

IRPCA Autocross Registration and Tech Inspection Form

Name of Event: _____ Today's Date _____

Drivers Name: _____ Car # _____

Class: _____ Year: _____ Model: _____ Color: _____

Modifications: _____

Run Group (circle): RED BLUE Student (circle)? Yes No Instructor: _____

Driver Self-Checklist (Complete before tech inspection)

<p>Driver:</p> <input type="checkbox"/> Proper shoes <input type="checkbox"/> Approved helmet <input type="checkbox"/> Proper clothing <input type="checkbox"/> Car # displayed clearly	<p>Engine:</p> <input type="checkbox"/> Cleanliness <input type="checkbox"/> Belts and hoses <input type="checkbox"/> Distributor secure <input type="checkbox"/> Air cleaner secure <input type="checkbox"/> Linkages <input type="checkbox"/> Throttle return <input type="checkbox"/> Fuel Lines <input type="checkbox"/> Battery secure <input type="checkbox"/> Brake Fluid full <input type="checkbox"/> Wiring	<p>Suspension:</p> <input type="checkbox"/> Wheels/Lug Nuts <input type="checkbox"/> Wheel Bearings <input type="checkbox"/> Tire clearance <input type="checkbox"/> Brake Pads and Discs <input type="checkbox"/> Brake Lines <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Shocks/Struts <input type="checkbox"/> Driveline Parts <input type="checkbox"/> Suspension Parts <input type="checkbox"/> No major leaks <input type="checkbox"/> 356 neg. camber
<p>Interior:</p> <input type="checkbox"/> Seats Secure <input type="checkbox"/> Seat Belts left/right <input type="checkbox"/> Pedals – Travel & Feel <input type="checkbox"/> Steering Wheel Play <input type="checkbox"/> Fire Ext. (Class I) <input type="checkbox"/> Roll Bar (Class I)		

Comments: _____

I acknowledge, that I am solely responsible for the safe condition of my car, that I have read the IRPCA Autocross rules and understand them, and agree to abide by them at all events.

Owner Signature: _____ . **Date:** _____

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Official Tech Check:

<input type="checkbox"/> Loose objects removed	<input type="checkbox"/> Unsecured floor mats removed	<input type="checkbox"/> Seat Belts
<input type="checkbox"/> Pedals Travel & Feel	<input type="checkbox"/> Wheels & Tires	<input type="checkbox"/> Lug Nuts
<input type="checkbox"/> Wheel Bearings	<input type="checkbox"/> Linkages & Throttle Return	<input type="checkbox"/> Battery Secure
<input type="checkbox"/> No Major leaks		

_____ **Pass.** _____ **Fail**

Inspected by: _____ . Date: _____

Starter will confirm that driver has helmet on, seat belt secure, driver window down and no loose objects!