

Queensland Microsprint Assoc Inc



Daylight Inspection 2010/11

Owner Name:		Car No:	
Street		New Registration	YES / NO
City:		Scrutineers Name	
State:		Scrutineers signature	
Post Code		Owners Signature	
Contact Number		Date:	
Email Address		Inspection No.	001245

Please ensure all boxes are filled out.

Frame:

Brand
 Head Height
 Seat Type
 Seat condition
 Seat Mounting
 Window Net or
 Containment Seat
 Nerf Bars Side
 Front Nerf Bar
 Track Width Front

Seat Belts:

Date
 Fit through seat at top

Engine:

Model
 Engine No.
 Muffler
 Throttle Return Spring

Fire Wall:

Condition
 Sealing

Safety gear:

Helmet Min Snell rating
 Helmet condition
 Head and neck device
 Race suit condition
 Race under wear
 Gloves
 Arm restraints
 Fire Extinguisher

Fuel System

Fuel Tank Mounting
 Fuel Breather tube or
 One way valve
 Fuel Tap Position
 Fuel Tap Label
 Filler cap label

Electrical

Battery Position
 Battery Mount Bolted or Welded

Steering

— Lock nuts/Wires
 Quick Release St Hub
 King Pins
 Rod Ends

Drive Train:

Chain
 Chain tensioned
 Sprocket Guide Plates

Wing:

Side Board dimensions
 Centre dimensions
 Wing Tree "R" clip

Comments:

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