



Exclusive Track Days

Technical/Safety Inspection and Checklist

*****THIS IS A GRAVE RESPONSIBILITY*****

Driver Name: _____ Event Date and Location: _____

Date of Tech Inspection: _____ Vehicle Make: _____

Vehicle Model: _____ Year: _____ Color: _____ Stock or Modified: _____

Note: After inspection of your car, you must sign the bottom of the form (in both places if you are self-inspecting), which indicates that you have, in good faith, checked every item on this form. Please bring this COMPLETED form with you to the track. Answers may require a circle, YES or NO, or numerical value. Incomplete forms presented at the track may result in missing drive time. Thanks for your cooperation.

WHEELS / TIRES / STEERING / SUSPENSION

Street Tires or Race Tires (Circle One) Tire Pressures: FL _____ FR _____ RL _____ RR _____
Wheel bearings ok (no play) _____ Min 2/32" of tread (street) _____ Race Tires: Good condition/no cording _____
All lugs present and torqued _____ Suspension in Working Order/No Leaks _____ Steering tight _____

BODY

Cuts or other major defects _____ Gas cap ok _____ Body panels secure _____ Broken Glass/Lenses _____

ENGINE COMPARTMENT / POWER SUPPLY / FUEL

Any fluid leaks _____ Throttle return springs tight _____ Radiator overflow ok _____ Battery secured _____
Battery terminals covered _____ Fluid lines / Accessory Drive ok _____

SAFETY EQUIPMENT / SEATS / APPROVED SEATBELTS

(Please check one) OEM 3Point _____ 4, 5 or 6Point _____ Seatbelts Properly Installed _____
No Tears or Defects _____ Closed toed shoes _____ Approved/Defect Free Helmet _____

BRAKES

Pedal pressure firm _____ Fluid level correct and good condition _____ Brakes lights working _____
Pads +5mm _____ Braking Surfaces ok (no cracks, etc) _____

THIS DOCUMENT SERVES TO AFFIRM THE CONDITION OF THE CAR TO BE DRIVEN AT THE ABOVE LISTED EVENT. ANY CHANGE IN CONDITION FROM THE DATE OF INSPECTION AND PARTICIPATION IN THE EVENT WHICH ADVERSELY AFFECTS THE SAFETY, PERFORMANCE OR CAPABILITY OF THE VEHICLE REQUIRES IMMEDIATE REPAIR AND INSPECTION. I AFFIRM THAT EVERYTHING CONTAINED WITHIN THIS FORM IS TRUE AND ACKNOWLEDGE BY VOLUNTARILY SIGNING THIS FORM WHERE APPLICABLE.

Printed Name of Tech Inspector: _____

Signature of Tech Inspector: _____

Driver Signature: _____