



ISLAND CAR CLUB

SCRUTINEERING CHECK LIST

Personal Information

MMF Licence No: _____ Name: _____

Car No: _____ Surname: _____

Group: _____ Class: _____

Drivers Safety		P - Passed	F - Failed
Helmet	<input type="checkbox"/>		<input type="checkbox"/>
Racing Suite	<input type="checkbox"/>		<input type="checkbox"/>
Extinguisher:	<input type="checkbox"/>		Expiry Date: _____
Extinguisher Brackets	<input type="checkbox"/>		
Seat Belts	<input type="checkbox"/>		Seat Belts Bolts <input type="checkbox"/>
Interior			
Roll Cage	<input type="checkbox"/>		Seat/s <input type="checkbox"/>
Side Door Panels:	<input type="checkbox"/>		Seat Mountings <input type="checkbox"/>
Fuels Hoses	<input type="checkbox"/>		Electrical Wiring <input type="checkbox"/>
Exterior			
Front / Rear Tow Hook	<input type="checkbox"/>		Bonnet Fasteners / Pins <input type="checkbox"/>
Sharp Edges	<input type="checkbox"/>		All wheel Bolts <input type="checkbox"/>
Tires Condition:	<input type="checkbox"/>		Glass Safety Films <input type="checkbox"/>
Engine			
Battery well tight	<input type="checkbox"/>		Visible Leakages <input type="checkbox"/>
Filter in Place	<input type="checkbox"/>		Positive of Battery Covered <input type="checkbox"/>

In signing this form I (the driver / owner) acknowledge that it is my responsibility to pre-check all items as listed before the race. I certify that I have done this and declare that this race car is worthy and safe. I acknowledge that the scrutineer's responsibility is to double check any item as they see fit.

Scrutineer

Driver / Owner