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| **CLERK OF THE COURSE CLOSING REPORT FOR RACES** | | | | | | | | | |
| **ORGANISING CLUB**: | | | | | | | | | |
| **DATE OF EVENT:** | | | **PERMIT NO:** | | | **STATUS:** | | | |
| Track/Weather Conditions: | | | | | | | | | |
| Documentation Problems: | | | | | | | | | |
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| Scrutineering Problems: | | | | | | | | | |
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| Official Practice Started at: am/ pm | | | | Racing Started at: am / pm | | | | | |
| Incidents/Accidents: | | | | | | | | | |
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| Were there any Health and Safety issues or any issues that could have become a Health and Safety issue that you were aware of? YES NO If Yes please provide a separate report. | | | | | | | | | |
| Number of Penalties issued | | Decision Forms attached:  *If No is ticked provide details of penalties imposed below.* | | | | | YES | | NO |
| Details of Penalties imposed: *Only applicable where the decision forms are not attached*. | | | | | | | | | |
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| Protests Received: | | | | | | | | | |
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| General Comments: | | | | | | | | | |
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| Signed:  Clerk of the Course | Print Name: | | | | Time: | | | Date: | |