



# Arkansas State Athletic Commission

Compliance Division/COMBATIVE SPORTS  
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## Weigh-In & Inspection Report

Promoter's Name:	Promoter's Telephone & Fax #
Event Venue Name & Location: Event Permit #	Weigh-in Venue Name & Location:
Event Date & Time:	Weigh-in Start/End Time:

## Weigh-In & Inspection Results

### MAIN EVENT

#### BLUE CORNER

#### RED CORNER

<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	(    ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Style</b>	<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:

### UNDERCARD

#### BLUE CORNER

#### BOUT #1

#### RED CORNER

<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	(    ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Style</b>	<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:

#### BLUE CORNER

#### BOUT #2

#### RED CORNER

<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	(    ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Style</b>	<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials:		<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials:

Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	Approved Symbol/Marking Used:
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BLUE CORNER		BOUT #3	RED CORNER	
<b>Contestant Name:</b>		<b>VS.</b>	<b>Contestant Name:</b>	
<b>Weight:</b> Inspector's Initials:		( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:	
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:		<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:		<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER		BOUT #4	RED CORNER	
<b>Contestant Name:</b>		<b>VS.</b>	<b>Contestant Name:</b>	
<b>Weight:</b> Inspector's Initials:		( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:	
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:		<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:		<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER		BOUT #5	RED CORNER	
<b>Contestant Name:</b>		<b>VS.</b>	<b>Contestant Name:</b>	
<b>Weight:</b> Inspector's Initials:		( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:	
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:		<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:		<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER		BOUT #6	RED CORNER	
<b>Contestant Name:</b>		<b>VS.</b>	<b>Contestant Name:</b>	
<b>Weight:</b> Inspector's Initials:		( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:	
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:		<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:		<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER		BOUT #7	RED CORNER	
<b>Contestant Name:</b>		<b>VS.</b>	<b>Contestant Name:</b>	
<b>Weight:</b> Inspector's Initials:		( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:	
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:		<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials:			<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials:	

Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	Approved Symbol/Marking Used:
<b>BLUE CORNER</b>	<b>BOUT #8</b>	<b>RED CORNER</b>
<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:

<b>BLUE CORNER</b>	<b>BOUT #9</b>	<b>RED CORNER</b>
<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:

<b>BLUE CORNER</b>	<b>BOUT #10</b>	<b>RED CORNER</b>
<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:

<b>BLUE CORNER</b>	<b>BOUT #11</b>	<b>RED CORNER</b>
<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:	<b>Style</b>	<b>Hand Wraps:</b> Approved Symbol/Marking Used: Inspector's Initials:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:

<b>BLUE CORNER</b>	<b>BOUT #12</b>	<b>RED CORNER</b>
<b>Contestant Name:</b>	<b>VS.</b>	<b>Contestant Name:</b>
<b>Weight:</b> Inspector's Initials:	( ) <b>Rounds</b>	<b>Weight:</b> Inspector's Initials:
<b>Pre-Bout B.A.C. Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	<b>Weight</b>	<b>Pre-Bout BAC Test:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:

<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Style</b>	<b>Hand Wraps:</b> Inspector's Initials: Approved Symbol/Marking Used:
<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:	<b>Amateur/Pro</b>	<b>Gloves (Size, Condition &amp; Tape):</b> Inspector's Initials: Approved Symbol/Marking Used:

**COMMENTS/NOTES/EVENT IRREGULARITIES & INFRACTIONS**

By my signature below, I certify I personally performed the inspections for which I have initialed and the information herein is true and accurate.

Inspector's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Inspector's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Inspector's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_