



# Bicycle Swap Assessment

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

Donor Name: \_\_\_\_\_ Contact# or email: \_\_\_\_\_

Bike Description: \_\_\_\_\_

Bike Serial #: \_\_\_\_\_ Estimated Cost to repair: \_\_\_\_\_

## AIR

- Tires OK - no major cuts in sidewall and tread is ok
- Wheels true or might be easily trued
- All spokes in good condition - leave unchecked if spokes need replacement
- Tires hold air – leave unchecked if tube may need replacement
- Wheel bearings roll smoothly – leave unchecked if hubs need adjustment.

## BRAKES

- All components present – see notes
- Cables and housing OK
- Brake Pads OK
- Brakes have been adjusted

## CHAIN

- All drivetrain components present and functional– see notes
- Shifters are functional - if present
- Cables and housing OK
- Derailleurs are aligned and working
- Bottom Bracket OK
- Crank Bolts are tight
- Pedals OK
- Shifting has been adjusted
- Chain is in good condition – leave unchecked if replacement is needed
- Gears are in good condition

## FRAME

- Frame is in good condition, no cracks, dents or damage

## OTHER

- Headset is functional
- Grips are OK
- Seat Post fits frame and moves as intended
- Seat is OK
- Handlebar stem is tight enough

## NOTES:

Needed Parts	Estimated Cost
Estimated Cost to Repair later including labor	

Estimated Value of Bike \_\_\_\_\_

- Estimated cost of repair: \_\_\_\_\_

= Estimated value of Tax Deduction \_\_\_\_\_

### Organizational Tax-ID #:

Organizational Name and Address

*Allow donor to photograph this form when completed as their donation receipt.*