

# 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)				