

Ref	COCKPIT/ ENGINE COMPARTMENT	OK	NOT OK	N/A	REMARKS	Solved
285-7.2 286-10.4	AIR COMPRESSED BOTTLE(S) <i>Use of anti-torpedo tabs</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
283-3.3.3	BRAKE/ CLUTCH TANKS <i>Protection if in cockpit (fireproof...)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
283-11	WINDSCREEN <i>Of laminated glass + marked</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
283-11	LATERAL WINDOWS <i>Film on glass windows Removable without tools if windscreen glued</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>If use polycarbonate (thick > 3mm), tight "N/A" + specify it</i>	
283-11	WINDOW NETS <i>Affixed to the safety cage Removable without tools</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SR-App. III	MEDICAL KIT <i>Validity In the cockpit + properly fastened</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<i>Specify Supplier + Seal Nb</i>	
SR-App. III	SURVIVAL KIT <i>Type A : Triangle, MX goggles x 2, safety vests x 2, safety light, towing belt x 9m (Content according to Supp. Reg) Type B : hand shovel, headlamp 1000lum, 5L of drinking water, food (2 x 1000cal)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Ref	REAR	OK	NOT OK	N/A	REMARKS	Solved
283-14.1	FUEL TANK <i>Validity</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<i>Specify Serial Number + End of validity</i>	
283-14.2	<i>Roll-over valve vertical in reight way blow-off valve</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<i>Specify supplier + Reference</i>	
283-14.2.1	<i>Vent line (no U)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
283-3.3.1	FILLER NECK & HOLE <i>Filler neck compliant with fuel lines regs</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
283-14.2	<i>Filler hole surrounded by a receptable + outflow to the outside</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>If filler hole inside the bodywork</i>	
SR-57.2.1	<i>SPT 12 male quick-coupling x 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Compulsory for T3 and T4 vehicles only</i>	
283-14.2	<i>Quick-Coupling inside all cages (out cockpit)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SR-57.2	FUEL SAMPLING PIPE (priority driver) <i>With self-sealing connector (TL n°5)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
285-10.3	BATTERY(IES) <i>Positive terminal protected Fixation</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Ref	SEALING	OK	NOT OK	N/A	REMARKS	Solved
SR-24.1.2	RESTRICTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Seal Nb	
SR-24.1.1	ENGINE BLOCK	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Seal Nb	
SR-App. IV	CYLINDER HEAD (T2 only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seal Nb	
Art. 286	Driving Aids System Inoperative (T3/ Front Diff)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seal Nb	
SR-App. IV	TRANSMISSION FITTED ON CAR (T2 only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seal Nb	
	<i>Gearbox</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seal Nb	
	<i>Transfer box</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seal Nb	
	<i>Front axle</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seal Nb	
	<i>Rear axle</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seal Nb	

Ref	DRIVER/ CODRIVER EQUIPMENT	OK	NOT OK	REMARKS	Solved
SR-29-6	Comply with Appendix L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Cf safety equipment sheet</i>	

Additional Notes:

DATE: / /	HOUR:	VEHICLE APPROVED	YES	NO	TEAM REPRESENTATIVE	
SCRUTINEER		(Name & Signature)				(Name & Signature)
RE-SCRUTINY	DATE: / /	HOUR:	VEHICLE APPROVED	YES	NO	SCRUTINEER
						(Name & Signature)