Sample PBBT inspection report #1

Tennessee Department of Safety Commercial Vehicle Division

1150 Foster Avenue Nashville, TN 37243

Phone: (615)743-4990 Fax: (615)253-2278

Report Number:

Inspection Date: 03/10/2013

Inspection Level: I - Full HM Inspection Type: None:

Driver: Sie

License#:

State:

Date of Birth: 1

CoDriver:

License#:

State:

Date of Birth:

Location: 1-65 SCALES

MilePost: 5

Shipper: THE DOW CHEMICAL COMPANY

Origin: PORT ALLEN, LA

Bill of Lading: (

Highway: 1-65 County: GILES, TN

USDOT#: !

MC/MX#:

State#:

Destination: DETROIT, MI

Cargo: PLASTIC PELLEIS

VEHICLE IDENTIFICATION

Unit Type Make Year State Plate # TT FRHT 1997 FL

Equipment ID

VIN

GVWR CVSA # CVSA Issued # OOS Sticker

80,000

ST GDAN 2006 2

BRAKE ADJUSTMENTS Axle# 1

1 5/8 1 1/2 2.5 2 C-20 C-30

396,3(a)(1)

· <u>5</u> 1 1/2 1 7/8 1 1/4 1 5/8 13/8 1 1/2 C-30 C-30 C-30

N

Phone#:

Fax#:

VIOLATIONS

396.3A1BOS

Right

Left

Chamber

Vio Code Section Unit OOS Citation # Verify Crash Violations Discovered

U,

393.47E 393.47(e) 393.53B 393,53(b) WARNING WARNING

V584019

Clamp or Roto type brake out-of-adjustment SEE CHART. CMV manufactured after 10/19/94 has an automatic airbrake adjustment

system that fails to compensate for wear

BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination

BRAKE PERFORMANCE ASSESSED USING PERFORMANCE-BASED BRAKE TESTER (PBBT)

Minimum value required to pass for All other property-carrying vehicles: 43.5

Braking Force as Percentage of GVW or GCW; 47.3 - PASS

BRAKING FORCE AS % OF WHEEL-END LOAD - Advisory Purposes Only

Axle # Right Left

2 1 51.7 53.5 36.1 46.7

3 50.7 52.6 46.7

4 44.1

44.1

<u>5</u> 45.8

YazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: Local Enforcement; PBBT Inspection

Report Prepared By: DANIEL THOMPSON

Badge #: 101RB4

Conv Received By:

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Sample PBBT inspection report #2



Wisconsin Department of Transportation

Division of State Patrol

4802 Sheboygan Avenue, PO Box 7912

Madison WI 53707-7912 Fax: 608-267-9600 Data Challenges: http://dataqs.fmcsa.dot.gov

Report Number: WI17850 Inspection Date: 01/08/2013

Start: 8:36:00 AM CT End: 10:21:00 AM CT

Inspection Level: | - Full **HM Inspection Type:** None

- INC

Driver:

License#:

State: IL

Date of Birth: 02/15/1981

USDOT#: MC/MX#:

Phone#: Fax#:

CoDriver:

License#:

State:

State#:

2

Location: BELOIT SWEF 19

. Journal

MilePost: 180

Date of Birth: Shipper:

I TRAILERS

Highway: I-39 NB

County: ROCK, WI

Origin: ELWOOD, IL Destination: STOUGHTON, WI Bill of Lading:

Cargo: GENERAL FREIGHT

INTERMODAL EQUIPMENT PROVIDER INFORMATION

☑ Did the IEP provide the driver space to perform a pre-trip inspection?

✓ Did the driver perform a pre-trip inspection?

VEHICLE IDENTIFICATION

Unit Type Make Year State

Plate #

Equipment ID

VIN HRX1J085061

GVWR 52,000

CVSA # CVSA Issued # OOS Sticker

TT INTL 2001 Ρ

IC HYTR 1999 ME

TLXZ

3H3(

5575 33,498

BRAKE ADJUSTMENTS: Highlighted brake measurements are out of adjustment.

<u>3</u> · Axle # 1 2 4 7/8 13/8 1 1/8 Right 2 1/4 3/4 1 1/4 Left 1 1/8 2 1/2 13/8 Chamber L-20* C-30 C-30 C-30 C-30

VIOLATIONS ATTRIBUTABLE TO THE MOTOR CARRIER	
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TIGEATIONS ATTRIBUTABLE TO THE INCHORONICE.							
<u>Vio Code</u>	<u>Section</u>	<u>Unit</u>	<u>oos</u>	Citation #	<u>Verify</u>	Crash	Violations Discovered
393.75B	393.75(b)	1	N		N	N	Tire-front tread depth less than 4/32 of inch, axle 1 right side tire inner tread groove is worn below 4/32" in multiple spots.
393.95A	393.95(a)	1	N		N	N	Unsecured fire extinguisher
393.55C1	393.55(c)(1)	1	N		N	N	ABS all tractors mfg >2/97 air brake system, the ABS light is stuck on in dash.
393.52A1	393.52(a)(1)	1	Y		U	N	Insufficient Braking Force as a Percentage of Gross Vehicle Weight or Gross Combination Weight
396.3A1BOS	396.3(a)(1)	1	Y	Q393271-4	U	N	BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination
393.9	393.9(a)	2	N		N	N	Clearance lamp inoperative, front left.
393.9	393.9(a)	2	N		N	N	Marker lamp inoperative, right side rear.
395.8	395.8	D	N		N	N	Record of Duty Status violation, trailer unit numbers are not being recorded
395.8	395.8	D	N		N	N	Record of Duty Status violation, driver has signed his log book prior to end of day.

VIOLATIONS ATTRIBUTABLE TO THE INTERMODAL EQUIPMENT PROVIDER

Vio Code	Section	<u>Unit C</u>	OS	Citation#	<u>Verify</u>	Crash	<u>Violations Discovered</u>
396.3A1BA	396.3A1BA	2	N		N		PART OF 20%, axle 4 left side type 30 brake stroke is 2 1/2" inches which is beyond 2" legal stroke.
396.3A1BA	396.3A1BA	2	N		N		PART OF 20%, axle 4 right side type 30 brake stroke is 2 1/4" inches which is beyond 2" legal stroke.
396.3A1BA	396.3A1BA	2	N		N	N	PART OF 20%, axle 5 right side type 30 brake stroke is 2 1/2" inches which is beyond 2" legal stroke.

Report Prepared By: INSP. R. KRISHER

Badge #: WI1785

Copy Received By

Page 1 of 3

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Wisconsin Department of Transportation

Division of State Patrol

4802 Sheboygan Avenue, PO Box 7912

Madison WI 53707-7912 Fax: 608-267-9600 Data Challenges: http://dataqs.fmcsa.dot.gov Report Number: WI17850 Inspection Date: 01/08/2013

Inspection Level: I - Full **HM Inspection Type:** None

Driver

License#:

State: IL

VUĞTIVLI IL VV-TVV

USDOT#:

Fax#:

CoDriver:

License#:

State:

MC/MX#: State#:

Location: BELOIT SWEF 19

MilePost: 180

Date of Birth: Shipper:

Date of Birtn: 02/15/1981

RS

Highway: I-39 NB

Origin: ELWOOD, IL

Bill of Lading:

County: ROCK, WI

Destination: STOUGHTON, WI

Cargo: GENERAL FREIGHT

VIOLATIONS	ATTRIBUTABLE TO) THE	INTE	RMODAL I	EQUIP	MENT	PROVIDER (Continued
Vio Code	<u>Section</u>	<u>Unit</u>	<u>008</u>	Citation #	<u>Verify</u>	<u>Crash</u>	Violations Discovered
396.3A1B	396.3A1B	2	Υ		U	N	Brake hose worn thru cords, axie 5 the hose from the service side of the left brake chamber is chafing on axie 5 right slack adjuster
396.3A1B	396.3A1B	2	N		N	N	Brake hose is damaged, axle 5 the hose from the emergency side of the left brake chamber is chafing on axle 5 right slack adjuster
396.3A1B	396.3A1B	2	N		N	N	ABS light is missing on the trailer.

BRAKE PERFORMANCE ASSESSED USING PERFORMANCE-BASED BRAKE TESTER (PBBT)

Minimum value required to pass for All other property-carrying vehicles: 43.5

Braking Force as Percentage of GVW or GCW: 33.8 - FAIL

BRAKING FORCE AS % OF WHEEL-END LOAD -- Advisory Purposes Only

Axle# Right	1	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Right	64.0	49.0	64.0	40.0	12.0
Left	64.0	41.0	38.0	16.0	2.0

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: PBBT Inspection

State Information: Enter RD#:: 13-001573;

Report Prepared By: INSP. R. KRISHER

Badge #: WI1785

Copy Received By:

Page 2 of U





Wisconsin Department of Transportation Division of State Patrol

4802 Sheboygan Avenue, PO Box 7912

Madison WI 53707-7912 Fax: 608-267-9600 Data Challenges: http://dataqs.fmcsa.dot.gov

Report Number: WI17850 Inspection Date: 01/08/2013

Inspection Level: I - Full HM Inspection Type: None

		Driver: License#:	
100110E, IL 004			rth: 02/15/1981
USDOT#	Phonei	CoDriver:	
MC/MX#	Fax#:	License#:	State:
State#:		Date of Bi	rth:
Location: BELO	IT SWEF 19	MilePost: 180 Shi	pper:
Highway: I-39 N	B	Origin: ELWOOD, IL	Bill of Lading:
County: ROCK, '	WI	Destination: STOUGHTON, V	VI Cargo: GENERAL FREIGHT
The undersigned ce actions indicated by	ertifies that, for all wheel location the checked boxes has been c	s that for which the Brake Force as a percentage arried out.	of Wheel Load was less than 43.5, that each of the
Stroke A	<u> djustment</u>	Brake Hose	Operative Brake Component
☐ Pushrod	Stroke Checked	Hose Checked for Air Leak/Kink	☐ Brake Checked for Operability
	ljuster Adjusted	Hose Replaced	☐ Inoperative Brake Repaired
Brake	e Lining	Brake Chamber	Cam Bushings
	ning Checked	☐ Brake Chamber Checked	Cam Bushings Checked
	ning Replaced	☐ Brake Chamber Replaced	Cam Bushings Replaced
	and trabusas	Д	
Signature of Mecha	nic/Repairer X:		Date:
driver cannot be cite	olating OOS - If a vehicle is ret ed for violating the OOS related I during transit of the current loa	to insufficient brake performance if, upon subseq	out a re-test via the above mechanical certification, the uent Level 1 or Level 5 inspection, Out-of-Service
being placed Out-of	on Items - If a vehicle is placed f-Service due to other violations rements of 396.9(c)2.	Out-of-Service for a violation resulting exclusively discovered during an inspection. All other (non-F	from a PBBT, this does not exempt the vehicle from BBT) violations discovered during the inspection are
vehicle(s) until repairs h	ave been made and the vehicle(s) ha	we been restored to safe operating condition.	above vehicle(s) OUT OF SERVICE. No person shall operate such
I hereby certify that all C return this report with the	Out of Service defects marked with the e required certification can result in p	e "Y" in the out of service column have been repaired and enalties up to \$1,000 per day for each day the violation co	the vehicle has been restored to safe operating condition. Failure to inlinues, up to a total of \$10,000.
Signature Of Repairer X	(:	Facility:	Date:
Regulations insofar as ti	hey are applicable to motor carriers a	ort have been corrected and action taken to assure comp and drivers. All mechanical defects must be repaired befo of at the address noted above within 15 days.	iance with the Federal Motor Carrier Safety and Hazardous Material re vehicle is re-dispatched. This certification must be signed by the
Signature Of Motor Carr	ier X:	Tille:_	Date:

Report Prepared By:	Badge #:	Copy Received By:	Page 3 or	i.		111	f .	411
INSP. R. KRISHER	WI1785				_			 [
X		X	0	1502801	WI			

Sample PBBT inspection report #3

INTERMODAL EQUIPMENT PROVIDER REPORT



Wisconsin Department of Transportation **Division of State Patrol**

4802 Sheboygan Avenue, PO Box 7912

Madison WI 53707-7912 Fax: 608-267-9600 Data Challenges: http://dataqs.fmcsa.dot.gov Report Number: Wi17/ Inspection Date: 01/08/2013

Start: 8:36:00 AM

End: 10:21:00 AM

Inspection Level: I - Full **HM Inspection Type:** None

INTERMODAL	EQUIPMENT	PROVIDER	INFORMATION
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Name:

Consolidated Chassis

USDOT#:

Data Source: Intermodal Equipment Web Service Lookup

MOTOR CARRIER INFORMATION

Driver:

Phone#:

Fax#:

USDOT#

Origin: ELWOOD, IL

OUTIOE, IL OUTOU

State#:

Destination: STOUGHTON, WI

☑ Did the IEP provide the driver space to perform a pre-trip inspection?

☑ Did the driver perform a pre-trip inspection?

APRIORE IDENTIFICATI	1014				
Unit Type Make Year S	tate Plate#	Equipment ID	<u>VIN</u>	<u>GVWR</u>	CVSA# CVSA Issued# OOS Sticker
2 IC HYTR 1999 N	ΜE	TL)	3H3C24	33,498	

BRAKE ADJUSTMENTS

Axle #	1	2	<u>3</u>	<u>4</u>	<u>5</u>
Right	7/8	1 3/8	1 1/8	2 1/4	2 1/2
Left	3/4	1 1/4	1 1/8	2 1/2	1 3/8
Chamber	L-20*	C-30	C-30	C-30	C-30

VIOLATIONS	AIIKIBUIABLE	IO INC INTERMODAL EGOILMENT LIVOAIDED
Vin Codo	Continu	Unit OOS Violations Discovered

Vio Code	<u>Section</u>	<u>Unit</u>	<u>oos</u>	Violations Discovered
396.3A1BA	396.3A1BA	2		PART OF 20%, axle 4 left side type 30 brake stroke is 2 1/2" inches which is beyond 2" legal stroke.
396.3A1BA	396.3A1BA	2	N	PART OF 20%, axle 4 right side type 30 brake stroke is 2 1/4" inches which is beyond 2" legal stroke.
396.3A1BA	396.3A1BA	2	Ν	PART OF 20%, axle 5 right side type 30 brake stroke is 2 1/2" inches which is beyond 2" legal stroke.
396.3A1B	396.3A1B	. 2	Υ	Brake hose worn thru cords, axle 5 the hose from the service side of the left brake chamber is chafing on axle 5 right slack adjuster
396.3A1B	396.3A1B	2	N	Brake hose is damaged, axle 5 the hose from the emergency side of the left brake chamber is chafing on axle 5 right slack adjuster
396.3A1B	396.3A1B	2	N	ABS light is missing on the trailer.

VIOLATIONS ATTRIBUTABLE TO THE MOTOR CARRIEF

Vio Code	<u>Section</u>	<u>Unit</u>	<u>008</u>	<u>Violations Discovered</u>
393.75B	393.75(b)	1	N	Tire-front tread depth less than 4/32 of inch, axle 1 right side tire inner tread groove is worn below 4/32" in multiple spots.
393.95A	393.95(a)	1	Ν	Unsecured fire extinguisher
393.55C1	393.55(c)(1)	1	N	ABS all tractors mfg >2/97 air brake system, the ABS light is stuck on in dash.
393.52A1	393.52(a)(1)	1	Υ	Insufficient Braking Force as a Percentage of Gross Vehicle Weight or Gross Combination Weight
396.3A1BOS	396.3(a)(1)	1	Υ	BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination
393.9	393.9(a)	2	N	Clearance lamp inoperative, front left.
393.9	393.9(a)	2	N	Marker lamp inoperative, right side rear.

Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare and mark the above vehicle(s) OUT OF SERVICE. No person shall operate such vehicle(s) until repairs have been made and the vehicle(s) have been restored to safe operating condition.

Repor	Prep	ared By:
		ISHER

Badge #: WI1785 Copy Received By: Driver Initials

Page 1 of 1



INTERMODAL EQUIPMENT PROVIDER REPORT



Wisconsin Department of Transportation Division of State Patrol

4802 Sheboygan Avenue, PO Box 7912 Madison WI 53707-7912 Fax: 608-267-9600

Report Number: WI178/ Inspection Date: 01/08/2013

Start: 8:36:00 AM

End: 10:21:00 AM

Inspection Level: L. Full

(A)	lenges: http://dataq		,	ection Type: No	
INTERMODAL EQUIPME Name:	NT PROVIDER INFO	DRMATION			
USDOT#:	Data Source: m	termodal Equipinont Web	Service Lookup		
MOTOR CARRIER INFO	RMATION				
•		Drive			
JUO HUE. IL 10U408		Phone#:		Fax#:	
TODEU	MC/MX#:	State#:			
Origin: ELWOOD, IL		Destination: STC	OUGHTON, WI		
✓ Did the IEP provide t ✓ Did the driver perform		rform a pre-trip inspection n?	?		
I hereby certify that all Out of Service return this report with the required cersignature Of Repairer X:	rtification can result in penaltie	n the out of service column have been is up to \$1,000 per day for each day th	repaired and the vehicle has e violation continues, up to a Facility:	a total of \$10,000.	operating condition. Failure to
NOTE TO DRIVER: This report must			ears at the top of this report	L [49 CFR 396.9(d)(1)]	
below certifying all violations noted or	n this report have been correct the vehicle is housed for 12 m	authority contained in Title 49, Code or led. Return the completed form to the onths from the date of the inspection. stal of \$10,000.	address indicated on the up	oper left corner of the fo	orm, AND retain a copy at the
Signature Of IEP X:			Title:		_ Date:
			•		

Report Prepared By: INSP. R. KRISHER	<u>Badge #:</u> WI1785	Copy Received By: Driver Initials	Page 2 of 2	
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