

San Francisco Region SCCA ANNUAL SAFETY INSPECTION LOG

Name: _____ DL#: _____ SCCA#: _____

Approved for Annual Tech -- Inspector: _____ Date: ___ / ___ / ___

Cars that passed annual inspection:

Date: ___ / ___ / ___ Inspector: _____ Make: _____ Model: _____ Year: _____ Color: _____ License: _____
Date: ___ / ___ / ___ Inspector: _____ Make: _____ Model: _____ Year: _____ Color: _____ License: _____
Date: ___ / ___ / ___ Inspector: _____ Make: _____ Model: _____ Year: _____ Color: _____ License: _____

Event Log: 12 logged events qualify you for consideration for SFR ANNUAL TECH

Event: _____ Date: ___ / ___ / ___ Inspector: _____

Event: _____ Date: ___ / ___ / ___ Inspector: _____

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Event: _____ Date: ___ / ___ / ___ Inspector: _____

Comments/Reinspection Notes:

Date: ___ / ___ / ___ _____

Date: ___ / ___ / ___ _____

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