

SCRUTINY FORM



Event Name			
Event Location			
Event Date	Event Type	1000	2400
Team Name			
Car Make	Model	Year	
Engine*	Suspension*	Brakes*	

*Stock / Modified / Swapped? Add information in comments section below)

✔ = PASSED ✘ = FAILED

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Helmet & Attire (Suits, boots, gloves etc) (to the technical standards for event) <input type="checkbox"/> Licence Entrant, sponsor, driver/s <input type="checkbox"/> Logbook/Passport <input type="checkbox"/> Lamp Glass Protected / Taped <input type="checkbox"/> Windscreen – Perspex or Lexan, clear <input type="checkbox"/> Bonnet Secure <input type="checkbox"/> Cooling System, Hoses <input type="checkbox"/> Engine Mountings <input type="checkbox"/> Engine – Oil Leaks <input type="checkbox"/> Fuel Lines & Fittings <input type="checkbox"/> Throttle Return Springs <input type="checkbox"/> Oil Catch Tank/Can <input type="checkbox"/> Battery Firmly Attached / Encased <input type="checkbox"/> No Hydraulic Leaks <input type="checkbox"/> Hoses & Lines Safe <input type="checkbox"/> Brakes – Pedal Firm <input type="checkbox"/> Rear Vision Mirror/s <input type="checkbox"/> External Camera – Tethered to Vehicle <input type="checkbox"/> Windscreen Wipers – Working | <ul style="list-style-type: none"> <input type="checkbox"/> Windscreen – Vision clear <input type="checkbox"/> Floor Pan <input type="checkbox"/> Doors Secure <input type="checkbox"/> Steering Wheel Sound & Secure <input type="checkbox"/> Steering – Check for Play, Rods, Ball Joints <input type="checkbox"/> Seat Attachment Secure <input type="checkbox"/> Fire Extinguishing Equipment – Secure/In Date <input type="checkbox"/> Safety Cage – as per AASA Standards <input type="checkbox"/> Seat Belts – Type, Installation, Date <input type="checkbox"/> Wheel Nuts & Bearings <input type="checkbox"/> Tyres** Front (Check for Valve Caps) <input type="checkbox"/> Exhaust System Secure <input type="checkbox"/> Petrol Tank & Filler <input type="checkbox"/> General Chassis Construction <input type="checkbox"/> Body – Clean, No Excess Damage <input type="checkbox"/> Competition Numbers <input type="checkbox"/> Battery Marker, Cut-out Switch, etc <input type="checkbox"/> Self- Starter Operating <input type="checkbox"/> Hubs / Wheel Bearings – Check for Play <input type="checkbox"/> Stop / Park Lights Working |
|--|---|

**Treadwear Marking: _____
(Must be minimum of 220)

Comments:

** SCRUTINEER OFFICER COMPLETE ONLY **					
Comments:					
VEHICLE PASS		<input type="checkbox"/> YES	<input type="checkbox"/> NO	STICKERS SUPPLIED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
VEHICLE NUMBER		DORIAN			
SCRUTINEER NAME		SIGNATURE			