



# 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 | dBA | dBA | COMMENTS (specific to machines) |
|-----|------|--------------|--------|-----|-----|-----|---------------------------------|
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|     |      |              |        |     |     |     |                                 |

**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**