MOTORCYCLE SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Controls and Cables

☐ Yes ☐ No — Throttle operates smoothly and snaps back

☐ Yes ☐ No — Clutch and brake levers are properly adjusted

☐ Yes ☐ No — Cables are free of fraying or kinks

☐ Yes ☐ No — Foot controls are secure and functional

Lights and Electrical

☐ Yes ☐ No — Headlight high and low beams are operational

☐ Yes ☐ No — Turn signals and hazard lights function correctly

☐ Yes ☐ No — Brake light activates with both front and rear brakes

☐ Yes ☐ No — Horn and instrument panel lights are working

Tires and Wheels

☐ Yes ☐ No — Tire pressure meets manufacturer specifications

☐ Yes ☐ No — Tread depth is sufficient and wear is even

☐ Yes ☐ No — Rims are free of cracks, dents, or loose spokes

☐ Yes ☐ No — Bearings show no play or excessive noise

Fluids and Chassis

☐ Yes ☐ No — Engine oil and coolant levels are adequate

☐ Yes ☐ No — Brake fluid levels are within the reservoir limits

☐ Yes ☐ No — Drive chain or belt tension is correctly adjusted

☐ Yes ☐ No — Frame and suspension show no leaks or damage

FINAL NOTES

Inspector Comments:

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Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ **I confirm this inspection was completed accurately**