



Tech Inspection Form



All loose items must be removed from vehicle before going on track.

On the day of the event, you must physically inspect your entire vehicle and review every checklist item.

You're responsible for self-teching your car. You're obligated to carefully complete all sections – no exceptions.

This is for your safety – and for the safety of others on the track with you. Thanks for your attention to detail!

Driver's Vehicle

Year		Make		Model	
Color		License Plate or description			

Driver's Inspection Checklist

TIRES + WHEELS	YES	NO
IF STREET TIRES All have at least 2/32" of tread depth <u>or IF RACE TIRES</u> All are in good condition (no cording)	☐	☐
All tires are free of cuts or other defects	☐	☐
All lugs are present and correctly torqued	☐	☐
Any and all hubcaps/centercaps have been removed	☐	☐

STEERING + SUSPENSION	YES	NO
Steering is tight	☐	☐
Wheel bearings are in good condition, with no play	☐	☐

ENGINE	YES	NO
Free of any fluid leaks	☐	☐
All fluid lines are in good condition, with no damage	☐	☐
All wires and hoses are secured	☐	☐
Radiator overflow is in good working condition	☐	☐
Throttle return springs are tight and in good condition	☐	☐
Battery is in good condition and properly secured	☐	☐
Battery terminals are covered (rubber boots, duct tape)	☐	☐

BRAKES	YES	NO
Pedal feels firm when applying pressure	☐	☐
All brake lights are in good working condition	☐	☐
Brake fluid is at the correct level	☐	☐
All lines are in good condition, with no damage	☐	☐
All pads are at least 5mm (~3/16") thick	☐	☐
All rotors are in good condition (no cracks or damage)	☐	☐

BODY	YES	NO
All body panels are secure	☐	☐
Gas cap is present and in good working condition	☐	☐

SAFETY EQUIPMENT	YES	NO
All seats are secure and in good working condition	☐	☐
All seat belts are secure, with no cuts or damage	☐	☐
DOT-certified helmet (SA/SN2005+) per person	☐	☐
Long-sleeved cotton shirt per person	☐	☐
Closed-toe shoes per person	☐	☐

Driver's Attestation of Inspection

I have physically inspected my vehicle and have personally reviewed every checklist item on this form.

I declare under penalty of perjury that the information I have provided is true and correct to the best of my knowledge.

X SIGNATURE

MM / DD / YYYY

Full Name

PLEASE PRINT

FOR INTERNAL
USE ONLY

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