

### STAGE RALLY SAFETY QUESTIONNAIRE

**MUST BE SIGNED BY THE MI SAFETY OFFICER AND RETURNED**

**TO MI WITH SAFETY PLAN**

Organising Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICIALS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Licence Number** | **Phone Number** |
| Clerk of the Course |  |  |  |
| Deputy Clerk of the Course |  |  |  |
| MI Appointed Stewards |  |  |  |
|  |  |  |
| Club Appointed Steward |  |  |  |
| MI Safety Officer |  |  |  |
| Club Safety Officer |  |  |  |
| Chief Scrutineer |  |  |  |
| Radio Controller |  |  |  |
| Rally Secretary |  | N/A |  |
| Chief Medical Officer |  | N/A |  |
| Emergency Services Liaison Officer |  | N/A |  |
| Chief Marshal |  |  |  |

Total Road length (km): Day 1: \_\_\_\_\_\_\_\_\_\_ Day 2: \_\_\_\_\_\_\_\_\_\_ Day 3: \_\_\_\_\_\_\_\_\_\_

Total Closed Road length (km): Day 1: \_\_\_\_\_\_\_\_\_\_ Day 2: \_\_\_\_\_\_\_\_\_\_ Day 3: \_\_\_\_\_\_\_\_\_\_

Have you advised the local / regional emergency services control centre of the event and provided maps, details of all roads closed and emergency procedures? Yes No

Number of Doctors on duty: Day 1: \_\_\_\_\_\_\_\_\_\_ Day 2: \_\_\_\_\_\_\_\_\_\_ Day 3: \_\_\_\_\_\_\_\_\_\_

Number of Ambulances each day: Day 1: \_\_\_\_\_\_\_\_\_\_ Day 2: \_\_\_\_\_\_\_\_\_\_ Day 3: \_\_\_\_\_\_\_\_\_\_

Number of marshals each day: Day 1: \_\_\_\_\_\_\_\_\_\_ Day 2: \_\_\_\_\_\_\_\_\_\_ Day 3: \_\_\_\_\_\_\_\_\_\_

Have you written routes and maps for ambulances to follow? Yes No

Have you prepared a full equipment list and ensured everything will be available on the day(s)?

Yes No

Give details of radio system that will be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this system been tested to ensure adequate coverage? Yes No

Has a back-up system been organised: Yes No

*Please detail* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you provided residents with an emergency number to use in the event of an emergency?

 Yes No

In accordance with Appendix 109, please confirm that  all ambulances will be provided by a PHECC approved service provider and will be crewed by two practitioner of at least EMT Practitioner level and will be contactable at all times by the Emergency Services Liaison Officer:

 Yes No

If Pace notes are permitted, have you arranged that requirements for reconnaissance, as laid down in Appendix 25 Article 3.13 of the Current MI yearbook, will be complied with? Yes No

If a **‘Town Stage’** has been approved as part of this event please confirm that all requirements detailed in Appendix 25 Article 2.5.5 will be complied with: Yes No N/A

If a **‘Night Stage’** has been approved as part of this event please confirm that all requirements detailed in Appendix 25 Article 2.5.6 will be complied with: Yes No N/A

If a **‘Shakedown Stage’** has been approved as part of this event please confirm that all requirements detailed in Appendix 25 Article 2.5.7 will be complied with: Yes No N/A

Has Appendix 25 of the current MI yearbook been complied with in relation to all safety aspects of the organisation of this Rally? Yes No

# **STAGE DETAILS – DAY 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** | **Stage** \_\_\_\_/\_\_\_\_/\_\_\_\_ | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** |
| Stage Length (km) |  |  |  |  |  |
| Number of Locations |  |  |  |  |  |
| Number of Marshals |  |  |  |  |  |
| Location of Radio Points*(excluding Start and Finish)* |  |  |  |  |  |
| Rescue Unit Details |  |  |  |  |  |
| Bogey Time |  |  |  |  |  |
| Maximum Time |  |  |  |  |  |
| Location of Central PHECC Approved Ambulance: |
| SERVICE AREA |  |  |  |  |  |  |
| Service area is: | Closed Road  | Open Road  | Private Property  |
| Location of Service Area: |
| Please confirm that the service area will accommodate all Competitors and their Service Crews and that there is sufficient access for emergency vehicles: Yes Number of Marshals for Service Area: |

# **STAGE DETAILS – DAY 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** | **Stage** \_\_\_\_/\_\_\_\_/\_\_\_\_ | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** | **Stage \_\_\_\_/\_\_\_\_/\_\_\_\_** |
| Stage Length (km) |  |  |  |  |  |
| Number of Locations |  |  |  |  |  |
| Number of Marshals |  |  |  |  |  |
| Location of Radio Points*(excluding Start and Finish)* |  |  |  |  |  |
| Rescue Unit Details |  |  |  |  |  |
| Bogey Time |  |  |  |  |  |
| Maximum Time |  |  |  |  |  |
| Location of Central PHECC Approved Ambulance: |
| SERVICE AREA |  |  |  |  |  |  |
| Service area is: | Closed Road  | Open Road  | Private Property  |
| Location of Service Area: |
| Please confirm that the service area will accommodate all Competitors and their Service Crews and that there is sufficient access for emergency vehicles: Yes Number of Marshals for Service Area: |

# The Club Safety Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) was present for this inspection.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MI Safety Officer was accompanied by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the inspection of the Stages (Competitor as nominated by the MI Rallies Committee).

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Clerk of the Course on behalf of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Motorsport Ireland Safety Officer