

Motorcycle Pre-Inspection Check List

Name: _____

EW Plan: Engine + Gearbox, ECU and Brake

Date : _____

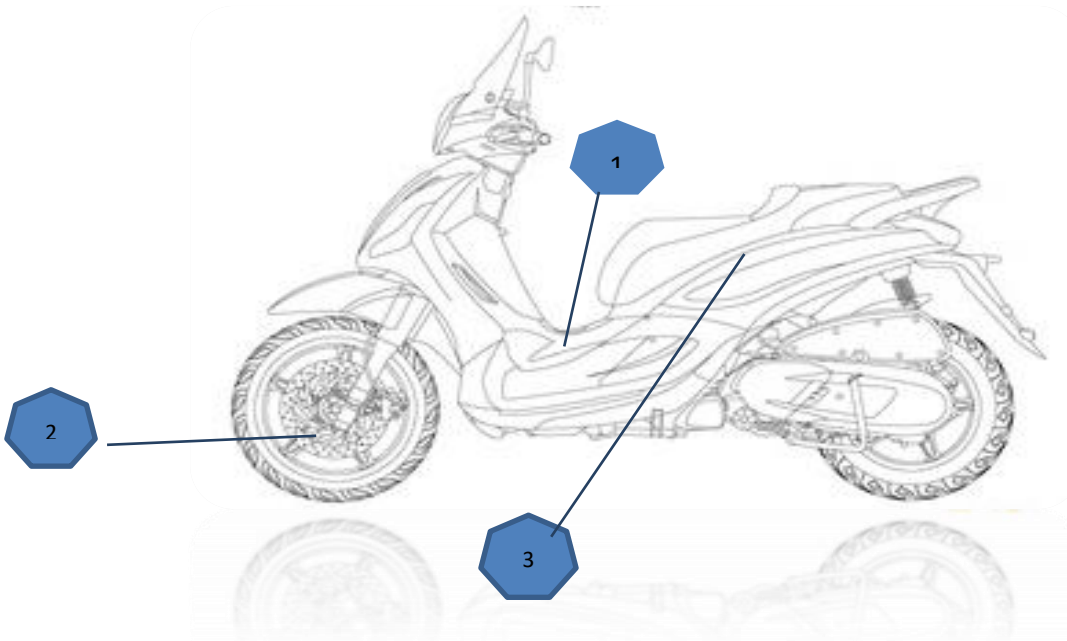
VIN No : _____

Vehicle No : _____

Engine No : _____

Model : _____

ODO Reading : _____



Test Ride	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

NO	Status	Good	Bad	Need To check	Notes
1	Engine + Gearbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	ECU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Complete this test with road test and please include the Diagnostic report along with this checklist. (If Applicable)

INSPECTOR