



VEHICLE INSPECTION CHECK LIST

Driver: _____ Date: _____

Vehicle Mfg: _____ Model/Year: _____

Event: _____ Location: _____

ITEMS

Wheel & Tire Information:

Pre
Insp

No cuts/visible defects/tread depth (no cord showing):	
Center/hubcaps removed:	
Wheel Condition (no cracks, not bent, etc.):	
Lug nuts tight (follow manufacturer's recommendation):	
Tire pressure (street tires at least 5 psi cold above manufacturer's recommendation):	

Brakes:

Brake pad/shoe linings (at least 50% pad thickness, bed in new pads, no cracked rotors):	
Brake pedal pressure (firm with brake application, not spongy):	
Brake fluid (full level, recommend DOT 4 fluid, recommend new every 2 years, no leaks):	

Engine:

No fluid leaks (oil, water, fuel):	
Wires, hoses secured:	
Clamps tight:	
Throttle return springs (returns on its own):	

Roll Bar

Proper rollover protection higher than driver's helmet plus proper spacing between the helmet top and rollbar bottom.	
Rollover protection is capable of supporting the vehicle.	

ITEMS

Suspension/Steering:

Pre
Insp

Wheel Bearing (lift vehicle off the ground, make sure no excessive play or looseness):	
Tie Rods (no excessive play or looseness, bolts tight):	
Steering (no play, no power steering leak, proper alignment, proper fluid level):	
CV/U-joints (no play, no grease leak, no noise):	
Shocks (bolts secure, no leaks, no bouncing):	

Body:

Fender to Tire Clearance (no rubbing):	
Body parts secure:	
Windshield (no cracks, clean inside & outside):	

Interior:

Seat Secure:	
Loose items removed (floor mats, etc.):	
Safety belts (vehicles passenger same as driver):	

Safety Items:

Battery secured:	
Positive Battery Terminal Covered:	
Brake Lights (brake lights MUST work):	

I have inspected the above vehicle and take full responsibility for its conditions while participating in this event.

Signed (Driver) _____ Date _____