



Scrutineering Form

Team Name	No.
-----------	-----

Driver Safety

Signed On	
Helmet	
Race Suit / Gloves	

Driver Performance

Braking	Out Of 10
Wiggle Woggle	Out Of 10
Stability	Out Of 10
Driving Style	Out Of 10

Device Technical

Weight	Kg.
Dimensions	Kg.
Track	Kg.
Photo	Signed Off
General Construction	Comment

Cleared to run by course judge – signed

Overall Comment

--