



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 Protective

Approved Condition Correct Visor/s
Race Suit Gloves Race Boots

Brakes

Pad Returns Safety Cable Pads 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 ____/____/____