



Car No:

OFF ROAD

_____ (name of event)

Scrutiny Report

Competitor/Driver: _____

Log Book no.: _____

GENERAL SAFETY		SUSPENSION & CHASSIS			
Log book	<input type="checkbox"/>	Steering wheel	<input type="checkbox"/>	Scatter shield	<input type="checkbox"/>
Competition number	<input type="checkbox"/>	Tie rods / split pins	<input type="checkbox"/>	Hose condition	<input type="checkbox"/>
Forward-facing light	<input type="checkbox"/>	Steering box	<input type="checkbox"/>	Battery secure / cover	<input type="checkbox"/>
Amber dust light - operates with main power	<input type="checkbox"/>	Head clearance - 50mm with helmet	<input type="checkbox"/>	Reverse gear	<input type="checkbox"/>
Brake light	<input type="checkbox"/>	Wheel bearings	<input type="checkbox"/>	BRAKING SYSTEM	
Battery isolator	<input type="checkbox"/>	Pins & ball joints	<input type="checkbox"/>	Brake cylinder	<input type="checkbox"/>
Battery isolator marker	<input type="checkbox"/>	Roof mounting	<input type="checkbox"/>	Brake cylinder fluid level	<input type="checkbox"/>
Battery marker	<input type="checkbox"/>	Bonnet secure	<input type="checkbox"/>	Brake line condition	<input type="checkbox"/>
Safety cage - certificate sighted - padding	<input type="checkbox"/> <input type="checkbox"/>	Chassis number	<input type="checkbox"/>	Caliper, drum, disc condition	<input type="checkbox"/>
Seat belts & mountings	<input type="checkbox"/>	Towing points	<input type="checkbox"/>	Brake test	<input type="checkbox"/>
Seats / headrest	<input type="checkbox"/>	Nerf bars	<input type="checkbox"/>	CREW APPAREL	
Arm restraints / safety net	<input type="checkbox"/>	Rear axle pins	<input type="checkbox"/>	Helmet	<input type="checkbox"/>
Fire extinguisher - 1.8kg	<input type="checkbox"/>	Chassis general	<input type="checkbox"/>	Driving suit	<input type="checkbox"/>
First aid kit	<input type="checkbox"/>	MOTOR / DRIVE TRAIN		Footwear	<input type="checkbox"/>
Reflective triangle / tow rope	<input type="checkbox"/>	Fuel system / leaks	<input type="checkbox"/>	Socks	<input type="checkbox"/>
OK / SOS sign	<input type="checkbox"/>	Electric fuel pump shut off	<input type="checkbox"/>		
Camera mounting	<input type="checkbox"/>	Fuel tank breather	<input type="checkbox"/>		
Horn	<input type="checkbox"/>	Fuel line clamps	<input type="checkbox"/>		
Radio - mounting (5-watt)	<input type="checkbox"/>	Tail shaft strap	<input type="checkbox"/>		
Rear vision mirrors	<input type="checkbox"/>	Fire wall	<input type="checkbox"/>		
Wheels / tyres / valve caps	<input type="checkbox"/>	Fuel tank protection	<input type="checkbox"/>		
		Throttle return springs	<input type="checkbox"/>		

Tick box if item complies. Circle box if item does not comply. Write details for non-complying items in Remarks (below).

PASSED / REJECTED	REMARKS: _____
Scrutineer: _____	_____
Date: _____	_____