



Competition Vehicle Competition Safety Inspection

Event Safety Inspector _____ Date _____

Circle Appropriate School

Purdue WL Purdue Fort Wayne Rose-Hulman Trine Notre Dame Indiana Bloomington

Team Representative _____

Checklist

	Team Sign-off	Safety Inspector Sign-off
The on-board kill switch stops all LPV operation	<input type="checkbox"/>	<input type="checkbox"/>
The remote kill switch properly stops all LPV operation	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle operation is stopped when transmitter loses link	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle has a remote-control tele-operation link & is verified	<input type="checkbox"/>	<input type="checkbox"/>
There are Forward and Aft mounting for tow lines	<input type="checkbox"/>	<input type="checkbox"/>
Safety issues related to propellers have been addressed	<input type="checkbox"/>	<input type="checkbox"/>
Safety issues related to any moving parts have been addressed	<input type="checkbox"/>	<input type="checkbox"/>
Safety issues related to any pinch points have been addressed	<input type="checkbox"/>	<input type="checkbox"/>
There are no potentially dangerous protrusions or sharp edges	<input type="checkbox"/>	<input type="checkbox"/>
The electrical system and battery system have been reviewed	<input type="checkbox"/>	<input type="checkbox"/>
Everything on the LPV has been properly secured to system	<input type="checkbox"/>	<input type="checkbox"/>
Is the system properly protected from water, including rain	<input type="checkbox"/>	<input type="checkbox"/>
The LPV system is not leaking any foreign substances	<input type="checkbox"/>	<input type="checkbox"/>
The LPV has been properly cleaned to prevent water contamination	<input type="checkbox"/>	<input type="checkbox"/>