

# SELF INSPECTION SAFETY SHEET (see page 21)

Participant - please fill this sheet out & bring to event inspection. Navigator **MUST** also sign below.

Read the rule book, available on [www.silverstateclassic.com](http://www.silverstateclassic.com) or [www.sccc.us](http://www.sccc.us)  
Or contact SSCC office at 702-631-6166 if you have any questions

Car No.: \_\_\_\_\_ Class: \_\_\_\_\_ Target Speed: \_\_\_\_\_ Tech speed: \_\_\_\_\_ Event date: \_\_\_\_\_.

**YOU MUST CHECK YOUR OWN VEHICLE TO MAKE SURE IT CONFORMS TO THE CLASS YOU HAVE ENTERED. MARK EACH ITEM YOU HAVE INSPECTED & CONFIRMED AS SAFE & FOLLOWS THE RULE BOOK.**

Mark items that do not apply to your class as not applicable with "NA"

ITEM	PAGE	ITEM	PAGE
___ Fire extinguisher	Per Class	___ Seat Belt	18
___ Belt pins	6	___ Roll Bar	15
___ Head rest	15	___ Roll Cage	17
___ Arm restraints or window net	18	___ Roll Bar Inspection Hole	15
___ Rear view mirror	6	___ Tire Valve Caps	19
___ Drive line loop	13	___ Collapsible Steering	13
___ Fuel cell	22	___ Padded Steering Hub	13
___ Fuel cell wall	22	___ Camera/GPS Mount	7
___ Car Numbers	1	___ Head/Neck Restraint	Per Class
___ Helmet (Snell Date _____)	Per Class	___ Sponsors Decals	1
___ Name & blood type on helmet	14		
___ Clothing	14		
___ Head sock	14		
___ Seats are mounted as per class		___ Battery mounted securely	
___ Belts & hoses condition good		___ No fluid leaks	
___ Suspension front & rear good		___ Body parts are solid	
___ Nothing blocks the air bags path		___ Wheel bearings good	

\_\_\_ Tires D.O.T. Rating \_\_\_\_\_; Age \_\_\_\_\_; Tread \_\_\_\_\_; Air pressure \_\_\_\_\_; Page 19&20

This vehicle was last entered in an SSCC event on: \_\_\_\_\_ (date)

**YOU ARE RESPONSIBLE FOR YOUR VEHICLES CONDITION** refer to page 7 item 5; No equipment is assumed approved just because it went through inspection unobserved or because the rules do not specifically exclude it. All vehicles must be maintained in a safe condition at all times. Passing inspection does not relieve the Driver/Owner of any responsibility. It is the Driver/Owner's responsibility to insure the safety of their vehicle.

Driver: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name Driver

Navigator: \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name Navigator

Date: \_\_\_\_\_.