

DRIVER, TRACK AND RESULTS

DRIVER _____ COUNTRY _____ WEATHER AIR TEMP _____ TRACK TEMP _____ DRY INTERMEDIATE WET

TRACK _____ TRACTION LOW MEDIUM HIGH COMMENTS _____

RACE _____ DATE _____ QUALY POS. _____ QUALY TIME _____ STARTING POS. _____ FINAL POS. _____

FRONT	DRIVE TRAIN	REAR
<input type="checkbox"/> GEAR DIFF	cst	<input type="checkbox"/> GEAR DIFF
<input type="checkbox"/> SPOOL		

1ST	SPUR GEARS	2ND
<input type="checkbox"/> 58	<input type="checkbox"/> 59 <input type="checkbox"/> 60	<input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55

1ST	PINION	2ND
<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17	<input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22

FRONT	SHOCK ABSORBERS	REAR
	cst OIL	cst

SPRINGS	
	mm REBOUND

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FRONT	ANTI-ROLL BARS	REAR
<input type="checkbox"/> 1.8	<input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 2.8	<input type="checkbox"/> 1.6 <input type="checkbox"/> 1.8 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.5

FRONT	TYRES	Controlled Tyre	REAR
	MAKE	<input type="checkbox"/>	

SHORE _____

DIAMETER _____

5-MIN WEAR _____

POWER PACK

ENGINE
BRAND _____ TYPE _____
GLOWPLUG _____ CARBØ _____ mm HEAD CLEARANCE _____ mm

EXAUSHT
PIPE _____ MANIFOLD _____

FUEL
BRAND _____ NITRO _____

CLUTCH

CLUTCH BELL <input type="checkbox"/> ALU <input type="checkbox"/> STEEL	CLUTCH SHOE <input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> BLACK
CLUTCH SPRING _____	CLUTCH BELL GAP _____ mm

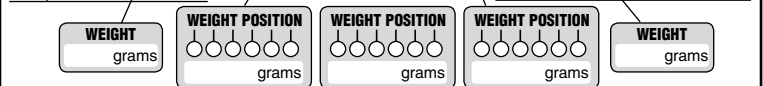
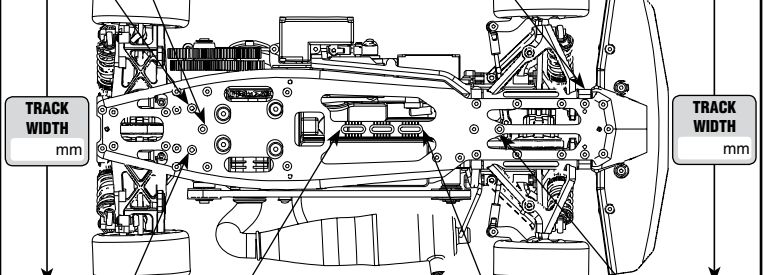
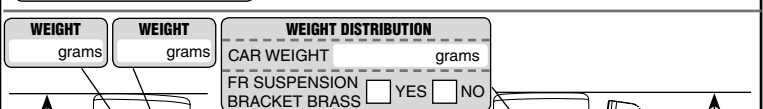
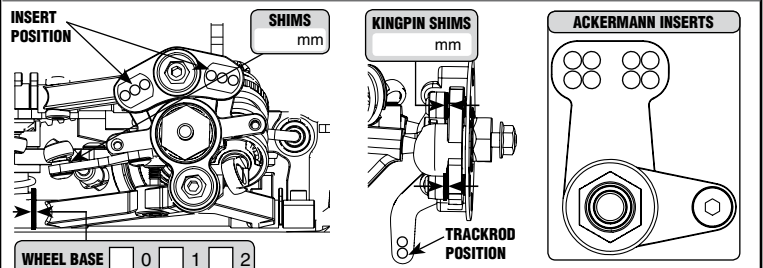
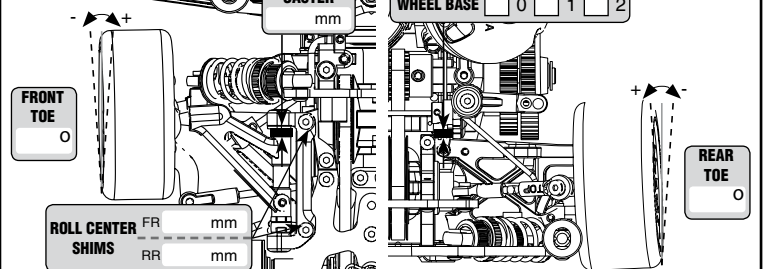
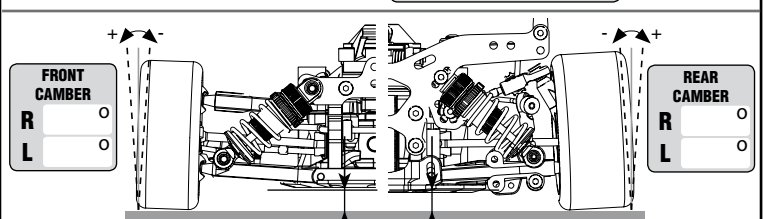
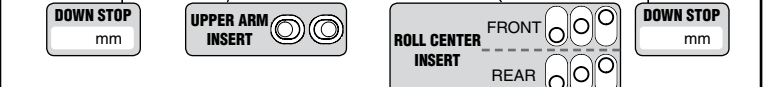
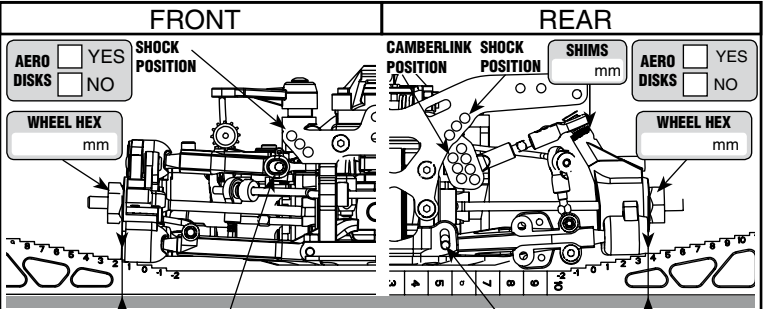
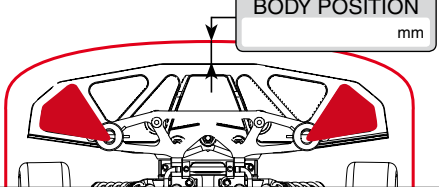
FLEX CONFIGURATION

CHASSIS STIFFENER	FLEX
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

AERODYNAMIC CONFIGURATION

BODY BRAND _____	BODY POSITION _____ mm
BODY TYPE _____	

BUMPERS HOLES <input type="checkbox"/> YES <input type="checkbox"/> NO
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REMARKS _____