



SOUND INSPECTOR'S REPORT

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
 Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

Event: Organisers:

Venue: Date of Event:

Permit No: Course Lic/Cert No. (where applicable):

Sound Inspector's Name: ACU Licence No:

Sound Level Meter (make & model): Type 1 or 2:

Calibrator Last Certified: Ambient temperature at start of test:

NO.	NAME	MACHINE & CC	STROKE	RPM	dB A	dB A	COMMENTS (specific to machines)

GENERAL COMMENTS

Signature: Date: Sheet of

(Sound Inspector to sign and date every sheet)

This form to be completed and handed to the Secretary of the Meeting or the Clerk of the Course