

Equipment Inspection Checklist

Project Name:
Checklist No.
Make:
OWN

Project Code:
Date:
Model:
Hired **Contractor**

| Equipment Name & Number: | | 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 | <input type="checkbox"/> | PARTIALLY FIT | <input type="checkbox"/> | UNFIT | <input type="checkbox"/> |
| Inspected By | | Reviewed By | | | |
| Name: | | Name: | | | |
| Signature with date: | | Signature with date: | | | |