

COVID-19 OFFICER REPORT FORM



| | | | |
|------------------------------------|-------|------------------|-------|
| ORGANISING CLUB | _____ | DATE | _____ |
| TYPE OF EVENT | _____ | STATUS | _____ |
| VENUE (INC. CIRCUIT LAYOUT) | _____ | PERMIT N° | _____ |
| COVID-19 VENUE OFFICER | _____ | | |

Please use the space below to highlight any part of your report which requires attention by Motorsport UK:

Please tick the relevant boxes in the section below and use the comments section on the next page to elaborate on the answer to questions for which you have ticked a shaded box:

| VENUE | YES | NO |
|--|--------------------------|--------------------------|
| Did the venue management/organisers control persons entering the venue? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the venue have any COVID-19 signage on display? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the venue have any processes in place to ensure social distancing was respected? | <input type="checkbox"/> | <input type="checkbox"/> |

| ORGANISATION | YES | NO |
|---|--------------------------|--------------------------|
| Did the organiser update their risk assessment to include COVID-19 related matters? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were all document checks, signing on and briefings held respecting social distancing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the organiser provide COVID-19 PPE to all relevant officials/marshals? | <input type="checkbox"/> | <input type="checkbox"/> |

| MEDICAL | YES | NO |
|--|-------------------------------------|--------------------------|
| Were there any incidents which required medical intervention? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were all medical personnel in possession of/did they have access to appropriate PPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the COVID-19 Officer satisfied with the COVID-19 policy in place? | <input type="checkbox"/> | <input type="checkbox"/> |

| RESCUE | YES | NO |
|---|-------------------------------------|--------------------------|
| Were there any incidents which required rescue intervention? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were all rescue personnel in possession of/did they have access to appropriate PPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did rescue personnel practice social distancing whilst on standby? | <input type="checkbox"/> | <input type="checkbox"/> |

| SCRUTINEERING | YES | NO |
|--|-------------------------------------|--------------------------|
| Did all scrutineering conducted at the event maintain social distancing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did scrutineers have access to sanitisation facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any documents passed between persons during scrutineering? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| COURSE AND PUBLIC SAFETY | YES | NO |
|--|--------------------------|--------------------------|
| Was course equipment distributed respecting social distancing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was course equipment sanitised before/after use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all course marshals/officials respect social distancing? | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS & GENERAL OBSERVATIONS

Please use this section to elaborate on any of the questions where you have ticked a shaded box and anything else that might require the attention of Motorsport UK.

NAME _____

SIGNATURE _____

DATE _____

LICENCE N° (if any) _____

Information supplied on this form will be processed in accordance with the Motorsport UK Data Protection Policy which can be found at: www.motorsportuk.org/Data-Protection

Where possible please return to Motorsport UK by 5pm on the Monday after the event via the email below:

covidreport@motorsportuk.org