



TECH INSPECTION

The purpose of Tech Inspection at the track is to follow up on the pre-tech inspection performed prior to the event. We will look at the portion of the form completed by your certified mechanic or tech inspector to see if there are any questionable items noted. **Don't forget to have the pre-tech done at least two weeks, but no earlier than four weeks before the event and to bring this form with you to the event!** Make sure that your mechanic or tech inspector has completed and signed the form in the appropriate places. No car will be allowed on the track if it has not had the pre-tech completed by a certified mechanic or tech inspector.

Each participant is responsible for the safety of this participating vehicle and for knowing the condition of EACH item listed on this tech form. Tech inspectors are NOT liable for the safety or continued condition of this vehicle, its operator, or its occupants.

Tires must have sufficient tread and be in good condition. Tires with cracks from the heat or dry-rot are not acceptable no matter how much tread is left on them. Lug nuts must be torqued to factory specifications. You are responsible for maintaining appropriate tire pressures.

We recommend more air pressure in the tires for this event. Try 45 psi in the fronts and 35 psi for the rears on rear wheel drive cars. For front wheel drive cars try 50 psi in the fronts and 35 psi for the rear tires.

Prior to submitting your car for tech at the event all loose items must be removed from the car. This includes trunks, hatch areas, interior, door pockets, the floor mats, radar detectors, car phones, cassette tapes, trash on the floors, etc. The brake pedal must be firm and not have excessive throw. The throttle return spring must be "snappy". Seat belts and mirrors must be operational.

The engine compartment must not have loose components (wires, belts, etc.) or fluid leaks. The battery must be securely fastened down with the factory mounting or bolts. Rubber straps, wood wedges and makeshift mountings are not acceptable. It is your responsibility to be sure all fluid levels (**oil at the FULL mark**, water, brake) are correct.

The car will be given a general "once over" look for evidence of poor maintenance or questionable condition. Any possible safety hazard will be brought to your attention. After passing tech inspection, a sticker will be put on your windshield. Cars without stickers will not be allowed on the track.

These tech inspections are for both your own safety and for the safety of others around you on the track. Most independent mechanics and BMW dealers will be able to perform a pre-tech for you.

Remember! Without this form, you can't run.



Tidewater Chapter Driver Education Pre-Event Vehicle Safety Inspection Checklist

You should have your vehicle inspected by a competent mechanic within 30 days of attending any driving event. The inspection items below are for safety and to help ensure that mechanical problems will be minimized on track day. You must present this completed sheet to the tech crew for event day inspection. Once you pass the inspection, you will receive your run group and registration information.

THIS CHECKLIST IS MANDATORY TO PARTICIPATE

Driver: _____

Make/Model: _____ Yr. _____ Color: _____

Plate# _____

- Battery: securely mounted
- Fan belts: no cracks, tight
- FUEL LINES: no leaks, pinching
- THROTTLE LINKAGE: not sticking, free travel, return spring good
- COOLING SYSTEM: clean antifreeze, no leaks
- BRAKE FLUID: clean, full, DOT 4
- BRAKE PEDAL: firm
- BRAKE LIGHTS: in proper working order
- BRAKE PADS: at least 1/2 of full thickness
- BRAKE CALIPERS: clean and dry
- BRAKE LINES: in good condition
- WHEEL BEARINGS: no leaks, tight, little play
- WHEELS: no cracks
- TIRES: 3/32" minimum tread, DOT approved with proper air pressure
- LUG NUT TORQUE: checked to specifications (usually 80 - 85ftlbs.)
- TIE RODS: no play
- SUSPENSION: no rust at stress points, no excess play
- SHOCKS: no leaks, firm
- EXHAUST: integral, muffler required
- ENGINE/TRANSMISSION: no active leaks
- STEERING: no excessive play
- GLASS: no cracks
- MIRRORS: inside and outside
- WIPERS: working, with efficient blades
- SEAT BELTS: three point required, reciprocal rule enforced. Passenger seat must have the equivalent safety belts/harness as the driver seat.
- INTERIOR: Emptied of loose items, nothing in glove box.
- FIRE EXTINGUISHER: [optional] should be mounted metal to metal if present, mount in car or trunk.

Inspected by: _____ Date: _____



Driver Education Medical Form

This form must be filled out. If two drivers are registering, then both must complete and sign the form. **PLEASE PRINT OR TYPE.**

Event: _____ Event Date: _____

DRIVER #1:

Name: _____ Age: _____

In case of emergency notify: _____ Phone: () _____

Address: _____ At track: _____

List Current Medications: _____ List Drug Allergies: _____

List any special medical conditions: _____ Blood Type: _____

Personal Physician: _____ Phone: () _____

Answer Yes or No:

- | | | | | | |
|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|-------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Contact Lenses | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Diabetic |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Dentures | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Hemophiliac |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Asthmatic | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Epileptic |

Driver #1 Signature: _____ Date: _____

DRIVER #2:

Name: _____ Age: _____

In case of emergency notify: _____ Phone: () _____

Address: _____ At track: _____

List Current Medications: _____ List Drug Allergies: _____

List any special medical conditions: _____ Blood Type: _____

Personal Physician: _____ Phone: () _____

Answer Yes or No:

- | | | | | | |
|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|-------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Contact Lenses | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Diabetic |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Dentures | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Hemophiliac |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Asthmatic | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Epileptic |

Driver #2 Signature: _____ Date: _____