

T.L. STORER SCOUT CAMP

Mountain Bike Inspection Form

(Please make additional copies as needed)

Week # _____ Site _____ Troop # _____ Town _____

_____	_____	_____
Bike Operator	Make	Model
_____	<input type="checkbox"/> Helmet is solid and approved	<input type="checkbox"/> Brakes are in good working order
Serial # if any	<input type="checkbox"/> Handle bar is tight	<input type="checkbox"/> Wheels are true and in good working order
	<input type="checkbox"/> Chain / Shift and gears are in good working order	<input type="checkbox"/> Reflectors are present
	<input type="checkbox"/> All nuts/bolts and screws are tight	
I have read and will abide by the T.L. Storer Mountain Bike safety policy:		_____
		Operators Initials

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I have read and will abide by the T.L. Storer Mountain Bike safety policy:		_____
		Operators Initials

I attest that all the above vehicles are safe to ride to the best of my knowledge:

Scoutmaster or Unit Leader's Signature

Print Name

Date