

# Fort Lewis POV Inspection Checklist

For use of this form, see AR 385-55 and AR 190-5

Inspection Date

Owner's Name		Rank/Grade		Unit	
POV Type		Year/Make		License State and No.	
				Post Tag No. and Expiration Date	

  

<b>C A R S  T R U C K S  V A N S  S U V S</b>	<b>GLASS</b>	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> NOT CRACKED	
	<b>SEAT BELTS</b>	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> GOOD CONDITION	
	<b>STEERING</b>	<input type="checkbox"/> NO EXCESSIVE FREEPLAY	<input type="checkbox"/> WHEEL NOT LOOSE	
	<b>BRAKES</b>	<input type="checkbox"/> OPERATE PROPERLY	<input type="checkbox"/> ADJUSTMENT OK	<input type="checkbox"/> ADEQUATE BRAKE FLUID
	<b>BODY</b>	<input type="checkbox"/> DOORS CLOSE PROPERLY	<input type="checkbox"/> BODY COMPONENTS SECURED PROPERLY	
	<b>TIRES</b>	<input type="checkbox"/> ADEQUATE TREAD DEPTH	<input type="checkbox"/> PROPERLY INFLATED	<input type="checkbox"/> EVEN WEAR
	<b>ENGINE</b>			
	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
	<b>LIGHTS</b>	<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
	<b>HORN</b>	<input type="checkbox"/> AUDIBLE		
	<b>BATTERY</b>	<input type="checkbox"/> BATTERY TERMINALS CLEAN	<input type="checkbox"/> NO FRAYED WIRES	<input type="checkbox"/> ELECTROLYTE LEVEL GOOD
<b>MIRRORS</b>	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> OPERATE PROPERLY		

  

<b>M O T O R C Y C L E S</b>	<b>DOCUMENTATION</b>	<input type="checkbox"/> VALID STATE LICENSE/ENDORSEMENT	<input type="checkbox"/> FORT LEWIS MOTORCYCLE CARD	
	<b>TIRES</b>	<input type="checkbox"/> ADEQUATE TREAD DEPTH	<input type="checkbox"/> PROPERLY INFLATED	<input type="checkbox"/> NO FOREIGN OBJECTS
	<b>WHEELS</b>	<input type="checkbox"/> FREE OF CRACKS & DENTS	<input type="checkbox"/> STRAIGHT & ROUND	<input type="checkbox"/> NO BEARING FREEPLAY
	<b>CONTROLS</b>			
	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
	<b>LIGHTS</b>	<input type="checkbox"/> HEAD, TAIL & STOP LIGHTS WORK	<input type="checkbox"/> TURN SIGNALS WORK	<input type="checkbox"/> 4-WAY FLASHERS WORK
	<b>HORN</b>	<input type="checkbox"/> AUDIBLE		
	<b>MIRRORS</b>	<input type="checkbox"/> INSTALLED AS REQUIRED	<input type="checkbox"/> OPERATE PROPERLY	
	<b>ELECTRICAL</b>	<input type="checkbox"/> BATTERY TERMINALS CLEAN	<input type="checkbox"/> NO FRAYED WIRES	<input type="checkbox"/> ELECTROLYTE LEVEL GOOD
	<b>OIL/FLUIDS</b>	<input type="checkbox"/> CORRECT LEVELS	<input type="checkbox"/> NO APPARENT LEAKAGE	<input type="checkbox"/> CHANGED IAW SPECS
	<b>CHASSIS</b>	<input type="checkbox"/> STEERINGHEAD NOT LOOSE	<input type="checkbox"/> FRAME IS STRAIGHT	<input type="checkbox"/> NO CRACKED FRAME WELDS
	<b>CHAIN/BELT &amp; SPROCKETS</b>	<input type="checkbox"/> PROPER TENSION & ALIGNMENT	<input type="checkbox"/> PROPERLY LUBRICATED	<input type="checkbox"/> NO SPROCKET BENT TEETH
<b>KICK STAND</b>	<input type="checkbox"/> OPERABLE	<input type="checkbox"/> NO LOOSE HARDWARE	<input type="checkbox"/> FULLY FOLDS UP	
<b>RIDING EQUIPMENT</b>				
<b>HELMET</b>	<input type="checkbox"/> DOT OR SNELL CERTIFIED	<input type="checkbox"/> NO SIGNS OF DAMAGE	<input type="checkbox"/> STRAP FASTENS SECURELY	
<b>EYE PROTECTION</b>	<input type="checkbox"/> PROVIDES CLEAR VISION	<input type="checkbox"/> SHATTER RESISTANT	<input type="checkbox"/> NO REGULAR SUN/GLASSES	
<b>HIGH VISIBILITY/REFLECTIVE CLOTHING</b>	<input type="checkbox"/> ON HAND	<input type="checkbox"/> FITS PROPERLY	<input type="checkbox"/> VISIBLE FRONT AND BACK	
<b>STURDY OVER-ANKLE FOOTWEAR</b>	<input type="checkbox"/> LEATHER/NYLON MATERIAL	<input type="checkbox"/> SERVICEABLE	<input type="checkbox"/> GIVES ANKLE PROTECTION	

REMARKS