Fuel and Chaincase lube Test Report

International Watercross Association

Driver's Section:
Must be completed by driver

Driver Name: _____ Bib #: _____ Event: _____

Fuel Brand: _____ Fuel Type: _____

Oil Brand: _____ Oil Type: _____

Conventional Synthetic

Chaincase Oil _____

Additives: (Please list anything added to fuel not listed above)

_____

_____

By signing below I agree that the above information is correct to the best of my or my crew's knowledge.

_____ _____

Driver's Signature Date

IWA Tech Section:
To be completed at event by IWA staff

Re-agent D	☐ Pass	☐ Fail	Notes
Ceric Acid	☐ Pass	☐ Fail	Notes
DT 47	☐ Pass	☐ Fail	Notes
Water Solubility	☐ Pass	☐ Fail	Notes
Sample sent for further testing	☐ No	☐ Yes	Notes

_____ _____

IWA Tech Signature Date

Driver Notified ☐ No ☐ Yes Notes/ reason if no

_____ _____

Driver's Signature Date