



SJR SCCA TRACK DAYS TECH SHEET

Please complete this sheet and bring it with you to Check-In or Grid prior to your first run.

Driver: _____ Car Number: _____

Car Make: _____ Model: _____ Color: _____ Year: _____

Helmet Certification and Year: _____

The entrant/participant is responsible for the safety of his/her vehicle. Neither the tech inspectors, the event organizers, nor the sanctioning body will be held responsible for the safety of this vehicle. Have a qualified mechanic check over your car and make certain everything is in good working order for an event such as this.

DRIVER SAFETY

____ Helmet (2010 or newer: Snell M/SA, SFI, FIA)

____ Shoes must be solid, closed toe, and in reasonable condition

____ Seatbelts/Harness must be in good condition

____ Any aftermarket harnesses must be current (SFI – 2 years or newer, FIA – 5 years or newer). No 4-point harnesses allowed.

____ Convertibles must have permanent rollover protection as mandated by Chapter 62 race track regulations. Driver and all passengers must pass the broomstick test with helmet on.

____ Rollbar padding

____ Seats bolted securely

____ Interior & trunk clear of loose items; all floor mats removed

BRAKES

____ Pads are less than half worn

____ Fluid is clear, reservoir is full

____ Pedal is firm

____ All brake lights are working

____ Master cylinder/calipers are not leaking

____ Rotors have no cracks or discoloration

TIRES & WHEELS

____ Adequate tire tread, speed rating, good condition

____ All lug nuts present & torqued to spec.

____ Hubcaps removed

____ Wheels - No cracks or structural damage

SUSPENSION & STEERING

____ Wheel bearings - no play

____ Ball joints in good condition

____ No excessive steering play

____ Shocks - no leaking

ENGINE & DRIVE TRAIN

____ Check all fluid levels, belts, and hoses. Tighten all caps and secure all hoses.

____ No fluid leaks (oil, transmission, fuel, water)

____ Battery secured (no bungees)

____ Battery terminals covered

____ Overflow containers present

____ Exhaust system functional (may have to meet sound restrictions)

____ Throttle has quick, positive return

____ Fuel cap tightened

OTHER

____ No severe glass cracks

____ Windshield wipers function properly

____ Outside & Rear View mirrors

____ Video Camera/Recording device securely mounted

I, _____, have inspected all the above on my vehicle, and have read and understand each of the points listed in the Driver's Meeting document and agree to comply.

Driver Signature _____ Date _____

Tech Inspector Signature _____ Date _____