MOTORBIKE INSPECTION / HAND OVER FORM

HANDED BY *(Name, position & sign)*

ACF ID

PLATE NUMBER

CURRENT KM

NEXT SERVICE

|  |
| --- |
| FUEL |
| 1/4 | 1/2 | 3/4 | Full |

DATE :

TAKEN BY *(Name, position & sign)*

please, encircle according to condition G = GOOD, D = DAMAGED, M = MISSING; put "S" for SCRATCHES

 FRONT LIGHT

WORKING

YES

NO

LEFT

 BACK LIGHT WORKING

YES

RIGHT

NO

 FRONT SIGNALS

 FRONT SIGNALS

 BACK SIGNALS

 BACK SIGNALS

 MIRRORS

 BREAK CLUTCH

 HANDLE

 FOOT REST FRONT

 FOOT LEVERS

 TANK SIDE COVER

 BACK SIDE COVER

 MUD GUARD

 PASSENGER HANDLE

WORKING

YES

NO

YES

NO

CONDITION

G

D

M

G

D

M

WORKING

YES

NO

YES

NO

CONDITION

G

D

M

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 TYRE CONDITION AND

REAR

PRESSURE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | REGISTRATION PLATE | CONDITION | G | D | M |  |
|  | INSURANCE DISK | CONDITION | G | D | M |  |
|  | LOG BOOK : | YES | NO |  |  |  |

|  |  |  |
| --- | --- | --- |
| HANDLE BAR FRONT PANEL SIDE STAND | G DG DG D |  |
|  |
|  |

**DAMAGES AND OBSERVATIONS**

LOGISTICIAN SIGN DATE