**Project Name:**

**Checklist No. …………**

**Make:**

**Checklist for Equipment Inspection**

**Project Code: Date:**

**Model:**

**Hired Contractor**

****

| Equipment Name & Number: | | **71-Bike** & | | | |
| --- | --- | --- | --- | --- | --- |
| **Note:** Please write Yes or No in the given box and if some comments write in remarks column. | | | | | |
| **SN.** | **Description** | |  | **Yes/No** | **Remarks** |
| 1. | Physical condition of vehicle is good. | | # |  |  |
| 2. | No damage in tire (crack, cuts & air pressure, etc.). | | # |  |  |
| 3. | Side mirror should be in good condition. | | # |  |  |
| 4. | Head light and indicators are in working condition. | | # |  |  |
| 5. | Registration number should be written. | | # |  |  |
| 6. | Stand should be in proper condition. | | # |  |  |
| 7. | Horn is in working condition. | | # |  |  |
| 8. | Rider have valid and suitable license. | | # |  |  |
| 9. | Rider is using crash helmet during riding. | |  |  |  |
| 10. | First aid kit should be available. | |  |  |  |
| 11. | Break should be in functional & operational condition. | | # |  |  |

| FIT |  | PARTIALLY FIT UNFIT | |  |  |
| --- | --- | --- | --- | --- | --- |
| Inspected By | | | Reviewed By | | |
| Name: | | | Name: | | |
| Signature with date: | | | Signature with date: | | |