

Checker's Report

Post-Event - Off Road



Event Details

PERMIT NO.

EVENT

DATE — —

ORGANISING CLUB/BODY

COUNCIL AND/OR FORESTS

CLERK OF THE COURSE

CLERK OF THE COURSE PHONE

Event Review

DID YOU ATTEND THE EVENT?	YES	NO
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If NO to attending the event, please explain why, and who was delegated

COURSE REVIEW	a) Was the course run as intended?	YES	NO
	b) If the answer to (a) was NO, were course alterations checked and approved by you?	YES	NO
	c) Did you drive over the course?	YES	NO

GIVE DETAILS OF ANY PROBLEMS OR INCIDENTS

Personnel Review

CONTROLS Were they set up properly and on time? YES NO

Comments on caliber of course officials and course organisation

SERVICE AREA, PIT AREA AND PADDOCK Were these areas suitable? YES NO

Comments on service crew behaviour

SPECTATOR CONTROL Were the spectator areas suitable? YES NO

Were marshals in attendance? YES NO

Comments

Further Comments

GENERAL: Please provide comments on the organisation, personnel, capability of Clerk of the Course and assistants, and suitability of the course, or any other general comments.

Declaration

CHECKER NAME

CHECKER SIGNATURE

DATE — —

CHECKER MOBILE

CHECKER EMAIL

Note: Please provide a copy of this form to the relevant Off Road Panel within one week of completion of the event.