



### CLERK OF COURSE REPORT

AASA Permit No: ..... Date: .....

Name of Event: .....

Venue: .....

Organiser Name and Address: .....

No. of Competitors: ..... Weather Conditions: .....

No. of Incidents involving personal injury: ..... *(Reports to be attached)*

No. of impacts between cars or stationary objects: ..... *(Reports to be attached)*

Did the Event start on time? ..... If not please give reason: .....

Where the following personnel in place at the start of the Event:

- |                                         |                                       |                                    |                                         |
|-----------------------------------------|---------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Ambulance      | <input type="checkbox"/> Crash/Rescue | <input type="checkbox"/> First Aid | <input type="checkbox"/> Fire personnel |
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Scrutineers  | <input type="checkbox"/> Stewards  | <input type="checkbox"/> Timing         |

Comments regarding the conduct of the Event: .....

Comments regarding driving conduct or observed license tests: .....

Name: ..... Date: .....

Signed: ..... Phone: ( ) .....

(Clerk of Course)

***Incidents in which person(s) involved are taken from the Event via state ambulance must be reported immediately on 0438 537 458.***