

SET-UP SHEET

XRAY T4'16

RACE	<input type="text"/>
TRACK	<input type="text"/>
NAME	<input type="text"/>
CITY / COUNTRY	<input type="text"/>
CONTACT	<input type="text"/>
DATE	<input type="text"/>

TEMPERATURE AIR	<input type="text"/>	TEMPERATURE TRACK	<input type="text"/>
-----------------	----------------------	-------------------	----------------------

QUAL POSITION	FINAL POSITION	BEST LAPTIME	RACE LENGTH
<input type="text"/>	<input type="text"/>	<input type="text"/> /sec	<input type="text"/> /min

TRACK	
TRACK SURFACE	<input type="checkbox"/> CARPET <input type="checkbox"/> ASPHALT

TRACK LAYOUT	<input type="checkbox"/> TECHNICAL <input type="checkbox"/> MIXED <input type="checkbox"/> FAST
--------------	---

TRACTION	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
----------	--

FRONT	TRANSMISSION	REAR
SOLID AXLE <input type="checkbox"/> YES	BALL DIFFERENTIAL <input type="checkbox"/> YES	
SOLID ONE WAY DIFFERENTIAL <input type="checkbox"/> YES		
ONE WAY DIFFERENTIAL <input type="checkbox"/> YES		

GEAR DIFFERENTIAL <input type="checkbox"/> YES	GEAR DIFFERENTIAL <input type="checkbox"/> YES
OIL <input type="text"/> /Cst	OIL <input type="text"/> /Cst

PINION / T	SPUR GEAR / T	FINAL DRIVE RATIO
<input type="text"/>	<input type="text"/>	<input type="text"/>

FRONT	SHOCKS	REAR
	SHOCK TYPE	
	XRAY SPRINGS	
	OIL /Cst	
	REBOUND %	

<input type="checkbox"/> YES <input type="checkbox"/> NO	FOAM INSERTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	O-RING ON SHAFT	<input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> 3 HOLES	PISTONS 1.0mm 1.1mm 1.2mm	<input type="checkbox"/> 3 HOLES
<input type="checkbox"/> 4 HOLES		<input type="checkbox"/> 4 HOLES
OTHERS		

THICKNESS/mm	ANTI-ROLL BAR	THICKNESS/mm
<input type="text"/>		<input type="text"/>

	TIRES	
	INSERTS	
	ADDITIVE	
	ADDITIVE TIMING	

FRONT LEFT	FRONT RIGHT	REAR LEFT	REAR RIGHT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TREATED AREA			

ECCENTRIC BUSHINGS	ROLL CENTER	ECCENTRIC BUSHINGS
FF <input type="checkbox"/> PF <input type="checkbox"/>	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1	RR <input type="checkbox"/> RR <input type="checkbox"/>
FR <input type="checkbox"/> FR <input type="checkbox"/>	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1	RF <input type="checkbox"/> RF <input type="checkbox"/>

MOTOR	TIMING
<input type="text"/>	<input type="text"/>

ESC	BATTERIES
<input type="text"/>	<input type="text"/>

BODY	WING
<input type="text"/>	<input type="text"/>

COMMENTS

