



## POST EVENT REPORT

To be completed by the Region Event Chair for all events which require insurance. This form is to be submitted to the PCA Safety Chair within 5 business days of the event.

Event Date(s): \_\_\_\_\_ Event Location: \_\_\_\_\_

Type of Event:  DE  AX  RALLY  TOUR  TT  Other: \_\_\_\_\_

Region: \_\_\_\_\_

Event Chair: \_\_\_\_\_ Event Chair Email: \_\_\_\_\_

Event Safety Chair: \_\_\_\_\_ Safety Chair Email: \_\_\_\_\_

**Please review PCA Policy on Observer and Incident Reports page 155, Region Procedures Manual.**

Please provide the name and contact information for the person designated to complete the Observer's Report:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Were there any incidents which would require the filing of an incident report?  YES  NO

If yes, how many incidents occurred at the event? \_\_\_\_\_

Were there any incidents which involved bodily injury?  YES  NO

If yes, an incident report must be submitted on the next business day.

Who will be responsible for filing the incident report(s)?

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**SUBMIT THIS REPORT WITHIN FIVE DAYS OF THE EVENT TO:**

**ARLENE NOVACK  
PCA SAFETY CHAIR  
safety@pca.org  
or  
fax 973-514-1660**