

**Altered Gas Performance Event, LLC
Pre-Event Tech. Inspection Form**

Plate #: _____ State: _____

NOTE: Participants are responsible for the safety of their car & should know the condition of all items on this list. Technical Inspector will not be held liable for safety of car.

<u>EXTERIOR</u>		
<u>PASS</u>	<u>FAIL</u>	
<input type="checkbox"/>	<input type="checkbox"/>	GLASS: No cracks in any windows.
<input type="checkbox"/>	<input type="checkbox"/>	MIRRORS: At least one rearview mirror, securely mounted.
<input type="checkbox"/>	<input type="checkbox"/>	BRAKE LIGHTS: Operational.
<input type="checkbox"/>	<input type="checkbox"/>	GAS CAP: Proper cap, seals tightly.

<u>UNDER CAR</u>		
<u>PASS</u>	<u>FAIL</u>	
<input type="checkbox"/>	<input type="checkbox"/>	TIRES: All tires must be DOT approved and must be in good condition, no cracks, min. 3/32" tread (except high perf. tires). No rubbing on fender lips.
<input type="checkbox"/>	<input type="checkbox"/>	WHEELS: No cracks (check lugholes) or bends, good valve stems & supports (if OE equipped)
<input type="checkbox"/>	<input type="checkbox"/>	FRONT SUSPENSION: No excessive looseness in steering or suspension. No leaks.
<input type="checkbox"/>	<input type="checkbox"/>	LEAKS: No fluid leaks.
<input type="checkbox"/>	<input type="checkbox"/>	RUST: No structural or excessive rust.

REAR SUSPENSION: No excessive looseness. All bolts tight.		
<input type="checkbox"/>	<input type="checkbox"/>	EXHAUST: Securely fastened, no leaks. Muffled exhaust required.
<input type="checkbox"/>	<input type="checkbox"/>	

Make: _____ Model: _____ Year: _____

<u>ENGINE COMPARTMENT & TRUNK(S)</u>		
<u>PASS</u>	<u>FAIL</u>	
<input type="checkbox"/>	<input type="checkbox"/>	BATTERY: Securely fastened, no acid leaks or corrosion. (Check fuel lines under 914 battery tray.)
<input type="checkbox"/>	<input type="checkbox"/>	BELTS: All engine belts are in good condition and properly adjusted.
<input type="checkbox"/>	<input type="checkbox"/>	THROTTLE RETURN: Freely operating, with good spring(s). Check both springs on CIS cars.
<input type="checkbox"/>	<input type="checkbox"/>	BRAKE FLUID: Bleeding brakes between events is required. Date last bled: _____ Fluid must have been changed in last 12 months. Date last changed : _____ (NO DATES = FAIL)

<u>INTERIOR</u>		
<u>PASS</u>	<u>FAIL</u>	
<input type="checkbox"/>	<input type="checkbox"/>	PEDALS: Firm brake pedal. All pedals have free return and are in good condition.
<input type="checkbox"/>	<input type="checkbox"/>	SEAT BELTS: Standard, OE belts are acceptable. Must not be frayed. 65-68 900 series require modification. .
<input type="checkbox"/>	<input type="checkbox"/>	DOORS: All must be operable from inside & outside.

Driver Signature _____