

SAFETY PLAN AND CLEARANCE CERTIFICATE

Sporting Trials Only

Held under the National Sporting Code of Motorsport New Zealand Inc. and the Sporting Trials Competition Booklet

SECTION A Event Organizers to Complete			
ORGANISING SECTION		VENUE	
DATE	PERMIT NO.	OWNERS NAME	
OFFICIALS OF EVENT	NAME		CONTACT PHONE
Primary Clerk of Course			
Secondary Clerk of Course			
First Aid Officer			
EMERGENCY PHONE NUMBERS	Fire		
	Police		
	Ambulance		
MARSHAL REQUIREMENTS	No. REQUIRED	CONTACT NAME	CONTACT PHONE
Observers			
Spectator Control			
Vehicle Recovery			
BRIEFING COMPLETED	PRIOR TO EVENT	DAY OF EVENT	BRIEFING BY name
DRIVER			
OBSERVER			
EVENT LAYOUT PLAN			
The following items are needed and have been checked and ticked here			
<input type="checkbox"/> Direction Signs to Event	<input type="checkbox"/> Spectator, Entrant Documentation Area		
<input type="checkbox"/> Fenced off, Signed Spectator Areas	<input type="checkbox"/> First Aid Station		
<input type="checkbox"/> Designated Vehicle Parking	<input type="checkbox"/> Pits Area		
<input type="checkbox"/> Details of Warning Signs for Spectators	<input type="checkbox"/> Other		
SCRUTINEER AUDIT SUMMARY			
Scrutineer:		Signature	
Tot Vehicles Competing:	Tot. Vehicles Audited:	Tot. Vehicles Failures:	
SECTION B- Clerk of Course or Appointed Safety Officer to Complete BEFORE Trial can commence.			
<input type="checkbox"/> Sections Checked for Safety, Safe Exit routes and Vehicle runout zones.			
<input type="checkbox"/> SCRUTINEER AUDIT WORK SHEET form sighted			
<input type="checkbox"/> Permit sighted			
<input type="checkbox"/> First Aid and Fire Equipment Satisfactory to Schedule C and ClubSport Handbook			
Clearance issued for meeting to start at(time) on / / (date)			
By (print name)			
Signed Licence Number (CotC(CS))			
Event Closed at..... (time) on / / (date)			