



CAR INSPECTION FORM

Date _____ **Weight** _____
Driver _____ **Owner** _____
D.L. # _____ **Address** _____
Phone _____
Division _____ **Car Number** _____

-----**OFFICIAL USE ONLY**-----

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Roll Cage, Weld & Gussets	_____	_____	_____
2. Roll Cage, Padding & Headrest	_____	_____	_____
3. Seat Belts & Crotch Strap Date _____	_____	_____	_____
4. Seat Belt Mounting	_____	_____	_____
5. Steering Wheel Quick Release & Pad	_____	_____	_____
6. Seat & Seat Mounting	_____	_____	_____
7. Fuel Shutoff (On & Off)	_____	_____	_____
8. Fuel Line & Fuel Pump	_____	_____	_____
9. Fuel Tank & Tank Mounting	_____	_____	_____
10. Firewall (tank)	_____	_____	_____
11. Floor Pan & Firewall	_____	_____	_____
12. Body - Cover, Tires & Air Cleaner	_____	_____	_____
13. Bumpers Front & Rear, Rub Rails	_____	_____	_____
14. Mufflers / Exhaust Behind Driver	_____	_____	_____
15. Battery Mounting & Battery Box	_____	_____	_____
16. Throttle Return Spring & Brakes	_____	_____	_____
17. Helmet - Snell SA 2000	_____	_____	_____
18. Gloves, Shoes & Underwear	_____	_____	_____
19. One Piece Fire Suit	_____	_____	_____
20. Kill Switch (marked)	_____	_____	_____
21. Arm Restraints or Window Net	_____	_____	_____
22. Driveline (Cover)	_____	_____	_____