



STEWARD'S REPORT

AASA Permit No: Date:

Name of Event:

Venue:

Name of Steward:

Name of Clerk of Course:

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:

- Ambulance Clerk of Course Communications Crash/Rescue
 First Aid Fire personnel Safety Officer Scrutineers Timing

Problems encountered with Competitors:

Did you have to take any action – if so what:

Any problems with Officials – if so what:

Name: Date:

Signed: Phone: ()

(Steward)

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