



PERSONNEL & EQUIPMENT RECORD

ORGANISING CLUB _____ DATE _____
 TYPE OF EVENT _____ STATUS _____
 VENUE _____ PERMIT NUMBER _____

To: **The Secretary of the Meeting**

Please complete the details (as appropriate to the event) and hand to the MSA Steward before the end of the event.

The following personnel and equipment were present (please print names):

	Licence no. (Where applicable)
CLERK OF THE COURSE _____	
CHIEF SCRUTINEER _____	
NOISE TEST OFFICIAL _____	
CHIEF TIMEKEEPER _____	

SECRETARY _____
 CHIEF MEDICAL OFFICER _____
 OTHER DOCTORS _____
 CHIEF OBSERVER _____
 CHIEF INCIDENT OFFICER _____
 CLUB STEWARDS _____
 MARSHALS (HOW MANY) _____
 RESCUE VEHICLES (HOW MANY) _____
 AMBULANCES (HOW MANY) _____
 RECOVERY VEHICLES (HOW MANY) _____
 RADIO CONTROLLER _____ FREQUENCY _____

Give numbers and details of fire extinguishers/certificates, including date of last check:

Number and details of Timekeepers' Certificates if automatic equipment is being used:

Serial Number(s) of Timing Equipment:

Weighbridge (Certificate no. and date) _____

SECRETARY OF THE MEETING'S SIGNATURE _____ DATE _____