

AUTOCROSS TECHNICAL INSPECTION FORM

Driver: _____ Cell #: _____

Car: Make / Model / Year: _____

ITEM	DRIVER	COMMENTS
	Checked	
Interior (no loose objects)		
Steering Linkage		Minimal Play
Driver's seat attachment		No Movement
Seat Belts		
Fire extinguisher		If installed must be securely mounted and accessible by the driver.
Cooling System		No Leaks
Fuel System		No Leaks
Battery Restraint		No Movement
Brake Fluid Level		
Engine Compartment Wiring		No Bare Wires
Firewall (no large holes)		
No Fluid Leaks		
Body Panels		No Exposed Sharp Edges. All panels securely mounted.
Exhaust System Attachment		
Wheel Covers Removed		
Fuel Tank Filler Cap		Closed Properly (not loose)
Brake Linings and Hoses		Proper Pedal Travel & Pressure
Tires		Check for wear and date code and correct tread wear rating
Wheel lug nuts torqued		
Windshield / Glass		No cracks in driver's line of sight / driver / passenger windows fully open
Suspension, shock absorbers		Securely Mounted
Clothing Mandatory		Closed toe shoes.
Helmet (Required)		Minimum 2000 Snell rated helmet required

INSPECTED BY (printed name): _____

DRIVER / OWNER: The undersigned understands and hereby agrees that this Technical Inspection of the above-described automobile has been properly inspected and takes full responsibility for its condition at this event.

Date: _____ Signed: _____ Driver and/or Owner

You can email this completed & signed form to bob@protsys.com or bring to the track.