

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