



Special Olympics Iowa Bike Safety Inspection Form
Inspection Dates: April 1 – May 15

Athlete: _____ Delegation: _____

Coach: _____

Coach Email: _____ Coach Telephone: _____

Bike Brand & Model _____ Bike Color _____

The following bike parts have been checked for safety:

Handlebars	_____	Rear Brake	_____
Front Brake	_____	Wheels	_____
Fork	_____	Headset	_____
Shifting	_____	Pedals	_____
Saddle/Seatpost	_____	Tires	_____
Crank	_____	Other (_____)	_____
Stem	_____		

Mechanic Notes:

Tire inflation is correct. _____ Yes _____ No
Have frayed wires been replaced? _____ Yes _____ No _____ NA
The bike has: _____ Quick Release Wheels _____ Seatpost Wheels _____ NA
Does the rider know how to use the wheels? _____ Yes _____ No

I certify that the bike listed above is safe to ride in the Special Olympics Iowa Cycling Competition:

Mechanic Signature Date

Bike Shop Name or Stamp: _____
Town/City: _____

Please return the completed form to Special Olympics Iowa by 05/15 at:
registrations@soiowa.org or PO Box 620; Grimes, IA 50111.
Please contact Rhonda Schwarzkopf at rschwarzkopf@soiowa.org or 515-986-5520 if you have any questions. Thank you.