**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