

M.I SAFETY DELEGATE REPORT FORM

This form must be completed by the Safety Delegate for
Autocross events and returned to Motorsport Ireland.

Report by:	Promoting Club:	
Event Type:	Date:	Permit No:
1. Date you received Draft Safety Plan:		

ON EVENT		YES	NO
2. Did you receive a copy of the Final Approved Safety Plan?			
3. Was the Course set up in accordance with the Final Approved Safety Plan?			
4. Was the required number of Marshals present?			
5. In your opinion, were the Marshals competent?			
6. Were the Marshals equipped with:	Tabards and Flags?		
7. Was there an adequate number of spectator warning notices in place?			
8. Were "FORBIDDEN GROUND" Notices adequate and enforced?			
9. Were "FORBIDDEN GROUND" areas clear of spectators when you inspected the course?			
10. Were the Arrows, Caution, Count-down and Finish Boards etc. to the required standard and clearly visible?			
11. Was the Radio System satisfactory?			
12. Were the Radio Operators competent?			
13. Were the START and FINISH areas kept clear of spectators?			
14. Were the START and FINISH controls set up in a safe location?			
15. Were the Doctors and Ambulances in place prior to start of event?			
16. Did the organisers comply with your requests for changes, if any?			
17. Did Ambulances comply with Appendix 109.3.5?			
18. Did you receive adequate advance information from the organising Club?			
19. Did the organising club have sufficient officials and marshals to ensure the satisfactory running of the event			
20. Were sufficient safety precautions taken?			
21. Were 'warning notices' prominently displayed at the event? (Mandatory for all events)			
If your answer to any of the above is NO , please elaborate on a separate sheet			
22. Comments on course or route:			

Signed: _____ Motorsport Ireland Safety Delegate

Additional comments of a constructive nature may be added on a separate sheet, in typed format, if necessary.