Pedicab Mechanical Inspection Form

Address: 4252 Groves Road, Columbus, Ohio 43232
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THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF BUILDING AND ZONING SERVICES

Inspection Information:

Owner's Name: _____ Date of Inspection: _____

DBA: _____ Phone #: _____

Vehicle Information:

Pedicab #: _____ Serial #: _____

Inspection Items:

	PASS	FAIL
Frame		
Unibody	☐	☐
Not bent/cracked	☐	☐
Fork		
Not loose	☐	☐
Not bent	☐	☐
Handlebar		
Not loose	☐	☐
Grips not loose/missing	☐	☐
Derailleurs		
Shift mechanism clean	☐	☐
Lubricated	☐	☐
Adjusted properly	☐	☐
Cables not frayed	☐	☐

	PASS	FAIL
Brakes		
Either disc or drum	☐	☐
Emergency brake	☐	☐
Levers move easily	☐	☐
Adjusted properly	☐	☐
Pads not worn	☐	☐
Cables not frayed	☐	☐
Tires		
Correct inflation	☐	☐
No cuts/cracks/bulges	☐	☐
No bald tires	☐	☐
Wheels		
Spokes tight, none broken	☐	☐
Axle nuts tight	☐	☐
Rims not bent	☐	☐

	PASS	FAIL
Saddle		
Not loose	☐	☐
Reflectors		
Clean	☐	☐
Not damaged/loose	☐	☐
Not missing	☐	☐
Pedals		
Not loose or binding	☐	☐
Sprockets		
No teeth damaged	☐	☐
Chain		
Clean	☐	☐
Not loose	☐	☐
Not damaged	☐	☐
Lubricated	☐	☐

Did this vehicle pass its initial inspection? ☐ Yes ☐ No*

If no, reason for failure: _____

Re-inspection passed: ☐ Yes ☐ No

Date passed: _____

Comments/Repairs Needed: _____

Check this box to certify that this vehicle is safe to operate as a Vehicle for Hire: ☐

_____ *Name of Inspection Facility*

_____ *Signature of Inspector*

_____ *Street Address*

_____ *Name of Inspector*

_____ _____ _____ *City State Zip Code*

_____ *Business Phone #*