



Safety Inspection

Division: _____ Car # _____

Driver's Name: _____ Date: _____

Driver Equipment

Pass	Fail
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Drivetrain

Pass	Fail
_____	_____
_____	_____
_____	_____
_____	_____

Driver Compartment

Pass	Fail
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Miscellaneous

Pass	Fail
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Drivers Signature: x _____ Date: x _____

Inspectors Signature: x _____ Date: x _____