PCA Observer's Report for Driver's Education Events

Version 2015

This report should be completed and returned no later than ten days after the event to the **PCA National Office, P.O. Box 6400, Columbia, MD, 20155.** Please type or print: this report will be reproduced.

Name of Event_____ Date(s)_____
Region_____ Zone_____ Approx. # of Entries (per day)_____
Weather Conditions_____ Track Used_____
Event Chairperson_____ Contact Info_____

Were there any incidents that require an Incident Report? Yes__ No__
If yes, was an Incident report for each incident completed? Yes__ No__

INSURANCE

Was there an effective system in effect throughout the event to collect Release and Waiver forms from all adult attendees (including visitors) and minor waiver forms from minors? Yes__ No__
Were Driver's License and entrant's age checked? Yes__ No__
Was a copy of the event insurance certificate available at registration? Yes__ No__

EVENT ORGANIZATION

Was prohibition of alcohol and controlled substance use discussed? Yes__ No__
Was erratic driving and its consequence explained clearly? Yes__ No__
Were car occupants (instructor-student only) clarified? Yes__ No__
Were safety issues thoroughly discussed? Yes__ No__
Was the Driver's Meeting adequate in terms of covering the meaning of flag, passing zones and other safety issues? Yes__ No__
If there was lunchtime track touring, were the PCA track touring rules followed? Yes__ No__
How could the Event Organization be improved? _____

SAFETY(TECH) INSPECTIONS

Were helmets (rating/year) and drivers gear inspected? Yes__ No__
Were all cars adequately teched? Yes__ No__
How could the Safety Inspection be improved? _____

STAGING GRID & PITS

Was a final check done on grid to verify helmets, belts, etc. were secure? Yes__ No__
Was speed limit in staging and pits safely observed? Yes__ No__
Was the grid area adequate and manned by grid/pit marshals? Yes__ No__
How could the Staging, Grid & Pits be improved?_____

CORNER WORKERS & EMERGENCY CREWS

Were the proper number of corners manned with adequately equipped personnel? Yes__ No__
If No, What needs improvement?_____

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS

❑ **Additional pages attached**

PCA Observer_____ Title/Position_____
Telephone_____ e-mail_____
Address_____
Signature_____ Date_____