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REPORT TO CLERK OF THE COURSE: RESULT OF SAFETY AUDIT

Vehicle Number:

Event: **Venue:**

Competitor:

Vehicle: **Logbook No:**

Safety Schedule / Regulation

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

INSPECTION DETAILS

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..... Continue reverse

Breach Details: .....

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..... Continue reverse

Recommendations: .....

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..... Continue reverse

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

Chief Scrutineer: Name ..... Licence Number: .....

Signature .....