



RPM Academy Vehicle Inspection Sheet

	OK	NO	If No - Why
All Vehicles			
Front Tire(s) (Tread Depth, bulges, cracks, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Air Pressure _____ Air Pressure _____			_____
Rear Tire(s) (Tread Depth, bulges, cracks, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Air Pressure _____ Air Pressure _____ Air Pressure _____			_____
Throttle Moves freely, snaps back)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clutch Moves freely, completely disengages)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brake Lever (Firm feel)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brake Pedal (Firm Feel)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headlamp	<input type="checkbox"/>	<input type="checkbox"/>	_____
Running lamps (trailer also)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brake lights (Trailer also)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turn signals (Trailer also)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Horn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oil level	<input type="checkbox"/>	<input type="checkbox"/>	_____
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>	_____
Forks/shocks move freely, no leaks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sidestand interlock working	<input type="checkbox"/>	<input type="checkbox"/>	_____
Suspension setting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sidecars			
Attachment Points secure	<input type="checkbox"/>	<input type="checkbox"/>	_____
No cracks or separation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trailers			
Tire Pressure			_____
Left Pressure _____ Right Pressure _____			_____
Safety Chains (attached, crossed)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Print Name

Signature

Year and type of vehicle

Date