

**Vehicle Number:**

.....

**REPORT TO CLERK OF THE COURSE:  
RESULT OF SAFETY AUDIT**

**Event:**..... **Venue:** .....

**Competitor:** .....

**Vehicle:** .....

**Safety Schedule / Regulation:** .....

**Inspection Date:** ..... / ..... / ..... **Inspection Time:** ..... am/pm

**INSPECTION DETAILS**

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 ..... Continue on reverse

**Breach Details:**.....  
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**Recommendations:**.....  
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 ..... Continue on reverse

**Category of Defect:**      **Safety Critical** | **Safety Non-Critical** | **Non-Safety**  
 (delete as applicable)

**Chief Scrutineer:** Name ..... License Number: .....  
 Signature .....