



**Special Olympics Iowa Bike Safety Inspection Form**  
**Inspection Dates: April 1 – May 10**

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 May 1<sup>st</sup> at:  
[registrations@soiowa.org](mailto:registrations@soiowa.org) or PO Box 620; Grimes, IA 50111.  
Please contact the State Office at [info@soiowa.org](mailto:info@soiowa.org) or 515-986-5520 if you have any questions. Thank you.