**REPORT TO CLERK OF THE COURSE:**

**Vehicle Number:**

………….

**RESULT OF SAFETY AUDIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event:** |  | | **Venue:** |  |
| **Competitor:** |  | | | |
| **Vehicle:** |  | | **Logbook No:** |  |
| **Safety Schedule / Regulation** | |  | | |

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

# INSPECTION DETAILS

Continue reverse

**Breach Details:**

Continue reverse

**Recommendations:**

Continue reverse

**Category of Defect:** **Safety Critical | Safety Non-Critical | Non-Safety**

(delete as applicable)

**Chief Scrutineer:** Name Licence Number:

Signature