

PCA GUIDELINES FOR OBSERVER AND INCIDENT REPORTS (January 2008)

PCA Observers' Report Policy: The PCA Observers' Report form must be completed by an impartial party (i.e., not the Event Chairperson or the Chief Instructor) who attended the event. PCA Observer Report Forms were forwarded to the person who requested insurance for the event. (Copies are also in the *PCA Region Procedures Manual* and online at pca.org.) This Report Form should be completed and returned no later than ten (10) days after the event to the **PCA National Office, PO Box 1347, Springfield, VA 22151-1347**. Please type or print, as this report will be reproduced.

PCA Incident Report Policy: (Form is in *PCA Region Procedures Manual* and online at pca.org.)

An Incident Report should be completed whenever any of the following occur:

1. There is car-to-car contact of any sort, whether or not the damage can be "rubbed out."
2. There is car damage caused by contact with an immovable object which cannot be buffed out. Damage caused by contact with debris does not require a report. Also, car damage sustained to the undercarriage or to wheels or suspension as a result of an off-track excursion does not require a report.
3. There is injury to a person, even though the previous criteria have not been met.
4. There is an incident involving a potential injury or actual injury to a person that does not occur in an "on track" environment.
5. There is a verbal altercation between an individual(s) and an event or Region official.

In the event of bodily injury, an Incident Report should be submitted on the next business day, otherwise, Incident Reports are due within five (5) business days. Incident Reports should be submitted to all five individuals below:

Insurance Chair	Ken Laborde	Fax: 504-561-1011
Insurance Rep	Pete Lyon	Fax: 713-507-9418
Safety Chair	Arlene Novack	Email: safety@pca.org or Fax: 973-514-1660
DE Committee Chair	Pete Tremper	Email: to Tremper9146@aol.com Mail to: 523 Coyle Rd, Clayton, NJ 08312
PCA National Office	Vu Nguyen	Fax: 703-321-2110

Incident Report Form Guidelines

An incident report should be completed whenever any of the following occur:

1. There is car to car contact of any sort, whether or not the damage can be "rubbed out."
2. There is car damage caused by contact with an immovable object. Damage caused by contact with debris does not require a report. Also, car damage sustained by the undercarriage or to wheels or suspension as a result of an off track excursion does not require a report.
3. There is injury to a person, even though the previous criteria have not been met.
4. There is an incident involving a potential injury or actual injury to a person that does not occur in an "on track" environment.
5. There is a verbal altercation between an individual(s) and an event or region official.



Incident Report for AX-DE-Tour-TT-Other _____

Version November 2006

Circle type of event above. Complete both pages of this report for all incidents involving car damage or personal injury and FAX and mail as indicated on page 2 to the Insurance Chair, Insurance Rep, Safety Chair, and DE Committee Chair. In the case of a multiple car incident, complete one report per car.

1. PCA Region: _____

Telephone: (____) _____ E-mail: _____

Location (specific track or city/state/zip): _____

Date of Incident: _____

2. Name of Driver or Injured Party: _____

Address: _____

Telephone: (____) _____ E-mail: _____

Any injuries? Yes No Who determined: _____

Was driver or injured party a signed-in entrant? Yes No

If yes, in what category? _____

Name or color of run group (if applicable) _____

Was the injured party a signed in non-entrant? Yes No

3. Attach a photocopy of the signed waiver with name and signature highlighted.

4. Describe automobile(s) involved, including make, year, model, color, body style: _____

Was all safety gear in place and secure? Yes No

5. Describe the incident, including the nature of any injuries, damage to car, and/or property damage.

6. Name of Hospital: _____

Address (city/state/zip): _____

Telephone: (____) _____

Check one: Outpatient emergency room Admitted



7. Sketch of Incident

8. Additional comments: _____

9. Report prepared by: _____ Title: _____
Signature: _____
Telephone (W): _____ Telephone (H): _____
Fax: _____ E-mail: _____

Insurance Chair	Ken Laborde	Fax: 504 561 1011
Insurance Rep	Pete Lyon	Fax: 713 507 9418
Safety Chair	Arlene Novack	Fax: 973-514-1660
DE Committee Chair	Pete Tremper	Mail: 523 Coyle Rd, Clayton, NJ 08312



POST EVENT REPORT

Version January 2009

(To be completed by the Region Event Chair for all events which require insurance. This form is to be submitted to the PCA Safety Chair within 5 business days of the event.)

Event Date(s): _____ Event Location: _____

Type of Event: DE AX RALLY TOUR TT Other: _____

Region: _____

Event Chair: _____ Event Chair Email: _____

Event Safety Chair: _____ Safety Chair Email: _____

Please review PCA Policy on Observer and Incident Reports attached.

Please provide the name and contact information for the person designated to complete the Observer's Report:

Name: _____ Email _____

Were there any incidents which would require the filing of an incident report? YES NO

If yes, how many incidents occurred at the event? _____

Were there any incidents which involved bodily injury? YES NO

If yes, an incident report must be submitted on the next business day.

Who will be responsible for filing the incident report(s)?

Name: _____ Email: _____

SUBMIT THIS REPORT WITHIN FIVE DAYS OF THE EVENT TO:

**ARLENE NOVACK
PCA SAFETY CHAIR**

safety@pca.org

or

fax 973-514-1660



PCA OBSERVER'S REPORT FOR AUTOCROSS

This report should be completed and returned no later than ten days after the event to the PCA National Office, PO Box 1347, Springfield, VA 22151-1347. Please type or print, as this report will be reproduced. Be sure to complete both sides and use extra pages for comments, if necessary.

Name of Event: _____ Date(s): _____

Region: _____ No. of Entries: _____

Weather conditions: _____

Course location: _____

Event Chairperson: _____ PCA #: _____

Region President: _____ PCA #: _____

Chief Safety Inspector: _____ PCA #: _____

FILL OUT THE FOLLOWING. PLEASE EXPLAIN ANY MARGINAL RESONSES.
(5 is excellent, 3 is average, and 1 is marginal)

INSURANCE

Were all attendees required to sign the standard PCA waiver and release form? Yes No

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

Rate risk management for this event: 5 4 3 2 1

Who will archive the release forms? _____

Other parties named on the Insurance Certificate: _____

EVENT ORGANIZATION

Was the drivers' meeting adequate? OK Marginal

Were safety issues discussed at the drivers' meeting? OK Marginal

Were drivers monitored for unsafe or aggressive driving? OK Marginal

Rate how well the event ran on the time schedule. 5 4 3 2 1

Were non-Porsche vehicles allowed to run in the event? Yes No

Were "fun runs" allowed? Yes No

How many run groups were used? _____

SAFETY (TECHNICAL) INSPECTION

Was there an "at track" safety inspection? OK Marginal

Were helmets and driver's gear inspected? OK Marginal

Were stickers used to indicate passed inspection? OK Marginal

COURSE LAYOUT

Was a track map provided? OK Marginal

Were run-off areas adequate and safe? OK Marginal

Were high hazard areas identified and protected? OK Marginal

Were observer areas identified and protected? OK Marginal

Was course perimeter secure and well defined? OK Marginal

Approximate length of course: _____

AUTOCROSS OBSERVER'S REPORT (Page 2 of 2 pages)

Most cars allowed on the course at the same time? _____
Approximate run time for 911 Carreras or similar cars? _____
Maximum speeds obtained for fastest stock cars? _____

STAGING AND GRID

Was there an adequate staging area to unload cars and set up?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal
Was the grid area adequate?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal
Was a final check done on the grid to verify helmets, belts, etc. were secure?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal

CORNER WORKERS AND EMERGENCY CREWS

Was the corner station count adequate for the course layout?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal
Were corner stations located in safe positions?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal
Did corner stations have a full compliment of flags, radios, & safety gear?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal
Was communication between stations and control adequate?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal
Was equipment available on site to clean up fluid spills?	<input type="checkbox"/> OK	<input type="checkbox"/> Marginal

GENERAL

Rate the overall standard of the event and organization:

Excellent; Above Average; Below Average; Marginal

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS

Additional pages attached

PCA Observer: _____	Telephone: (_____) _____ - _____
Title/Position: _____	E-mail: _____
Address: _____	Signature: _____



Date: _____

PCA OBSERVER'S REPORT FOR CLUB RACE

This report should be completed and returned no later than ten days after the event to the PCA National Office, PO Box 1347, Springfield, VA 22151-1347. Please type or print, as this report will be reproduced. Be sure to complete both sides and use extra pages for comments if necessary.

Name of Event: _____ Date(s): _____

Region(s)/Zone: _____ No. of Entries: _____

Weather conditions: _____

Track Used: _____

Event Chairperson: _____ PCA #: _____

Region President: _____ PCA #: _____

Chief Steward: _____ PCA #: _____

Chief Flag Person: _____ PCA#: _____

Chief Scrutineer: _____ PCA#: _____

FILL OUT THE FOLLOWING. PLEASE EXPLAIN ANY MARGINAL RESPONSES.
(5 is excellent, 3 is average, and 1 is marginal)

INSURANCE

Were all attendees required to sign the standard PCA waiver and release form? Yes No

Was a copy of the event insurance certificate confirmation available? Yes No

Rate risk management for this event: 5 4 3 2 1

Who will archive the release forms? _____

Other parties named on the Insurance Certificate: _____

EVENT ORGANIZATION

Was a general information packet given to each entrant? 5 4 3 2 1

Were written guidelines provided to each entrant? 5 4 3 2 1

Rate safety issues discussed at the drivers' meeting? 5 4 3 2 1

Did the event run on schedule? 5 4 3 2 1

SAFETY (TECHNICAL) INSPECTION

Were first time cars given a technical inspection? 5 4 3 2 1

Were helmets and driver's gear inspected for new drivers? 5 4 3 2 1

Were stickers used to indicate passed inspection? 5 4 3 2 1

Were cars randomly scrutinized during the event? 5 4 3 2 1

TRACK LAYOUT

Was a track map provided? 5 4 3 2 1
Were pit-out and pit-in areas satisfactory? 5 4 3 2 1
Approximate length of track: _____
Most cars allowed on the track at the same time: _____

STAGING GRID AND PITS

Was there an adequate staging area to unload cars and set up? 5 4 3 2 1
Was the grid area adequate? 5 4 3 2 1
Was a final check done on grid to verify helmets, belts, etc. were secure? 5 4 3 2 1

CORNER WORKERS AND EMERGENCY CREW

Was the corner station count adequate for the course layout? 5 4 3 2 1
Were corner stations located in safe positions? 5 4 3 2 1
Did corner stations have a full compliment of flags, radios, & safety gear? 5 4 3 2 1
Rate communication between stations and control: 5 4 3 2 1
How many wreckers/tow vehicles were provided? _____
How many ALS certified ambulances were provided? _____
Was equipment available on site to clean up fluid spills? 5 4 3 2 1

GENERAL

Rate the overall standard of the event and organization:
 Excellent; Above Average; Average; Below Average; Marginal

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS

Additional pages attached.

PCA Observer: _____
Title/Position: _____ Telephone: (____) _____ - _____
Address: _____ E-mail: _____
Signature: _____
Date: _____

PCA Observer's Report for Driver's Education Events

This report should be completed and returned no later than ten days after the event to the PCA Executive Office, PO Box 1347, Springfield, VA 22151-1347. Please type or print: this report will be reproduced.

Name of Event _____ Date(s) _____
Region _____ Zone _____ Approx. # of Entries (per day) _____
Weather Conditions _____ Track Used _____
Event Chairperson _____ Contact Info _____
Were there any incidents that require an Incident Report? Yes__ No__
If yes, was an Incident report for each incident completed? Yes__ No__

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? _____

GENERAL COMMENTS

PCA Observer _____ Title/Position _____
Telephone _____ e-mail _____
Address _____
Signature _____ Date _____



PCA OBSERVER'S REPORT FOR RALLY

This report should be completed and returned no later than ten days after the event to the PCA National Office, PO Box 1347, Springfield, VA 22151-1347. Please type or print, as this report will be reproduced. Be sure to complete both sides and use extra pages for comments if necessary.

Name of Event: _____ Date(s): _____

Region: _____ No. of Entries: _____

Type of Rally: TSD; Gimmick; Lime Run; Other _____

Weather conditions: _____

Track Used: _____

Start Location: _____ Finish Location: _____

Event Chairperson: _____ PCA #: _____

Region President: _____ PCA #: _____

Chief Safety Inspector: _____ PCA #: _____

FILL OUT THE FOLLOWING. PLEASE EXPLAIN ANY MARGINAL RESPONSES.
(5 is excellent, 3 is average, and 1 is marginal)

INSURANCE

Were all attendees required to sign the standard PCA waiver and release form? Yes No

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

Rate risk management for this event: 5 4 3 2 1

Who will archive the release forms? _____

Other parties named on the Insurance Certificate: _____

EVENT ORGANIZATION

Was the drivers' meeting adequate? OK Marginal

Were safety issues discussed at the drivers' meeting? OK Marginal

Were drivers monitored for unsafe or aggressive driving? OK Marginal

Were cars given a safety inspection? OK Marginal

Were non-Porsche vehicles allowed to run in the event? OK Marginal

Was a lead (route check) car used? OK Marginal

Was a sweep car used? OK Marginal

RALLY ROUTE

Were average speeds safe for road conditions? 5 4 3 2 1

Were high hazard areas identified and protected? 5 4 3 2 1

Approximate length of rally: _____

Approximate total running time: _____

Rally Observer's Report (Page 2 of 2 pages)

CHECKPOINTS (AS APPLICABLE)

Number of checkpoints? _____

Were pull-off areas adequate and safe at checkpoints? _____

Were all checkpoints on the right side of the route? _____

Was there a rest stop? _____

5 4 3 2 1
 OK Marginal
 OK Marginal

GENERAL

Rate the overall standard of the event and organization:

Excellent; Above Average; Below Average; Marginal

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS

Additional pages attached

PCA Observer: _____

Title/Position: _____

Address: _____

Telephone: (_____) _____ - _____

E-mail: _____

Signature: _____

Date: _____

Mail to the PCA National Office at the address on Page 1 or complete form on line at www.pca.org



PCA OBSERVER'S REPORT FOR TOUR

This report should be completed and returned no later than ten days after the event to the PCA National Office, PO Box 1347, Springfield, VA 22151-1347. Please type or print, as this report will be reproduced. Be sure to complete both sides and use extra pages for comments if necessary.

Name of Event: _____ Date(s): _____
Region: _____ No. of Entries: _____
Type of Tour: Day Trip; Progressive; Overnight; Other

Weather conditions: _____
Start location: _____ **Finish Location:** _____
Event Chairperson: _____ Region President: _____
Address: _____ Address: _____

FILL OUT THE FOLLOWING. PLEASE EXPLAIN ANY MARGINAL RESPONSES.
(5 is excellent, 3 is average, and 1 is marginal)

INSURANCE:

Were all attendees required to sign the standard PCA waiver and release form? OK Marginal
Was a copy of the event insurance certificate confirmation available at registration? OK
Marginal
Rate risk management for this event: 5 4 3 2 1
Who will archive the release forms? _____
Other parties named on the Insurance Certificate? _____

EVENT ORGANIZATION:

WAS THE DRIVERS' MEETING ADEQUATE? OK MARGINAL
Were safety issues discussed at the drivers' meeting? OK Marginal
Were drivers monitored for unsafe or aggressive driving? OK Marginal
Were non-Porsche vehicles allowed to run the event? OK Marginal
Was a lead car used? OK Marginal
Was a sweep car used? OK Marginal

TOUR ROUTE:

Was the route well defined? OK Marginal
Was there an adequate rest stop? OK Marginal
Were pull-off areas adequate and safe at rest stop(s)? OK Marginal

DID ALL CARS STAY ON THE ROUTE?

OK MARGINAL

WERE SPEEDS KEPT WITHIN LEGAL LIMITS?

5 4 3 2 1

WERE CONGESTED AREAS PROPERLY ANTICIPATED?

5 4 3 2 1

APPROXIMATE LENGTH OF THE TOUR:

APPROXIMATE TOTAL RUNNING TIME:

GENERAL:

Rate the overall standard of the event and organization:

Excellent Above Average Below Average Marginal

Page 1 of 2 pages

Tour Observer's Report (Page 2 of 2 pages)

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS:

Additional pages attached

PCA Observer: _____

Title/Position: _____

Address: _____

Date: _____

Telephone: (_____) ____ - _____

E-mail: _____

Signature: _____

Mail to the PCA National Office at the address on Page 1 or complete form on line at www.pca.org