

# Testing and Inspection Checksheet

## SunDay Challenge<sup>®</sup> 2007

Vehicle Number: \_\_\_\_\_ Vehicle Name: \_\_\_\_\_

Class: \_\_\_\_\_ Driver: \_\_\_\_\_

Station #	Activity	Inspector Initials
1.	Vehicle Number and signage	_____
2.	Safety Inspection	_____
2.1.	Horn	_____
2.2.	Seat Belts	_____
2.3.	Brake Lights	_____
2.4.	Emergency Brake	_____
2.5.	Rear Vision System	_____
2.6.	Safety Switches	_____
3.	Charger Inspection	_____
4.	Electrical Inspection	_____
5.	Mechanical Inspection	_____
6.	Weight Test	_____
7.	Brake Test	_____
9.	Acceleration Test	_____
10.	Efficiency Test	_____

Signature of Driver \_\_\_\_\_

Signature of Technical Director \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

