



# Road America Track Day Tech Sheet

Event Location Road America, Elkhart Lake, WI

Event Date \_\_\_\_\_

Driver's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Car Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

Technical Inspection - Driver's / Owner's responsibility

Pass <u>Lights</u> Fail _____ Headlights L/R _____ _____ Front Signals L/R _____ _____ Rear Signals L/R _____ _____ Tail/Backup Lights L/R _____ _____ Brake Lights L/R _____	Pass <u>Interior</u> Fail _____ Steering Wheel-no play _____ _____ Brake Pedal Firm _____ _____ Seat Belts/anchors _____
Pass <u>Engine Compartment</u> Fail _____ Fan Belt-tight-no cracks _____ _____ Fuel/Oil/no leaks _____ _____ Hoses & Wiring - secure _____ _____ Transmission - no leaks _____ _____ Throttle Linkage - travel _____ _____ Throttle Linkage - return _____ _____ Engine Mounts - cracks _____	Pass <u>Brakes/Wheels/Tires</u> Fail _____ Shocks LF/RF/RR/LR _____ _____ Tire Wear LF/RF/RR/LR _____ _____ Wheel Bearings LF/RF _____ _____ Rotors LR/RF/RR/LR _____ _____ Brake Fluid Reservoir - full _____ _____ Brake Fluid Clean - new _____ _____ Brake Pads/Lines/Calipers Dry _____
Pass <u>Suspension</u> Fail _____ Suspension Travel / Noises _____ _____ Suspension Mountings/no rust _____ _____ Tie Rods - Tight _____ _____ CV Joints - Tight / Dry _____	Pass <u>Miscellaneous</u> Fail _____ Spare Tire-Out or Secure _____ _____ Battery - Secure _____ _____ All loose objects removed _____ _____ Windshield Wipers _____

The driver agrees to abide by Road America's Driver/Safety rules. The car's owner is solely responsible for the car's safe operating condition. Inspection by a trained mechanic is recommended but does not transfer responsibility to the mechanic.

Driver's Signature \_\_\_\_\_

Inspected By \_\_\_\_\_ Date \_\_\_\_\_

In emergency notify \_\_\_\_\_ Phone# \_\_\_\_\_ Phone# \_\_\_\_\_

Is this person at the track? Yes \_\_\_\_\_ No \_\_\_\_\_

Person at Track to notify \_\_\_\_\_ Phone# \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Event Day Registration - to be completed by the registrar at the track.

Group # \_\_\_\_\_ Car # \_\_\_\_\_ Color \_\_\_\_\_

\_\_\_\_\_ Helmet-Snell Autosport 2015 or newer \_\_\_\_\_ Waiver signed \_\_\_\_\_ Fee paid  
 \_\_\_\_\_ Tech Sheet->sticker \_\_\_\_\_ Guests signed waiver \_\_\_\_\_ Wrist Bands