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| GEAR DAY - VEHICLE CHECK LIST**To be completed by the competitor** |
| **TRACK: DATE:** |
| **NAME:** |
| **CAR: CAR NUMBER:**  |
| Wheels & Tyres |  |
| Steering |  |
| No Oil Leaks - Engine, Gearbox, Diff |  |
| No Coolant or Fuel Leaks |  |
| Rear Vision Mirrors |  |
| Head lights (covered or taped) |  |
| Seat Mounts |  |
| Seatbelt/Harness |  |
| Helmet/Clothing(neck to ankle to wrist)/Shoes / Gloves |  |
| Brake Lights |  |
| Brake Pedal Normal |  |
| Wheels Bearings - No excessive play |  |
| Ball Joints - No excessive wear |  |
| Exhaust System - fitted & working (95dba max) |  |
| Fire extinguisher – Fitted, accessible, in date. |  |
| Roll over bar |  |
| No Loose Items in Drivers Compartment |  |
| General Inspection - No Abnormalities |  |
| **DRIVER DECLARATION:***I have checked all items and found them to be in a safe and working condition.***Signed: Date:**  |  |
| **TO BE COMPLETED BY SCRUTINEER (*please circle)*** **NO APPARENT FAULT FOUND FAULT FOUND** (add details) (on track approval) **Signed: FAULT (if found):**  **Date:**  |