

U.S. ARMY CORPS OF ENGINEERS  
ST. LOUIS DISTRICT  
Other Power Driven Mobility Device (OPDMD) Inspection Checklist

**Operator**

<i>Name</i>	
<i>Driver's License State/Number</i>	
<i>OPDMD Type</i>	

**Inspector**

<i>Name</i>	
<i>Date</i>	
<i>Result</i>	

**Required Equipment Inspection**

*Pass      Fail      Comment*

<i>Brakes</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Steering Apparatus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Tires</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Rearview Mirror</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Red Reflective Warning Device on Front</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Red Reflective Warning Device on Rear</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Reflective Slow Moving Emblem on Rear Visible from 300 yds.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Headlight (white light visible from at least 500ft)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Tail Lamp (red light visible from at least 100ft)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Brake Lights</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Turn Signals</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Maximum Speed 20mph or less</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>OPDMD Liability Insurance Expiration: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Credible Assurance Provided</i>	<input type="checkbox"/>	<input type="checkbox"/>	