

Joint Base Lewis-McChord POV Inspection Checklist

For use of this form, see AR 385-10 and AR 190-5

Inspection Date

Owner's Name		Rank/Grade		Unit		
POV Type		Year/Make		License State and No.		
C A R S T R U C K S V A N S S U V S	GLASS	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> NOT CRACKED			
	SEAT BELTS	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> GOOD CONDITION			
	STEERING	<input type="checkbox"/> NO EXCESSIVE FREEPLAY	<input type="checkbox"/> WHEEL NOT LOOSE			
	BRAKES	<input type="checkbox"/> OPERATE PROPERLY	<input type="checkbox"/> ADJUSTMENT OK	<input type="checkbox"/> ADEQUATE BRAKE FLUID		
	BODY	<input type="checkbox"/> DOORS CLOSE PROPERLY	<input type="checkbox"/> BODY COMPONENTS SECURED PROPERLY			
	TIRES	<input type="checkbox"/> ADEQUATE TREAD DEPTH	<input type="checkbox"/> PROPERLY INFLATED	<input type="checkbox"/> EVEN WEAR		
	ENGINE					
		Cables	<input type="checkbox"/> NO FRAYS	<input type="checkbox"/> NOT KINKED	<input type="checkbox"/> CORRECTLY ROUTED	
		Hoses	<input type="checkbox"/> NO LEAKS OR SEEPAGE	<input type="checkbox"/> NOT DRYROTTED	<input type="checkbox"/> NO CRACKS OR CUTS	
		Coolant	<input type="checkbox"/> NO LEAKS	<input type="checkbox"/> PROPER CAP	<input type="checkbox"/> ADEQUATE COOLANT	
		Oil/Fluids	<input type="checkbox"/> CORRECT LEVELS	<input type="checkbox"/> NO APPARENT LEAKAGE	<input type="checkbox"/> CHANGED IAW SPECS	
	LIGHTS	<input type="checkbox"/> HEAD LIGHTS	<input type="checkbox"/> TAIL LIGHTS	<input type="checkbox"/> BRAKE LIGHTS		
		<input type="checkbox"/> LICENSE LIGHT	<input type="checkbox"/> TURN SIGNALS	<input type="checkbox"/> 4-WAY FLASHERS		
	HORN	<input type="checkbox"/> AUDIBLE				
	BATTERY	<input type="checkbox"/> BATTERY TERMINALS CLEAN	<input type="checkbox"/> NO FRAYED WIRES	<input type="checkbox"/> ELECTROLYTE LEVEL GOOD		
MIRRORS	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> OPERATE PROPERLY				
M O T O R C Y C L E S	DOCUMENTATION	<input type="checkbox"/> VALID STATE LICENSE/ENDORSEMENT		<input type="checkbox"/> MOTORCYCLE SAFETY FOUNDATION CARD		
	TIRES	<input type="checkbox"/> ADEQUATE TREAD DEPTH	<input type="checkbox"/> PROPERLY INFLATED	<input type="checkbox"/> NO FOREIGN OBJECTS		
	WHEELS	<input type="checkbox"/> FREE OF CRACKS & DENTS	<input type="checkbox"/> STRAIGHT & ROUND	<input type="checkbox"/> NO BEARING FREEPLAY		
	CONTROLS					
		Cables	<input type="checkbox"/> NO FRAYS	<input type="checkbox"/> NOT KINKED	<input type="checkbox"/> CORRECTLY ROUTED	
		Hoses	<input type="checkbox"/> NO LEAKS OR SEEPAGE	<input type="checkbox"/> NOT DRYROTTED	<input type="checkbox"/> NO CRACKS OR CUTS	
		Levers	<input type="checkbox"/> SECURELY ATTACHED	<input type="checkbox"/> PIVOT FREELY	<input type="checkbox"/> FREE OF CRACKS/BENDS	
		Throttle	<input type="checkbox"/> TURNS FREELY	<input type="checkbox"/> RETURNS ON RELEASE	<input type="checkbox"/> CORRECTLY ROUTED	
	LIGHTS	<input type="checkbox"/> HEAD, TAIL & STOP LIGHTS WORK	<input type="checkbox"/> TURN SIGNALS WORK	<input type="checkbox"/> 4-WAY FLASHERS WORK		
	HORN	<input type="checkbox"/> AUDIBLE				
	MIRRORS	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> OPERATE PROPERLY			
	ELECTRICAL	<input type="checkbox"/> BATTERY TERMINALS CLEAN	<input type="checkbox"/> NO FRAYED WIRES	<input type="checkbox"/> ELECTROLYTE LEVEL GOOD		
	OIL/FLUIDS	<input type="checkbox"/> CORRECT LEVELS	<input type="checkbox"/> NO APPARENT LEAKAGE	<input type="checkbox"/> CHANGED IAW SPECS		
	CHASSIS	<input type="checkbox"/> STEERINGHEAD NOT LOOSE	<input type="checkbox"/> FRAME IS STRAIGHT	<input type="checkbox"/> NO CRACKED FRAME WELDS		
	CHAIN/BELT & SPROCKETS	<input type="checkbox"/> PROPER TENSION & ALIGNMENT	<input type="checkbox"/> PROPERLY LUBRICATED	<input type="checkbox"/> NO SPROCKET BENT TEETH		
KICK STAND	<input type="checkbox"/> OPERABLE	<input type="checkbox"/> NO LOOSE HARDWARE	<input type="checkbox"/> FULLY FOLDS UP			
RIDING EQUIPMENT						
HELMET	<input type="checkbox"/> DOT OR SNELL CERTIFIED	<input type="checkbox"/> NO SIGNS OF DAMAGE	<input type="checkbox"/> STRAP FASTENS SECURELY			
EYE PROTECTION	<input type="checkbox"/> PROVIDES CLEAR VISION	<input type="checkbox"/> SHATTER RESISTANT	<input type="checkbox"/> NO REGULAR SUN/GLASSES			
HIGH VISIBILITY/REFLECTIVE CLOTHING	<input type="checkbox"/> ON HAND	<input type="checkbox"/> FITS PROPERLY	<input type="checkbox"/> VISIBLE FRONT AND BACK			
STURDY OVER-ANKLE FOOTWEAR	<input type="checkbox"/> LEATHER/NYLON MATERIAL	<input type="checkbox"/> SERVICEABLE	<input type="checkbox"/> GIVES ANKLE PROTECTION			

REMARKS