

TARGETED SCRUTINY PROGRAMME SCRUTINY NON COMPLIANCE



EVENT.....

VENUE..... DATE.....

ENTRANT.....

AUTOMOBILE..... LOG BOOK.....

CATEGORY..... CHASSIS No.....

Inspection Date/...../..... Inspection Time..... am/pm

1. Inspection Details.....

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2. Non Compliance Details.....

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3. Recommendations¹.....

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Category of Defect: Critical Safety Non Critical Safety Non Safety
(delete as applicable)

CHIEF SCRUTINEER

Name: **Signature**.....

Note: If insufficient room above, please continue on reverse

¹ Minor ineligibility is not permissible for Safety Critical deficiencies.