

You are **required** to have your bike inspected by a certified bike shop. You must bring this sheet with you when you drop off your bike for inspection and have it **SIGNED and STAMPED** by the bicycle mechanic.

## Bicycle Inspection Sheet



The American Lung Association recommends that you tune-up your bike in early spring for training, then do your inspection. The sponsoring bike shops for the Trek Across Maine will begin offering free bike inspections to registered trekkers after March 1, 2022.

### Return form to:

Mail: ALAME, 122 State Street, Augusta, ME 04330

Fax: 207-626-2919

TREKKER NAME \_\_\_\_\_ TREKKER NUMBER \_\_\_\_\_

BICYCLE MAKE AND MODEL \_\_\_\_\_

E-Bike? Please indicate class (pedal assist only): \_\_\_\_\_ Class I \_\_\_\_\_ Class III  
(Throttle driven class II are prohibited from the Trek Across Maine)

### STEERING

- Stem bolt tight
- Levers and shifters attached
- Grips, tape, and end plugs okay
- Headset adjustment okay
- Cables and housing inspected

### WHEELS AND BRAKES

- Wheel secure in dropout
- Bearings adjusted properly
- Tire inflated and checked for seating and wear
- Wheels true, round, and tensioned
- Brakes adjusted
- Brakes centered

### HELMET

The Trek Across Maine requires all participants to wear a helmet while cycling. Helmets should be no more than five years old and need to fit properly. Do the "Eyes, Ears, Mouth Test" each time you go cycling.

- Eyes.** Looking up past your eyebrows, you should see the very edge of the helmet.
- Ears.** The straps should meet right under your earlobes.
- Mouth.** When buckled, the strap should be loose enough so you can breathe and insert two fingers between it and your chin, but tight enough that if you drop your jaw, you can feel the helmet pull down on the top of your head.

### BOTTOM BRACKET

- Bearings adjusted
- Crank bolt tight
- Pedals secure and adjusted

### SHIFTING

- Chain checked
- Derailleur adjusted
- Shifting okay
- Frames and welds checked
- Seat rail and attachment checked

Inspector Name: \_\_\_\_\_

Store: \_\_\_\_\_

Date: \_\_\_\_\_

**Store return address stamp or label (with name):**

**Not valid unless stamped or labeled by shop.**

**Call Gale at 207-624-0302 with questions.**