

TECH FORM

Driver

Name: _____ Age: _____

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

Car

Year: _____ Make: _____ Model: _____ Color: _____ Number: _____

Inspection Checklist

- | | | |
|--|-----------------------------|------------------------------|
| • Helmet (Snell 2005 or newer) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Closed-toed shoes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Cotton clothing | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • No loose items/debris in car | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Seatbelts properly installed | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • All lugs torqued | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Tires Good condition and sufficient tread for 6 sessions | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Brakes lights working | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Brake pads working | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Wheel bearings good condition and no play | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Rotors good condition and no cracks | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Steering no play | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Gas cap secure | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Body panels secure | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • No Fluid leaks | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Radiator/Reservoir Inspected | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Wires/hoses secured | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Battery properly secured | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Battery terminals covered | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Fluid levels checked | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Fluid lines checked | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Signature: _____

Event Date: _____