**STEWARDS REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MEETING: |  | DATE: |  | | |
| ORGANISER: |  | PERMIT NUMBER: |  | | |
| VENUE: |  | | | |
| STATUS: |  | NUMBER OF COMPETITORS: | |  | |

PARTICIPATION LEVY DECLARATION SIGNED YES / NO

|  |  |
| --- | --- |
| WEATHER CONDITIONS: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ABBREVIATIONS | **✓** | Satisfactory | X | See Comments | 🞆 | Not Applicable |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Regulations |  | 11. | Spectator Control |  | 21. | Major Incidents |  |
| 2. | Bulletins |  | 12. | Competitor Control |  | 22. | Accidents |  |
| 3. | Entry Forms |  | 13. | Flag Marshalling |  | 23. | Penalties |  |
| 4. | Documentation |  | 14. | Rally-Control Marshals |  | 24. | Endorsements |  |
| 5. | Scrutineering |  | 15. | Rally-Block Marshals |  | 25. | Fines |  |
| 6. | Briefings |  | 16. | Medical Personnel |  | 26. | Protests/Appeals |  |
| 7. | Clearance Certificate |  | 17. | Medical Equipment |  | 27. | Stewards Facilities |  |
| 8. | Communications |  | 18. | Rescue Service |  | 28. | Results |  |
| 9. | Timekeeping |  | 19. | Safety Requirements |  | 29. | Clerk of Course Report |  |
| 10. | Pit Control |  | 20. | Ability of Officials |  | 30. | Other |  |

🟏 For Races, Stewards are requested to comment on Schedule ‘H’ Response Target Times in the following Box.

Were there any event safety issues or any issues that could have become an event safety issue that you were aware of? YES NO (Please circle one)

If Yes please provide a separate report.

| Schedule H Response Target Times | | | | (Tick as Appropriate) | |
| --- | --- | --- | --- | --- | --- |
| 🞎 Good | | 🞎 Adequate | 🞎 Requires Attention | | 🞎 Damage sustained to Safety Barriers (please comment) |
|  | | | | | |
| NO | COMMENTS | | | | |
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| NO | COMMENTS |
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**ATTACHMENTS:**

Results YES / NO List of Officials YES / NO

Protests YES / NO Appeal Notice and Fee YES / NO

Fines YES / NO Bond Money YES / NO

Additional Information Follows YES / NO

**STEWARDS OF THE MEETING:**

Signed:

CHAIRPERSON MEMBER MEMBER

Print Name:

CHAIRPERSON MEMBER MEMBER

NOTE: This report is to be completed at the meeting and fast posted immediately to the MSNZ Office.

If additional information is being gathered, send separately.

CHECK THE REPORT. Mark all boxes. Boxes Marked **X** must have comments.