

TPNZ Scruitneering Form

v1.0

Driver _____ Tractor _____

Event _____ DATE _____

Self check

Official Scruitneer check

Pass/Fail

GENERAL

<input type="checkbox"/>	Wheel nuts - all wheel connections tight
<input type="checkbox"/>	Steering - all steering components tight
<input type="checkbox"/>	Wheelie bars fitted
<input type="checkbox"/>	ROPS fitted
<input type="checkbox"/>	Brakes in working order
<input type="checkbox"/>	Scatter shield fitted
<input type="checkbox"/>	Two return springs on carburettor/Injector pump
<input type="checkbox"/>	Tyres standard <input type="checkbox"/> Tyres Cut
<input type="checkbox"/>	Panels & shields attached securely
<input type="checkbox"/>	Cross Bolts present (Turbos only)

Pass/Fail

Fuel tank

<input type="checkbox"/>	Fuel type labelled
<input type="checkbox"/>	Manual fuel shut off valve
<input type="checkbox"/>	Fuel cap present & secure
<input type="checkbox"/>	No fuel leaks

Driver

<input type="checkbox"/>	Helmet - in good condition
<input type="checkbox"/>	Boots - work boots or similar
<input type="checkbox"/>	Holds correct license
<input type="checkbox"/>	

Hitch

<input type="checkbox"/>	Drawbar (secure, suitable, etc)
<input type="checkbox"/>	Drawbar pin or hook
<input type="checkbox"/>	

Safety

<input type="checkbox"/>	Fire Extungusher
<input type="checkbox"/>	Breakaway kill switch fitted
<input type="checkbox"/>	Seatbelt fitted - as per TPNZ rules

Miscellaneous

<input type="checkbox"/>	All welding sound	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Comments _____

Pass/Fail at discretion of TPNZ scruitneer.

TPNZ scruitneer _____

Last date of official Scruitneering _____

I the undersigned agree to maintain my tractor in the condition as inspected.
I agree not to operate any machinery if under the influnance of any substance that may impair my judgement.

Driver _____

Initial Inspection		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass / Fail		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recheck Inspection		
Pass / Fail		
Date:	<input type="checkbox"/>	<input type="checkbox"/>