



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 (on track approval)	FAULT FOUND (add details)
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Signed: _____ FAULT (if found): _____

Date: _____