



Tech Check Inspection Checklist

Name: _____ HAN # _____

Vehicle: _____ Racer # _____

1. **Brakes:** Functioning; minimum 1 operating brake light
2. **Steering:** Check for excessive play
3. **Drivers Safety:** Seat must be solid mount, ALL open cockpit drivers must wear DOT approved helmet, seat belts are required.
4. **Loose objects:** Check for loose objects in vehicle and remove if necessary
5. **Door Handles:** Check function of door handles
6. **Battery Hold Down:** Must have fixed strap, no rubber tie downs, bungee, rope, etc...
7. **Radiator Overflow Tank:** Must be installed and functioning
8. **Throttle Set-Up/Exhaust:** Must be foot operated; Two positive acting return springs: Air Cleaner or Hood; Muffler
9. **Tires:** DOT Stamp Check pressure (20psi minimum); Check condition/tread, cannot be altered/shaved
10. **Wheels:** Check for all lug nuts/securely fastened/no distress indications, Knock-offs must be safety wired
11. **No Leaks:** No leaks of any kind permitted
12. **Ballast:** Any ballast must be mechanically fastened or welded
13. **No Nitrous:** No Nitrous/CO2 Bottles permitted; if installed must be disconnected or removed. Driver must submit to inspection at any time, not just during Tech Check.
14. **Fuel:** Check fuel cap. (Report suspected use of racing fuels to Tech Lead before completing)

..... Inspector to Complete Below

OK to proceed to registration: _____ Date: _____

Failed – reasons: _____