

# Slowpokes, Inc.

## Technical Safety Inspection Form

Name \_\_\_\_\_

Address \_\_\_\_\_ Email address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Car Number \_\_\_\_\_ Best Time @ BIR \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Engine \_\_\_\_\_

Shop/Inspector Performing Tech Shop: \_\_\_\_\_

<b>Lights</b>	<b>Pass</b>	<b>Brakes/Wheels/Tires</b>	<b>Pass</b>	<b>Interior</b>	<b>Pass</b>
Headlights	_____	Tires/Wear	_____	Steering/Play	_____
Front Signals	_____	Wheel Bearings	_____	Brake Pedal/Firm	_____
Rear Signals	_____	Rotors/Scored/Cracked	_____	Seat Belts/Anchors	_____
Tail Lights	_____	Brake Fluid/Full/Clean	_____	Helmet Snell 2005/Better	_____
Brake Lights	_____	Brake Lines	_____		
<b>Suspension</b>	<b>Pass</b>	<b>Engine/Trans.</b>	<b>Pass</b>	<b>Other Misc. Items</b>	<b>Pass</b>
Shocks/Leaks	_____	Fan Belts/Cracks/Tight	_____	Spare Tire/Secure	_____
Susp. Travel/Noise	_____	Fuel or Oil Leak	_____	Battery/Secure	_____
Susp. Mounts/Rust	_____	Hoses, Wiring/Secure	_____	Windshield Wipers	_____
Tie Rods/Tight	_____	Transmission/Leaks	_____	Roll Bar 1" above occpts.	_____
Ball Joints/Tight	_____	Throttle Return	_____	head/s for Open cars	_____
Engine Mounts/Cracks	_____	CV Joints/Tight/Dry	_____	Equivalent Restraints	_____

Condition of: \_\_\_\_\_

Brake Pads \_\_\_\_\_ Tires/Wear \_\_\_\_\_

Is shop re-inspection required:                      Yes                      No

Items to be corrected: \_\_\_\_\_

*It is the ultimate responsibility of the automobile owner and driver(s) to ensure the safe operation of this vehicle and to maintain the car's safe operating condition over the course of the event.*

Driver/Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_