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
___ 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 __________________