



Scrutineering Form

Competitor Name: _____ Transponder # _____

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
- 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
- Tyres DRY & WET** Correct Type Condition

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 ____/____/____