



**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