

# TARGETED SCRUTINY PROGRAMME SCRUTINY AUDIT PLAN



EVENT..... PERMIT No.....  
 VENUE..... DATE.....  
 CHIEF SCRUTINEER..... LICENCE No.....  
 SCRUTINEERS ON DUTY.....  
 .....

**CHECKS TO BE PERFORMED:**

*4 items from each of Critical Safety and Non-Critical Safety and 2 items from Non-Safety to be selected and recorded on TSP 05 – Scrutiny Audit Worksheet for Scrutineers to record their observations.*

**CRITICAL SAFETY**

<input type="checkbox"/> Seat(s) and Mountings	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Wheels and Tyres
<input type="checkbox"/> Chassis Condition	<input type="checkbox"/> Steering System	<input type="checkbox"/> Aerodynamic Aids
<input type="checkbox"/> Suspension System	<input type="checkbox"/> Safety Cage	<input type="checkbox"/> Scatter Shield
<input type="checkbox"/> Braking System	<input type="checkbox"/> Fuel Tank and Fillers	<input type="checkbox"/> Window Nets
<input type="checkbox"/> Safety Harness	<input type="checkbox"/> Driver's Apparel	

**NON-CRITICAL SAFETY**

<input type="checkbox"/> Engine and Transmission	<input type="checkbox"/> Reverse Gear	<input type="checkbox"/> Bulkheads
<input type="checkbox"/> Power Unit Mounts	<input type="checkbox"/> Throttle Return	<input type="checkbox"/> Camera Mounts
<input type="checkbox"/> Lubrication and Cooling Systems	<input type="checkbox"/> Wipers and Demister	<input type="checkbox"/> Rear Vision Mirrors
<input type="checkbox"/> Battery	<input type="checkbox"/> Body condition (not affecting Critical Safety items)	<input type="checkbox"/> Starter Motor
<input type="checkbox"/> Ignition Switch/Circuit Breaker	<input type="checkbox"/> Rain/Tail Lamp	<input type="checkbox"/> Oil Catch Tank
<input type="checkbox"/> Interior Cockpit Fittings	<input type="checkbox"/> Doors	<input type="checkbox"/> Security of drain plugs
		<input type="checkbox"/> Tow points

**NON SAFETY**

<input type="checkbox"/> Competition Numbers	<input type="checkbox"/> Exhaust System
<input type="checkbox"/> Sponsorship Decals	<input type="checkbox"/> Body Appearance
<input type="checkbox"/> Timing Transmitter/Transponder	

**SIGNED:**..... **DATE:**.....