APPENDIX 11
INSPECTION REPORT - FIXED LOAD
SELF PROPELLED

DEPARTMENT OF TRANSPORTATION

INSPECTION REPORT/ATTCH. TO PERMIT NO. _________

COMPANY NAME (LESSEE OR OWNER) _____________________________

PHONE _______  INSPEC. _____ INITIAL TYPE _____ RENEWAL ______

COMPANY ADDRESS AND ZIP ____________________________

COMPANY NAME, LAST INSPECTION __________________

DATE OF LAST INSPECTION __________

CARRIER DATA

MAKE _____________________________ SERIAL NO. __________

LICENSE NO. ________________________ COMPANY NO. __________

FUEL LEVEL: __________

FRONT OUTRIGGERS: □ REMO ☐ ATTCH. REAR OUTRIGGERS: □ REMO ☐ ATTCH.

FRONT TIRES: CAP. ______️ Rs; REAR TIRES: CAP. ______️ Rs

SIZE: ______️ L R SIZE: ______️ L R

UPPER WORKS DATA

MAKE _____________________________ MODEL _____________________________ SERIAL NO. __________

WEIGHT CLASS (TONS) __________

CRANE CWT: __________

DISTANCE FROM C. OF UPPER WORKS ROTATION TO CRANE: ______️ FT. ______️ IN.

ACCESSORIES CARRIED ON TRUCK CRANE: □ NONE □ LIST FOLLOWING

1. _____________________________ 2. _____________________________ 3. _____________________________ 4. _____________________________

BOOM SUPPORT VEHICLE DATA

LICENSE NO. _____________________________ TIRES: CAP. ______️ Rs

VEH. WIDTH: ______️ L R BOOM SUPPORT VEHICLE LENGTH WO TOWBAR ______️ FT. ______️ IN.

ACCESSORIES CARRIED ON BOOM SUP. VEH.: □ NONE □ LIST FOLLOWING

1. _____________________________ 2. _____________________________ 3. _____________________________ 4. _____________________________ 5. _____________________________

VEHICLE DESCRIPTION

MAX. HEIGHT OF ANY CARRIER OR CRANE COMPONENT: ______️ FT. ______️ IN.

1/ MAX. WIDTH OF CARRIER OR CRANE INCL. ALL PROJECTIONS EXCEPT LIGHTS, MIRRORS, & EQUIPMENT DEFINED IN VC 15165: ______️ FT. ______️ IN.

MAX. WIDTH MEASURED AT TIRE BULGE: ______️ FT. ______️ IN.

CARRIER LENGTH: ______️ FT. ______️ IN.

OVERALL VEHICLE COMBINATION LENGTH: ______️ FT. ______️ IN.

CYL. LENGTH INCL. BOOM: ______️ FT. ______️ IN.

AXLE NUMBER: 1 2 3 4 5 6 7 8 9

NO. OF TIRES

AXLE SPACING

O-O OF TIRES

SCALE WEIGHT

PERMIT WEIGHT

BOOM INFORMATION

BOOM TYPE AND DESCRIPTION

□ LATTICE □ BUTT □ INTER. SECT. ______️ FT. ______️ FT. □ TIP □ TELESCOPING: □ J B ATTACHED

BOOM LENGTH: ______️ FT. ______️ IN.

□ ROTATION TO LAST HARD METAL: ______️ FT. ______️ IN.

BOOM END ATTACHMENTS: ______️ FT. ______️ IN.

BLOCK SIZE: _________ (TONS)

FRONT BOOM OVERHANG: ______️ FT. ______️ IN.

CLL. FROM ROADWAY TO BOOM: ______️ FT. ______️ IN.

BALL SIZE: _________ (DIAM.)

REAR BOOM OVERHANG:

UNSUPPORTED: FROM C. REAR CARRIER AXLE TO TIP ______️ FT. ______️ IN.

PT OF LAST SUPPORT TO TIP: □ LEGAL □ PERMIT

DOULY: FROM C. REAR DOLLY AXLE TO TIP ______️ FT. ______️ IN.

TIRL: FROM C. POINT OF BOOM SUPPORT TO TIP ______️ FT. ______️ IN.

TO TIP ______️ FT. ______️ IN.

PERMIT DATA (Permit Office Use Only)

1. Qualified for Weight Transfer or Bonus: □ YES: □ NO: _________

2. Tire Ratings Limit Permitted Weights: □ YES: □ NO: _________

3. Routing Weight Class: □ LEGAL □ GREY □ PURPLE

4. Permit Classification Eligibility: □ SINGLE TRIP ONLY □ ANNUAL

CALTRANS REPRESENTATIVE: _________

Remarks:

 Remarks:

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