

# Scrutineering Form

Competitor Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class: \_\_\_\_\_ Race Number: \_\_\_\_\_

Check all Items Below    ✓ = CHECKED    X = N/A NOT APPLICABLE    ? = REFER TO SCRUTINEER

## Critical Safety

- Helmet**             Approved             Condition             Correct Visor/s
- Protective**             Race Suit             Gloves             Race Boots
- Brakes**             Pad Returns             Safety Cable             Pad             Brake Lines
- Brake Pad Retaining Bolts Safety Wired
- Steering**             Mounting             Column Clamp             Tie Rods & Ends

## Important Safety

- Body Work**             Nose Cone             Nassau             Side Pods             Numbers Front & Rear
- Exhaust**             Cradle Mounting             Safety Wire
- Axles**             Condition of Stubs             Condition of Rear Axle
- Wheels**             No Sharp Edges             No Loose Bearings
- Tyres DRY & WET**             Correct Type             Condition
- Seat**             Undamaged             Undamaged Near Fastenings
- Fastenings**             Steering Column             Wheel Nuts             Nose Cone             Floor Tray
- Engine Mounts             All Other Fasteners
- Guards**             Chain Guard             Rotary Finger Guard

**Crack & Weld Check**             Chassis             Floor Tray             Stub Axles             Brake Disc & Sprockets

I/We agree that all of the above is correct and the vehicle is in a safe and working condition

I hereby state that I or my agent have inspected the vehicle against all items ticked above on this form and Confirm that the entered vehicle complies with all the relevant minimum safety and class eligibility requirements.

Driver/Guardian Signature: \_\_\_\_\_

If Minor (Under 18 years) Parent/Guardian Signature

Driver/Guardian Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_