

Attention Pedicab Owner,

Effective August 02, 2013, all pedicabs are required to have a Pedicab Mechanical Inspection. Per 587.12, all pedicabs must obtain a mechanical inspection from a reputable bicycle shop that does not have a vested interest in the management affairs of the driver and/or owner of the pedicab.

You are required to take this letter and form to the facility that will be completing your Pedicab Mechanical Inspection and have them complete the form. You will need to submit the completed form to the License Section with your application

587.12 - Inspections

(a) The Director shall establish the criteria and the procedure for a reasonable inspection to be performed prior to initial licensing and prior to any renewal.

(1) The Director shall provide all vehicle for hire owners with a City of Columbus annual mechanical inspection form for the specific vehicle to be licensed. The owner must have the vehicle inspected by one of the following: a certified mechanic, ASE Blue Seal Shop, dealership that is not employed by the driver and/or owner of the vehicle and that does not have a vested interest in the management affairs of the driver and/or owner of the vehicle. With respect to pedicabs an inspection must be obtained from a reputable bicycle shop that does not have a vested interest in the management affairs of the driver and/or owner of the pedicab. The inspection form must be signed and stamped by the mechanic and/or inspecting facility and submitted to the License Section with original invoice and any defect repair paperwork.

(2) The inspecting establishment shall provide a copy of the annual mechanical inspection form to the owner of the vehicle. The original form shall be taken to the License Section prior to the issuance or renewal of the license for that vehicle, pursuant to C.C.C. 587.05.

(3) All inspection criteria must be satisfactory prior to the approval of licensing. If any portion of the inspection is unsatisfactory, the vehicle owner shall cause the condition to be corrected and shall have the vehicle reinspected by the original certified mechanic or inspection facility.

(b) The Director shall make or cause to be made additional inspections of vehicles for hire at least once during the twelve month period after initial licensure or at any other time at the discretion of the Director at no charge to the owner or operator.

(1) If, upon any inspection, a vehicle is found to be unsafe, unclean or unsightly, a license officer or law enforcement officer may remove the decal and direct the vehicle be taken out of service until the vehicle is in compliance. Such vehicle taken out of service must be reinspected at a cost of twenty-five dollars (\$25.00) per additional inspection and approved by a license officer before being returned to service.

(2) The license officer shall cause a memorandum of such inspection failure to be recorded on the record of the owner of said vehicle that are maintained by the License Section.

(c) After a vehicle successfully completes the inspection and pays a decal fee of ten dollar (\$10.00), the decal shall be issued by the Director and be affixed to the vehicle in an assigned location. The decal shall clearly indicate that the vehicle has received and satisfied the inspection.

If you have any questions contact the License Section at 614-645-8366.



CITY OF COLUMBUS PEDICAB MECHANICAL FORM

PEDICAB INSPECTION INFORMATION

Owner's Name _____ Date of Inspection _____

Company DBA _____ Phone Number _____

Pedicab No. _____ Make of Pedicab _____ Serial No. _____

INSPECTION ITEMS

| | PASS | FAIL | | PASS | FAIL |
|---------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| WHEELS | | | PEDALS | | |
| SPOKES TIGHT, NONE BROKEN | <input type="checkbox"/> | <input type="checkbox"/> | NOT LOOSE OR BINDING | <input type="checkbox"/> | <input type="checkbox"/> |
| AXLE NUTS TIGHT | <input type="checkbox"/> | <input type="checkbox"/> | TREAD NOT WORN | <input type="checkbox"/> | <input type="checkbox"/> |
| RIMS NOT BENT | <input type="checkbox"/> | <input type="checkbox"/> | FORK | | |
| TIRES | | | NOT LOOSE | <input type="checkbox"/> | <input type="checkbox"/> |
| CORRECT INFLATION | <input type="checkbox"/> | <input type="checkbox"/> | NOT BENT | <input type="checkbox"/> | <input type="checkbox"/> |
| NO CUTS, CRACKS, BULGES | <input type="checkbox"/> | <input type="checkbox"/> | HANDLEBAR | | |
| NO BALD TIRES | <input type="checkbox"/> | <input type="checkbox"/> | NOT LOOSE | <input type="checkbox"/> | <input type="checkbox"/> |
| VALUE CENTERED | <input type="checkbox"/> | <input type="checkbox"/> | GRIPS NOT LOOSE OR MISSING | <input type="checkbox"/> | <input type="checkbox"/> |
| REFLECTORS | | | SADDLE (SEAT) | | |
| CLEAN | <input type="checkbox"/> | <input type="checkbox"/> | NOT LOOSE | <input type="checkbox"/> | <input type="checkbox"/> |
| NONE DAMAGED, LOOSE | <input type="checkbox"/> | <input type="checkbox"/> | BRAKES | | |
| NONE MISSING | <input type="checkbox"/> | <input type="checkbox"/> | ARE BRAKES DISC OR DRUM | <input type="checkbox"/> | <input type="checkbox"/> |
| FRAME | | | EMERGENCY BRAKE | <input type="checkbox"/> | <input type="checkbox"/> |
| UNIBODY | <input type="checkbox"/> | <input type="checkbox"/> | LEVERS MOVE EASILY | <input type="checkbox"/> | <input type="checkbox"/> |
| NOT BENT OR CRACKED | <input type="checkbox"/> | <input type="checkbox"/> | ADJUSTED PROPERLY | <input type="checkbox"/> | <input type="checkbox"/> |
| SPROCKETS | | | PADS NOT WORN | <input type="checkbox"/> | <input type="checkbox"/> |
| NO TEETH DAMAGED | <input type="checkbox"/> | <input type="checkbox"/> | CABLES NOT FRAYED | <input type="checkbox"/> | <input type="checkbox"/> |
| CHAIN | | | DERAILLEURS | | |
| NOT LOOSE | <input type="checkbox"/> | <input type="checkbox"/> | SHIFT MECHANISM CLEAN | <input type="checkbox"/> | <input type="checkbox"/> |
| NOT DAMAGED | <input type="checkbox"/> | <input type="checkbox"/> | LUBRICATED | <input type="checkbox"/> | <input type="checkbox"/> |
| LUBRICATED | <input type="checkbox"/> | <input type="checkbox"/> | ADJUSTED PROPERLY | <input type="checkbox"/> | <input type="checkbox"/> |
| CLEAN | <input type="checkbox"/> | <input type="checkbox"/> | CABLES NOT FRAYED | <input type="checkbox"/> | <input type="checkbox"/> |

FIRST INSPECTION

YES NO
 Did unit pass inspection?
 If no, explain needed repairs

RE-INSPECTION

YES NO
 Did unit pass re-inspection?
 Re-inspection date _____
 If no, explain needed repairs

Comments / Notes / Needed repairs

Inspected By (print) _____

Signature of Inspector _____

Name of Bicycle Shop _____

Phone Number _____

Street Address _____

City _____ **State** _____ **Zip** _____