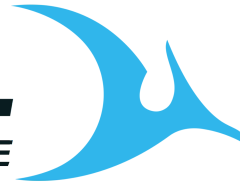


PRIMAL

TRACK EXPERIENCE



Tech Inspection Form

Driver: _____ Date: _____

Make: _____ Model: _____

Year: _____ Color: _____ Stock or Modified: _____

Note: If you are self-teching your car, it is your obligation to physically check every item on this form. Do not assume your lugs are tight, retorque them to make sure. This checklist is for your safety and the safety of the others on the track with you, and should not be dismissed as a formality. After teching your car, you must sign the bottom of the form, which indicates that you have, in good faith, checked every item on this form. Please bring this form with you to the track, or you'll have to do a new tech at the track, possibly missing some drive time. If you don't self tech you can take your car to be inspected by a reputable shop, if so please have them sign. Thanks for your cooperation.

WHEEL and TIRES

Street Tires:

More than 2/32" of tread? _____

Race Tires:

Good condition/no cording? _____

Cuts or other other defects? _____

All lugs present and torqued? _____

Hub/Centercaps removed? _____

ENGINE

Any fluid leaks? _____

Wires/hoses secured? _____

Throttle return springs tight? _____

Radiator overflow ok? _____

Battery properly secured? _____

Battery terminals covered

(rubber boots / duct tape ok)? _____

Fluid lines ok? _____

BRAKES

Pedal pressure firm? _____

Fluid level correct? _____

Lines ok? _____

Brakes lights working? _____

Pads more than 5mm? _____

Rotors ok (no cracks, etc)? _____

STEERING & SUSPENSION

Wheel bearings ok (no play)? _____

Steering tight? _____

BODY

Gas cap ok? _____

Body panels secure? _____

SAFETY EQUIPMENT

Helmet approved? _____

Snell 2015 or newer, M or SA _____

Seats secure? _____

Long sleeve cotton shirt? _____

Closed-toed shoes? _____

Seatbelts properly installed _____

APPROVED SEATBELTS

The following systems are approved

(Please check one)

OEM 3-Point _____

5- or 6-Point _____

4-Point*

**All 4-Point systems must pass tech at the event.*

*4-Point Belts inspected by: _____

Note: Mark each line with a check (✓) if that item is ok; write "NO" if that item is not ok.

Self-Teching please print & sign:

Authorized Shop Inspection:

Print Name: _____

Company Name: _____

Signature: _____

Signature: _____