

ComBot Inspection Checklist

Event: _____

Robot Name: «Robot»

Class: «Class»

Team: «Team»

Pit #: «Pit»

Radio Brand: _____ *Must be digitally encoded mated pair!*

Rule 4.4.2

Weight on ComBots Scale: _____ *Ensure batteries and fuel are loaded before weigh-in*

Yes

Event Photo Taken (non-mandatory)

Visual Inspection

	<u>Pass</u>	<u>Fail</u>	<u>Pass #2</u>	
Safety Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rule
No Internal Combustion Eng or HazMat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Master Power Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rule 6.3
Battery Terminals covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rule 6.4
Battery Type				Rule 6.1
Weapon Type				

Pneumatics / Hydraulics

Supply Pressure _____

Operating Pressure _____

	<u>Pass</u>	<u>Fail</u>	<u>Pass #2</u>
Components rated for above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Tank Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HP shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flame Weapons

	<u>Pass</u>	<u>Fail</u>	<u>Pass #2</u>
Fuel lines/tank protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fuel Used _____

volume in oz

Fuel type

Ignition Type _____

Functional Inspection

	<u>Pass</u>	<u>Fail</u>	<u>Pass #2</u>	
Physical Weapon Safety Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Master Power Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Status LED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility and Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Fail Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optional				
Gyro Fail Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flame Igniter Cutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rotating Weapon Spin Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Autonomous Weapon Activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Must failsafe through Tx

Inspector's Printed Name _____

Date & time _____