

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

If NO to attending the event, please explain why, and who was delegated

COURSE REVIEW		YES	NO
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 the Clerk of the Course advise Police of the changes?		YES	NO
d) 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
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Comments on caliber of course officials and course organisation

SERVICE	Was the service area suitable?	YES	NO
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Comments on service crew behaviour

SPECTATOR CONTROL	Were the spectator areas suitable?	YES	NO
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	Were marshals in attendance?	YES	NO
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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.