SCHOOL: _____ **HPV NO:** _____ **CLASS:** _____

This sheet must be completed by the School and signed by the Team manager (Teacher) before Scrutineering. Present this sheet to the Scrutineers for final race clearance.
Please ensure that all areas are checked.

TEAM MANAGER'S SIGNATURE: …… DATE: ……..

		SCRUTINEER'S CHECK		
	School Check	**Needs Attention**	**Remarks**	**Approved**
WHEELS AND TYRES				
Safe Condition				
DIMENSIONS				
Less than 3000 mm length				
Between 600- 1200 mm width				
DRIVE TRAIN				
Necessary guards fitted				
Operates freely				
Chain				
Other				
FRAME/SHELL				
Roll-over bar (structural)				
Forward protection				
Side impact protection				
Rear impact protection				
Under Pedal protection				
STEERING				
Two wheel operation				
Operates efficiently				
Lock to lock uninterrupted				
BRAKING				
Two system fitted independently				
Does not interfere with steering				
All wheels braked				
MIRRORS				
Two fitted – 50mm Diameter				
ELECTRONIC AUDIBLE WARNING DEVICE				
Fitted				
Control				
Audible				
SAFETY				
Sufficient clearance for moving components				
No protruding or sharp fittings				
SEAT BELT				
Four Point Harness fitted				

Webbing				
Anchorage – Four Points				
MECHANICAL				
Cables				
Levers				
Linkages				
Arms				
Fittings				
IDENTIFICATION				
Visible front-on				
Visible both sides				
BICYCLE COMPONENTS				
As required				
GENERAL OVERALL CONSTRUCTION				
Effective Welds (visible)				
Other joining methods				
RIDER SAFETY EQUIPMENT				
Approved Helmets				
Cycling Shoes with Cleats (Opt.)				
Gloves and Glasses				
MOBILE TESTING				
Roll-bar clearance				
Turning circle				
Braking – distance				
Sensor Bracket				

	COMPLIANT, READY TO RACE		**NON-COMPLIANT, ACTION REQUIRED**

SCRUTINEER: ……. ***DATE:*** ……..

ACTION: _____

_____

_____

_____

_____

TEAM MANAGER: ……. ***DATE:*** ……..

CHIEF SCRUTINEER: ……. ***DATE:*** ……..

* Completed Scrutineering sheets are to be held by the Event Committee during the event.