SELF INSPECTION SAFETY SHEET (see page 12)

*Participant - please fill this sheet out & **bring to event inspection**. Navigator MUST also sign below.*
***DO NOT** send to registration.*

Read the Rule Book, available on www.silverstateclassic.com or www.sscc.us
Or contact SSCC office at 775-289-6900 if you have any questions.

Car No.:_____Class:_____Target Speed:_____Tech speed:_____Event date: _____.

Vehicle Year_____ Make_____ Model_____ Color _____

YOU MUST CHECK YOUR OWN TIRES & 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	23
___Supporter Decals	12	___Head sock	23
___Roll Bar	27	___Roll Cage	27
___Head rest	23	___Clothing	24
___Arm restraints or window net	27	___Name on helmet	17
___Rear view mirror	17	___Tire Valve Caps	26
___Drive line loop	21	___Collapsible Steering	23
___Fuel cell	28	___Padded Steering Hub	23
___Fuel cell wall	28	___Camera/GPS Mount	12
___Car Numbers	12	___Head/Neck Restraint	Per Class
___Helmet (Snell Date _____)			
___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	

YOU ARE RESPONSIBLE FOR THE CONDITION OF YOUR VEHICLE (see page 12, item III)
You are reminded that all motor sports are dangerous and that the safety of yourself, family, friends and your vehicle are your sole responsibility. I have inspected my vehicle on _____(date) and will-re-inspect my vehicle prior to running the event. By signing here, I certify that the vehicle is in a safe operating condition for open road and shootout participation. I recognize and assume all risk of damages, injury and death that may be caused by a failure of any component of the vehicle, including without limitation the items listed on this Self Inspection sheet. I have not relied on the list to be comprehensive or tailored to my vehicle; it is instead a guideline. I release Silver State Classic Challenge, Inc. and any person or persons that might have assisted in the process of scrutineering my vehicle.

No equipment or tires are assumed approved just because it went through scrutineering inspection. All vehicles must be maintained in a safe condition. Passing scrutineering does not relieve the Driver/Owner of any responsibility. It is the Driver/Owner's responsibility to ensure the safety of their vehicle.

Driver:_____ Signature:_____.
Print Name Driver

Navigator:_____ Signature_____
Print Name Navigator

Date: _____

COMPLETE OTHER SIDE

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YOU ARE RESPONSIBLE FOR THE CONDITION OF YOUR TIRES. Refer to page 25-26

___Tires D.O.T. Rating_____; Age_____; Tread _____; Air pressure_____;

Vehicle Make _____Model _____Year _____Orig. Tire Size_____

Tire Brand _____ Model _____ Front Size _____+load & speed rating

Rear Size _____+load & speed rating.

1. Check your tires for wear; need at least 1/32 over wear bars on tread is highly recommended.
2. Check for even wear, repairs, damage of any kind.
3. NO plug tire repairs are allowed.
4. Recommended tire age: Touring 6 years or less,
   GT 5 years or less,
   GS 5 years or less,
   SS & UNL 2 years or less.

Tires should be in excellent condition. The manufactured date code is located in an oval about 1/2 by 1 inch on the tire. Usually, a 4-digit number such as 0305, which means the third week of 2005.

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