

# Bicycle Inspection Checklist

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Make of Bicycle: \_\_\_\_\_ Serial Number: \_\_\_\_\_

**Model:** 9 BMX                      9 Single speed/coaster brake                      9 10-12-18 speed

**Instructions:** Please place a check mark in the proper box. Complete the items applicable to the bicycle and accessories

	Front		Rear	
	Yes	No	Yes	No
<b>WHEELS</b>				
Spokes loose/broken	9	9	9	9
axle nuts tight	9	9	9	9
rim bent	9	9	9	9
<b>TIRES</b>				
correct inflation	9	9	9	9
cuts, cracks, bulges	9	9	9	9
worn tread	9	9	9	9
valve centered	9	9	9	9
<b>REFLECTORS</b>				
clean	9	9	9	9
damaged, loose	9	9	9	9
missing	9	9	9	9
<b>FRAME</b>				
bent, cracked	9	9		
<b>SPROCKETS</b>				
teeth damaged	9	9		
<b>CHAIN</b>				
loose	9	9		
damaged	9	9		
lubricated	9	9		
clean	9	9		
<b>PEDALS</b>				
Loose/bind	9	9		
tread worn	9	9		
reflectors affixed	9	9		
<b>FORKS</b>				
loose	9	9		
bent	9	9		
<b>HANDLE BARS</b>				
loose	9	9		
proper height	9	9		
grips loose/missing	9	9		
<b>SADDLE (seat)</b>				
loose	9	9		
correct height	9	9		
<b>COASTER BRAKES</b>				
stops smoothly, quickly	9	9		

	Yes	No
<b>HAND BRAKES</b>		
Lever moves easily	9	9
adjusted properly	9	9
pads worn	9	9
<b>DERAILLEURS</b>		
Shift Mechanism Clean	9	9
Lubricated	9	9
Adjusted properly	9	9
cables frayed	9	9

### Equipment and Accessories

<b>HELMET</b>		
damaged	9	9
correct fit	9	9
<b>BELL / HORN</b>		
Loose	9	9
Damaged	9	9
Loud Enough	9	9
<b>LOCK / CHAIN or CABLE</b>		
chain/cable long enough	9	9
strong lock	9	9
<b>SADDLE BAGS, BASKETS, LUGGAGE RACK</b>		
installed properly	9	9
mounting bolts complete/tight	9	9
balanced racks	9	9

### RECOMMENDED REPAIRS

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I certify that I have inspected the above described bicycle.

Signed: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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