



# Indy 800 Kart Track Scrutineering Form



Competitor Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_      Class: \_\_\_\_\_      Race Number: \_\_\_\_\_

### Critical Safety

CHECK AS PER GUIDE

CHECKED PRESENT APPROVED

N/A NOT APPLICABLE

REFER TO SCRUTINEER

Helmet	<input type="checkbox"/> Approved	<input type="checkbox"/> Helmet 2014+	<input type="checkbox"/> Correct Visor/s
Protective Clothing	<input type="checkbox"/> Race Suit	<input type="checkbox"/> Gloves	<input type="checkbox"/> Race Boots
	<input type="checkbox"/> Neck Brace	<input type="checkbox"/> Kidney Belt	<input type="checkbox"/> Chest / Rib Protector
Brakes	<input type="checkbox"/> Pad Returns	<input type="checkbox"/> Safety Cable	<input type="checkbox"/> Pads <input type="checkbox"/> Brake Lines
Steering	<input type="checkbox"/> Mounting	<input type="checkbox"/> Column Clamp	<input type="checkbox"/> Tie Rods & Ends

### Important Safety

Bodywork	<input type="checkbox"/> Nose Cone & Lip	<input type="checkbox"/> Sidepods	<input type="checkbox"/> Rear Bumper/Bar	
	<input type="checkbox"/> Nassau	<input type="checkbox"/> Number Front & Rear	<b>No Crack/Weld Check</b>	
Exhaust	<input type="checkbox"/> Attached	<input type="checkbox"/> Safety Wire		<input type="checkbox"/> Chassis
Axles	<input type="checkbox"/> Condition Stubs	<input type="checkbox"/> Condition Rear Axle		<input type="checkbox"/> Floor Plan
Wheels	<input type="checkbox"/> No Sharp Edges	<input type="checkbox"/> No Loose Bearings		<input type="checkbox"/> Stub Axles
Tyres (Dry)	<input type="checkbox"/> Correct Type	<input type="checkbox"/> Condition		<input type="checkbox"/> Brake Disc
Tyres (Wet)	<input type="checkbox"/> Correct Type	<input type="checkbox"/> Condition		<input type="checkbox"/> Sprockets
Seat	<input type="checkbox"/> Undamaged	<input type="checkbox"/> Undamaged Near Fastenings		<input type="checkbox"/> Correct Fastenings
Fastenings	<input type="checkbox"/> Steering Column	<input type="checkbox"/> Wheel Nuts		<input type="checkbox"/> Side Pods
	<input type="checkbox"/> Nose Cone	<input type="checkbox"/> Engine Mounts		<input type="checkbox"/> King Pins
	<input type="checkbox"/> Floor Tray	<input type="checkbox"/> All Other Fasteners		<input type="checkbox"/> Fuel & Brake Line Retained
Guards	<input type="checkbox"/> Chain Guard	<input type="checkbox"/> Clutch Guard	<input type="checkbox"/> Sprocket Guard	

**I/We agree that all the above is correct and the vehicle is in a safe and working condition**

I hereby state that I or my agent have inspected the vehicle against all items ticked above on this form and confirm that the entered vehicle complies with all the relevant minimum safety and class eligibility requirements as detailed in the NKA Rulebook. The vehicle will be made available for compliance inspection by appointed officials.

Driver/Guardian Signature: \_\_\_\_\_

If minor (under 18 years) Parent/Guardian signature

Driver/Guardian Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_