



PCA OBSERVER'S REPORT FOR RALLY

Version 2016

This report should be completed no later than ten days after the event. You will receive an email copy of the form.

* indicates a required field

Event Information

Name of Event*

Event Date(s)

From*

To*

Region*

- Select Region -



Number of Entries*

Type of Rally*

Select Type



Type of Rally, Other

Weather Conditions*

Track Used*

Start Location*

Finish Location*

Event Chairperson*

Event Chairperson PCA Number*

Region President*

Region President PCA Number*

Chief Safety Inspector*

Chief Safety Inspector PCA Number*

FILL OUT THE FOLLOWING. PLEASE EXPLAIN ANY MARGINAL RESPONSES.

INSURANCE

Were all attendees required to sign the standard PCA waiver and release form? * **YES** **NO**

Was a copy of the event insurance certificate confirmation available at registration? * **YES** **NO**

Who will archive the release forms?*

Other parties named on the Insurance Certificate?*

EVENT ORGANIZATION

Was the drivers' meeting adequate?* YES NO

Were safety issues discussed at the drivers' meeting?* YES NO

Were drivers monitored for unsafe or aggressive driving?* YES NO

Were cars given a safety inspection?* YES NO

Were non-Porsche vehicles allowed to run in the event?* YES NO

Was a lead (route check) car used?* YES NO

Was a sweep car used?* YES NO

RALLY ROUTE

Were average speeds safe for road conditions?(5 is excellent, 3 is average, and 1 is marginal)*

Were high hazard areas identified and protected? (5 is excellent, 3 is average, and 1 is marginal)*

Approximate length of rally*

Approximate total running time*

CHECKPOINTS (AS APPLICABLE)

Number of checkpoints*

Were pull-off areas adequate and safe at checkpoints? (5 is excellent, 3 is average, and 1 is marginal)*

Were all checkpoints on the right side of the route?* YES NO

Was there a rest stop?* YES NO

GENERAL

Rate the overall standard of the event and organization*

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS*

Additional Documentation (TXT, WORD, EXCEL, JPG, PNG, GIF file formats allowed)

no file selected

PCA Observer

PCA Observer*

Title/Position*

Telephone*

Address*

Email*

Form Recipients

In addition to the people you select below, this form will also be sent to Insurance Chair, PCA National Office, Safety Chair, your Region President and your local Zone Rep.

Email Form To the Following Addresses: (add multiple email addresses by entering SPACE or COMMA after each email address)*

[Home](#) | [Policies](#) | [Site Map](#) |
[Contact](#) |

*COPYRIGHT 2014 PORSCHE CLUB
OF AMERICA INC. ALL RIGHTS
RESERVED.*

