USARCENT Motorcycle/Rider Inspection Record

SECTION 1 - Personal Data		
Name:	**Rank:**	**Unit:** Section:
Motorcycle Operators License: YES _____ NO _____ State and Expiration date: _____	Motorcycle Safety Course: YES _____ NO _____ Course Date/Card Number:_____	

SECTION 2 - Vehicle Information			
Post Decal Number:	**License Plate Number (State and Expiration Date):**		
Make	**Model**	**Color**	**Year**

SECTION 3 - Insurance Coverage		
Insurance Company	**Insurance Policy Number (Last 5 digits**	**Expiration Date of Coverage**

SECTION 4 - Vehicle Inspections						
Complete appropriate columns. S-Satisfactory or U-Unsatisfactory or N- Non-applicable	Date:	Date:	Date:	Date:	Date	Date:
1. Frame- Visual check for damage and/or objects that would interfere with safe vehicle operation.						
2. Horn - Present, Operational (Audible/loud)?						
3. Mirrors (2)- One mounted on the left and right sides of handlebars or on sides (L/R) of the windshield?						
4. Windshield- Optional, if present, must be minimum of 15 inches in height? (Not approved eye protection, see #16)						
5. Lights- a. Headlight, (multi-beam) present/operational?						
b. Taillight- Minimum one fully operational taillight?						
c. Brake light- Minimum one fully operational?						
d. Turn signals- If manufactured prior to 01/80= NA. After 01/80, turn signals are required.						
e. Reflectors- Minimum one red reflector? May be separate or part of taillight assembly.						
6. Handlebars- Flexible height (minimum, low 15inch above seat, to no higher than shoulder height when operator is mounted).						
7. Brakes- Present, front and rear operational?						
7. Wheels- Check rims for cracks, dents, or rust, and proper fittings.						
8. Tires- Proper tire pressure (PSI)? Check for dry rot, tire damage, and excessive/uneven tread wear.						
9. Passenger Seating: Fixed seat, w/passenger footrest and handgrips?						
10. Valid Driver License and MSF card current.						

Continued on Reverse Side

SECTION 4 - Vehicle Inspection (Continued)						
Complete appropriate columns. S-Satisfactory or U-Unsatisfactory or N- Non-applicable	Date:	Date:	Date:	Date:	Date:	Date:
11. Cables- Check the brake, clutch, and throttle cables for kinks or broken strands.						
12. Muffler/Exhaust System- Present/Operational? No excessive noise/open exhaust pipe?						
13. Kick Stands & Center Stands- Available, springs in place w/tension to hold in place when in folded position?						
14. Oil/Hydraulic fluids- Check engine, wheels, and on ground for obvious signs of leakage?						
SECTION 5 - Personal Protective Equipment / Clothing						
15. Helmet - Department of Transportation (DOT) or Snell approved. Serviceable chin-strap. No personal modifications or paint. (Cheap spray paint weakens structure)						
16. Eye Protection - Full face shield attached to helmet or approved goggles. (Sunglasses are not acceptable)						
17. High visibility garment and/or vest- High visibility color day / retro-reflective at night?						
18. Gloves - Heavy-duty full-fingered gloves or mittens designed for motorcycle use?						
19. Footwear - Enclosed sturdy footwear, preferably boots or leather high top shoes?						
20. Pants and shirt or jacket - Must cover full length of arms and legs						
21. Motorcyclist has been counseled regarding his/her responsibilities as an owner/operator/passenger of a motorcycle.						
REMARKS:						
Corrective Action Taken/Completed: Y-Yes / N- No						
REMARKS:						

Leader/Inspector Signs/Dates Form AFTER required Corrective Action Taken/Completed!

Leader's Signature_____ Motorcyclist's Signature_____