



STEWARD'S REPORT

To be completed by the meeting Chief/Club Steward and submitted to the Track Operator at the conclusion of the meeting and a copy forwarded to the WA Speedway Commission Office *within 7 days*

Email: adminassistant@waspeedway.com.au

EVENT DETAILS:				
Venue:				
Track Manager/Promoter:				
Event Name:				
Event Date:				
Event Time:	Start Time:		Finish Time:	
Divisions Stewarded:				
<input type="checkbox"/> AMCA Nationals	<input type="checkbox"/> ASCF Production	<input type="checkbox"/> Limited Sprintcars	<input type="checkbox"/> 360 Sprintcars	
<input type="checkbox"/> ASCF Junior Sedans	<input type="checkbox"/> Sedans Formula 500s	<input type="checkbox"/> Micro Sprints	<input type="checkbox"/> V8 Dirt Modifieds	
<input type="checkbox"/> ASCF Mod Productions	<input type="checkbox"/> Junior Quarter Midgets	<input type="checkbox"/> SKAA Karts	<input type="checkbox"/> Wingless Sprints	
<input type="checkbox"/> ASCF Street Stocks	<input type="checkbox"/> Late Models	<input type="checkbox"/> Speedcars	<input type="checkbox"/> Super Six	
<input type="checkbox"/> ASCF Super Sedans	<input type="checkbox"/> Lightning Sprints (LSA)	<input type="checkbox"/> Sprintcars	<input type="checkbox"/> Super Modifieds	
<input type="checkbox"/> ASCF 4 Cylinder Sedans				
Name of Other Steward(s) and Division/Club:				
CONDITIONS:				
Weather Conditions:	<input type="checkbox"/> Overcast <input type="checkbox"/> Showers <input type="checkbox"/> Rain <input type="checkbox"/> Warm <input type="checkbox"/> Hot			
Track condition during meeting:	<input type="checkbox"/> Safe <input type="checkbox"/> Unsafe (explain):			
Condition of lighting on track, on a scale of 1-5:	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 (excellent)			
Were all race control lights working?	<input type="checkbox"/> Yes <input type="checkbox"/> No (detail problems):			
Were communication systems operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No (details problems):			
EMERGENCY SERVICES:				
Was an ambulance present during the racing?	<input type="checkbox"/> Yes <input type="checkbox"/> No (details problems):			
Level of medical service on site:	<input type="checkbox"/> Paramedic Crew <input type="checkbox"/> Ambulance Officer <input type="checkbox"/> Medics <input type="checkbox"/> First Aider			
Medical provider name: (e.g. St John's)				
Were Fire & Rescue Services present?	<input type="checkbox"/> Yes <input type="checkbox"/> No			



RACE MEETING DETAILS:					
Did the meeting start at scheduled time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the meeting run to program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Finish time of last race?	
Reason for any delays:					
Were there any protests or Appeals to report?	<input type="checkbox"/> Yes (please describe)		<input type="checkbox"/> No		
Details of protests/appeals:					
Were there any incidents to report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was medical transport provided?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Serious and Fatal Injury Report must be attached.		
Details of accidents/incidents:					
Driver Name:		Car No:		Race No:	
Insurer					
AIS Severity	<input type="checkbox"/> 1 – Minor <input type="checkbox"/> 2 – Moderate <input type="checkbox"/> 3 – Serious <input type="checkbox"/> 4 – Severe <input type="checkbox"/> 5 – Critical <input type="checkbox"/> 6 – Fatal (Maximal, untreatable)				
SCRUTINEERING/MACHINE SAFETY CHECKS:					
Did all vehicles have pre-race safety checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No (details problems): <input type="text"/>				
Did all racing vehicles attend with current log books?	<input type="checkbox"/> Yes <input type="checkbox"/> No – list vehicle(s) and why logbook was not presented below				
Vehicles that did not have current logbook and reason:	Car Number:		Reason:		
Was the Duty of care Statement read out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were all Drivers at the Drivers Briefing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of cars raced:	
Scrutineers Name:	Accreditation Level: <input type="checkbox"/> Chief <input type="checkbox"/> Club				
SUMMARY					
Please provide a brief statement summarizing the meeting, including any other matters brought to your attention:					
STEWARDS REPORT CONFIRMATION:					
This Report is confirmed by the signature of the Chief/Club Steward					
Signature:					
Name:		Accreditation Level	<input type="checkbox"/> Chief <input type="checkbox"/> Club		
Date:					
This report is provided to (please tick all that will apply):					
<input type="checkbox"/> Club/Promoter <input type="checkbox"/> WA Speedway Commission <input type="checkbox"/> Speedway Australia <input type="checkbox"/> Other					
Please save a copy to your computer and then send to WA Speedway Commission within 7 days of the event:					
Email: adminassistant@waspeedway.com.au					