

SCCA RALLYSPRINT TECH FORM

Event: _____	Car # _____	Class:	R2U	R2O	R4U	R4O
Driver: _____	Make/Model: _____					
Co-driver: _____	Vin #: _____					

Personal Safety Equipment

	PASS	FAIL		PASS	FAIL
Driver Helmet	<input type="checkbox"/>	<input type="checkbox"/>	Co-Driver Helmet	<input type="checkbox"/>	<input type="checkbox"/>
Driver Suit	<input type="checkbox"/>	<input type="checkbox"/>	Co-Driver Suit	<input type="checkbox"/>	<input type="checkbox"/>
Driver Head and Neck Device	<input type="checkbox"/>	<input type="checkbox"/>	Co-Driver Head and Neck Device	<input type="checkbox"/>	<input type="checkbox"/>

Logbook

RA 5.5, NASA Spec, or cage cert # _____			
Logbook deficiency repaired:	<input type="checkbox"/>	<input type="checkbox"/>	
Shop Manual	<input type="checkbox"/>	<input type="checkbox"/>	N/R

Vehicle Front End

Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>
Headlights high/low beams	<input type="checkbox"/>	<input type="checkbox"/>
Directionals	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wiper and washer	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Hood pins	<input type="checkbox"/>	<input type="checkbox"/>
Towing eye	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Rear End

Tail lights	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>
Directionals	<input type="checkbox"/>	<input type="checkbox"/>
Reverse lights	<input type="checkbox"/>	<input type="checkbox"/>
License plate lights	<input type="checkbox"/>	<input type="checkbox"/>
Tow eye	<input type="checkbox"/>	<input type="checkbox"/>

Exterior of Vehicle

Neat and clean	<input type="checkbox"/>	<input type="checkbox"/>
Windshield - safety glass	<input type="checkbox"/>	<input type="checkbox"/>
Windows in place	<input type="checkbox"/>	<input type="checkbox"/>
Rear view mirror	<input type="checkbox"/>	<input type="checkbox"/>
Driver/Co-driver names	<input type="checkbox"/>	N/R
Event sponsor	<input type="checkbox"/>	<input type="checkbox"/>
Numbers and class	<input type="checkbox"/>	class N/R
Mud flaps-rear and driven wheels	<input type="checkbox"/>	<input type="checkbox"/>
Other Org decals cover'd/remov'd	<input type="checkbox"/>	<input type="checkbox"/>

Exhaust and Sound

Exhaust secure	<input type="checkbox"/>	<input type="checkbox"/>
105 dbA max @ 18" and 45 deg	<input type="checkbox"/>	N/R

Vehicle Interior Compartments

Roll cage legality	<input type="checkbox"/>	<input type="checkbox"/>
FIA or SFI roll cage padding	<input type="checkbox"/>	<input type="checkbox"/>
Floor pan and firewall, no holes	<input type="checkbox"/>	<input type="checkbox"/>
Door structure or impact panel	<input type="checkbox"/>	<input type="checkbox"/>
Restraints , SFI- 2yrs, FIA-5 yrs	<input type="checkbox"/>	<input type="checkbox"/>
Seats securely fastened	<input type="checkbox"/>	<input type="checkbox"/>
Rear view mirror	<input type="checkbox"/>	<input type="checkbox"/>
Battery, battery box, + post cov'd	<input type="checkbox"/>	<input type="checkbox"/>
Fuel tank or fuel cell	<input type="checkbox"/>	<input type="checkbox"/>
Fuel lines, pump	<input type="checkbox"/>	<input type="checkbox"/>
Fuel cell bulkhead	<input type="checkbox"/>	<input type="checkbox"/>
*Fire Extinguisher: 10B:C min	<input type="checkbox"/>	<input type="checkbox"/>
*Fire Suppres On-board: 1x 10B:C	<input type="checkbox"/>	<input type="checkbox"/>
3 DOT triangles, 1 w/in reach	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit	<input type="checkbox"/>	<input type="checkbox"/>
Tow rope/strap	<input type="checkbox"/>	<input type="checkbox"/>
Environmental spill kit	<input type="checkbox"/>	<input type="checkbox"/>

Engine Compartment

Battery secure, boxed if required	<input type="checkbox"/>	<input type="checkbox"/>
Fuel test port	<input type="checkbox"/>	N/R
Restrictor, 34 mm (turbos)	<input type="checkbox"/>	<input type="checkbox"/>

Suspension and Running Gear

Tires and wheels, incl spare	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Parking brake	<input type="checkbox"/>	<input type="checkbox"/>
Wheel bearings, steering linkage	<input type="checkbox"/>	<input type="checkbox"/>
Shocks/suspension	<input type="checkbox"/>	<input type="checkbox"/>
Brake hoses/cables	<input type="checkbox"/>	<input type="checkbox"/>
Suspension arms/mounting points	<input type="checkbox"/>	<input type="checkbox"/>

Scrutineer: _____

Date: _____