



PCA OBSERVER'S REPORT FOR DRIVER'S ED

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 -



Zone*

- Select Zone -



Approx. # of Entries (per day)*

Weather Conditions*

Track Used*

Event Chair Person*

Were there any incidents that require an Incident Report?* Yes No

If yes, was an Incident report for each incident completed?* Yes No Not Applicable

INSURANCE

Was there an effective system in effect throughout the event to collect Release and Waiver forms from all adult attendees (including visitors) and minor waiver forms from minors?* Yes No

Were Driver's License and entrant's age checked?* Yes No

Was a copy of the event insurance certificate available at registration?* Yes No

EVENT ORGANIZATION

Was prohibition of alcohol and controlled substance use discussed?* Yes No

Was erratic driving and its consequence explained clearly?* Yes No

Were car occupants (instructor-student only) clarified?* Yes No

Were safety issues thoroughly discussed?* Yes No

Was the Driver's Meeting adequate in terms of covering the meaning of flag, passing zones and other safety issues?* Yes No

If there was lunchtime track touring, were the PCA track touring rules followed?* Yes No

How could the Event Organization be improved?*

SAFETY(TECH) INSPECTIONS

Were helmets (rating/year) and drivers gear inspected?* Yes No

Were all cars adequately teched?* Yes No

How could the Safety Inspection be improved?*

STAGING GRID & PITS

Was a final check done on grid to verify helmets, belts, etc. were secure?*
Yes **No**

Was speed limit in staging and pits safely observed?* **Yes** **No**

Was the grid area adequate and manned by grid/pit marshals?* **Yes** **No**

How could the Staging, Grid & Pits be improved?*

CORNER WORKERS & EMERGENCY CREWS

Were the proper number of corners manned with adequately equipped personnel?* **Yes** **No**

If No, What needs improvement?

PCA Observer

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS*

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

Choose File no file selected

PCA Observer*

Steven Waller

Title/Position*

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Form Recipients

In addition to the people you select below, this form will also be sent to HPDE Committee Chair, PCA National Office, Safety Chair, Insurance 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)*

Submit

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