



GWRA Motorcycle Inspection Sheet



		OK	Deficient	If not OK - Why?
Front Tire/Wheel	Tread Depth, Bulges, Cracks, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Air Pressure _____			
Rear Tire/Wheel	Tread Depth, Bulges, Cracks, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Air Pressure _____			
Coolant	Level OK, no leaks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throttle Operation	Moves Freely, snaps Back	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clutch Operation	Moves freely, completely disengages	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front Brake	Firm Feel, Lever Adjusted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rear Brake	Firm Feel, Pedal Adjusted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lights	High / Low Beam	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Turn Signals - Front / Rear	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Running Lights	<input type="checkbox"/>	<input type="checkbox"/>	_____
Horn	Works?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuel	At least 1/2 tank	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oil	Level OK	<input type="checkbox"/>	<input type="checkbox"/>	_____
Suspension	Setting and condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Forks/shocks move freely, no leaks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sidestand	Pivots well	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Interlock works	<input type="checkbox"/>	<input type="checkbox"/>	_____

I have performed the above safety check. To my knowledge, my Bike is ready for safe range operation. I certify the above statements are true and correct.

Print Name

Year and Type of Motorcycle

Signature

Date