



INSPECTION FORM

DATE: _____

DRIVER NAME			BIB NUMBER
ADDRESS			CLASSES ENTERED
CITY	STATE	ZIP	1
			2
			3
SNOWMOBILE MAKE	MODEL	YEAR	4
			5

PRE-RACE SAFETY INSPECTION

SNOW FLAP		TEATHER SWITCH		TAIL LIGHT		HELMET (ECE22.05 OR SNELL 2005 OR HIGHER)	
CLUTCH GUARD		UPPER BODY PROTECTION				SHIN GUARDS	

PRE-RACE TECH INSPECTION

CARBIDE LENGTH		STUD LENGTH		FRONT SUSPENSION TRAVEL		TRACK	
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POST-RACE TECH INSPECTION

BORE & STROKE	CARBURETORS	PORTS / VALVES
FUEL TEST	PISTONS	EXHAUST
SQUISH BAND	HEAD VOLUME	STUDS & CARBIDES

FUEL SAMPLE

FUEL BRAND	OIL BRAND	DT-45 METER READING
FUEL TYPE	OIL TYPE	CERIC ACID TEST
RE-AGENT D TEST	WATER SOLUBILITY TEST	FUEL TEST PASS / FAIL

NOTES

<p><u>NOTES</u></p>
