

Syncropendence Self-Assessment

eSafety Questionnaire

Please inform the scrutineer if the answer to any of these questions is **YES** (be honest, these won't necessarily fail your vehicle, but it may be inspected or tested & advised / help given).

A percentage of vehicles at the event will be scrutineered / spot-checked.

Name:	Vehicle Reg:	
My vehicle is road-worthy and has a current MOT	Yes	No

Circle as appropriate:

Does the vehicle ever jump out of any gears? No Yes Details:

Does the vehicle have any fuel or oil leaks? No Yes Details:

Does the handbrake hold on a (modest) gradient? No Yes Details:

Is there anything your vehicle needs before being driven for up to 3 hours continuously (fuel/oil/water/hydraulic fluid etc)? No Yes Details:

I have seat belts for passengers / appropriate child seats for Children Yes No

I have a fire extinguisher on board Yes No

I have a first aid kit on board Yes No

I have checked and cleared the cab floor and surrounds of any loose items that could roll under the pedals before moving off. Yes No

I confirm that the details given are correct and confirm that I accept responsibility for ensuring my vehicle is safe to take part in this off-road event. Thank you.

Name:

Date

Signature: