

Dr. John's TIRE MANAGEMENT CHECK LIST

1. Tire **Identification** Number _____

Make: _____ Width: _____ Hardness: _____

Supplier: _____ Date Purchased: _____

2. **Tire History**

Date: _____ Track Length: ¼, 1/3, ½, _____ miles #of Laps _____

3. **Corner** Tire was Mounted On

Front: Left Right **Back:** Left Right

4. **Rim** that Tire was Mounted On

Make _____ Width _____ Diameter _____

5. **Tire Circumference**

Before _____ After _____

6. **Tire Pressure**

Cold _____ Hot _____

7. **Tire Temperatures**

Inside _____ Middle _____ Outside _____

8. **Tread Modifications** (circle)

Grooves

Width: 1/8, 3/16, ¼ Depth 2/32, 3/32, 4/32, 4/32, 5/32, 6/23

Direction: around Circumference across Width

Location: Inside Middle Outside

Siping

Number per Tread Block _____ Location: Inside Middle Outside

Depth: 1/16, 1/8, 3/16

9. **Tire Conditions** (circle)

Flat Spot: Yes No Blistered: Yes No

Chunked: Yes No Location: Inside Middle Outside

Pre laps

Sharp Edges: Inside Middle Outside

Worn Edges: Inside Middle Outside

Post laps

Sharp Edges: Inside Middle Outside

Worn Edges: Inside Middle Outside