractor; OT - Other				Mileage: _____ VIN: _____

<p><input type="checkbox"/> <input type="checkbox"/> OK NO DRIVER</p> <p><input type="checkbox"/> <input type="checkbox"/> 383.153 Operators License</p> <p><input type="checkbox"/> <input type="checkbox"/> 391.41 Medical Certificate Exp.Date _____</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO WIRING</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.28 Protected & Secured</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO LIGHTS</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 Headlights</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 Tail Lights (T)</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 Stop Lights (S)</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 Turn Lights (A/I)</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 ID/Clearance Lights (P/PC)</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 Side Marker Lights (P/PC)</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 Reflectors (A)</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.11 Hazard Warning</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO OTHER EQUIPMENT</p> <p><input type="checkbox"/> <input type="checkbox"/> 392.9 Safe Loading</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.75 Tires</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.60/78 Windshield/Wipers</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.81 Horn</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.95 Emer. Reflectors</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.209 Steering System</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.207 Suspension</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.205 Rims and Wheels</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.80 Rear View Mirrors</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.82 Speedometer</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.30 Battery Cover</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.83 Exhaust</p>
<p><input type="checkbox"/> <input type="checkbox"/> OK NO VEHICLE</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.93 Seat Belts</p> <p><input type="checkbox"/> <input type="checkbox"/> 396.11 Driver Vehicle Insp.</p> <p><input type="checkbox"/> <input type="checkbox"/> 107.601 Registration (Haz-mat)</p> <p><input type="checkbox"/> <input type="checkbox"/> 396.17 Annual Insp.</p> <p><input type="checkbox"/> <input type="checkbox"/> 177.840 Operating Procedures</p> <p><input type="checkbox"/> <input type="checkbox"/> 387 Ins.</p> <p><input type="checkbox"/> <input type="checkbox"/> Vehicle Reg.</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO BRAKE</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.41 Parking Brake</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.45 Tubing & Hose</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.45 Tubing & Hose Connections</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.51 Brake Failure Warning Device</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.45 Air/Vacuum Loss</p> <p><input type="checkbox"/> <input type="checkbox"/> 393.53 Brake Adjustment</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO PUMP</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-15 LP-Gas</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-15 Protected Against Collision</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-15 By-pass Valve</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO PIPE AND PIPE FITTINGS</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337(9) (b) Material</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337(9) Secured & not damaged (pipe)</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337(10) Damage Protection</p> <p><input type="checkbox"/> <input type="checkbox"/> 173.315(1)(11) Hydrostatic Relief</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337(9) Leaks</p> <p><input type="checkbox"/> <input type="checkbox"/> 6-3.4.6(58) Differential Reg</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337.11 Emerg Discharge Control</p> <p><input type="checkbox"/> <input type="checkbox"/> 180.416 Discharge Sys Insp</p> <p><input type="checkbox"/> <input type="checkbox"/> 180.416 Meter Creep Test</p>
<p><input type="checkbox"/> <input type="checkbox"/> OK NO CONTAINER</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-13 Secured</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-1-d Paint</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-17 Data Plate</p> <p><input type="checkbox"/> <input type="checkbox"/> 180.415 Test Date (P)</p> <p><input type="checkbox"/> <input type="checkbox"/> 180.415 External Insp. (V)</p> <p><input type="checkbox"/> <input type="checkbox"/> 180.415 Leakage Test (K)</p> <p><input type="checkbox"/> <input type="checkbox"/> 180.415 Internal Insp (I)</p> <p><input type="checkbox"/> <input type="checkbox"/> 180.407 b Condition</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-10c Rear Protection</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337 (9) Opening marked Liq/Vap</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO APPURTENANCES</p> <p><input type="checkbox"/> <input type="checkbox"/> 6-3.3.5 (58) Material (No Brass)</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337.8 (a). Inlet/Outlet Opening (Valves)</p> <p><input type="checkbox"/> <input type="checkbox"/> 173.315 (I) Relief Valves</p> <p><input type="checkbox"/> <input type="checkbox"/> 178.337-8 Valve/ESO/Fusible/Remote</p> <p><input type="checkbox"/> <input type="checkbox"/> 172.328 "Emer/Shutoff" Marked 3/4"</p> <p><input type="checkbox"/> <input type="checkbox"/> 173.315 (H) Liquid Gauge</p> <p><input type="checkbox"/> <input type="checkbox"/> 173.315(H)(4) Pressure Gauge</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO CHOCKS</p> <p><input type="checkbox"/> <input type="checkbox"/> 6-3.8 (58) In Use</p> <p><input type="checkbox"/> <input type="checkbox"/> 6-3.8 (58) Two Chocks</p>	<p><input type="checkbox"/> <input type="checkbox"/> OK NO MARKING</p> <p><input type="checkbox"/> <input type="checkbox"/> 172.328 (a) "1075" - 4 Sides</p> <p><input type="checkbox"/> <input type="checkbox"/> 172.328 (b)(1) Shipping Name - 4 Sides</p> <p><input type="checkbox"/> <input type="checkbox"/> 172.328 (c) QT/NQT</p> <p><input type="checkbox"/> <input type="checkbox"/> 390.21 (b) Company Name/Location/ US DOT No.</p>

<input type="checkbox"/> Correct Defects or Vehicle is condemned by	<input type="checkbox"/> Warning: Preventive Measure response by	<input type="checkbox"/> Appear Before Board on
20 (Correction in Writing)		
Company Representative Signature		

DEFECTS/ACTION REQUIRED: _____

YES **NO OUT OF SERVICE** THIS VEHICLE/DRIVER HAS BEEN ORDERED OUT OF SERVICE DUE TO CRITICAL DEFECTS. OPERATION OF THIS VEHICLE PRIOR TO CORRECTION IS IN VIOLATION OF LAW AND MAY SUBJECT OWNER AND/OR DRIVER TO PENALTIES PROVIDED IN ALABAMA STATUTES.

CONDEMNED TAG NO. _____ Date _____ By _____

Driver's/Company Rep. Signature	Officer's Signature	ID#	Time Completed <u>AM</u> PM	Date
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