



When this form is complete, and signed please submit to the Stewards who will forward to Motorsport Australia with their report.



### EVENT DETAILS

PERMIT NO.	VENUE / LOCATION
EVENT	TYPE OF EVENT (DISCIPLINE)
ORGANISING CLUB/ BODY	CLERK OF THE COURSE
	DATE (TO BE COMPLETED EACH DAY OF THE EVENT)
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### VENUE & PERSONNEL REPORT

**1. I hereby certify that, to the best of my knowledge, as indicated below for the Event** YES      NO

- A. The Event will be run in accordance with the event Safety Plan as approved by Motorsport Australia for this event and any other conditions issued by a statutory body.
- B. All conditions of the Motorsport Australia Permit for this Event have and are being complied with.
- C. All officials of this event have been briefed on their role and duties for this event.
- D. This event has and will comply with the requirements of the Event Medical response plan as approved by Motorsport Australia.
- E. All refueling areas have been clearly defined where applicable and are easily identified and comply with the relevant fire protection requirements of Motorsport Australia, and any other regulations issued for this event including but not limited to spill containment and ground coverings.
- F. The required MIV/TIV/Medical vehicles and rescue equipment are in place, with all fire extinguishers checked and correctly located as required by the Event Safety Plan.

**2. I hereby certify that, to the best of my knowledge, as indicated below for each Special Stage**

- G. The competition route, spectator and other areas are fully staffed in accordance with the event Safety Plan as approved by Motorsport Australia for this event.
- H. The competition course has been inspected by the appointed officials and they report it fit for competition.

**Note 1:** To be completed when each Special Stage of the rally has been declared "GREEN".  
**Note 2:** If a special stage is used twice in the one day then this only needs to be completed on the first pass.

<b>SS#</b>	<b>SS#</b>	<b>SS#</b>	<b>SS#</b>	<b>SS#</b>	<b>SS#</b>
TICK IF YES	TICK IF YES	TICK IF YES	TICK IF YES	TICK IF YES	TICK IF YES
TIME	TIME	TIME	TIME	TIME	TIME
<b>SS#</b>	<b>SS#</b>	<b>SS#</b>	<b>SS#</b>	<b>SS#</b>	<b>SS#</b>
TICK IF YES	TICK IF YES	TICK IF YES	TICK IF YES	TICK IF YES	TICK IF YES
TIME	TIME	TIME	TIME	TIME	TIME

 **COMMENTS**

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 **DECLARATION**

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NAME OF  
CLERK OF THE COURSE

EMAIL

MOBILE

SIGNATURE

DATE

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