



PCA OBSERVER'S REPORT FOR RALLY

Version 2010

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 22151-0347**. 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 NEGATIVE OR 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

Who will archive the release forms? _____

Other parties named on the Insurance Certificate: _____

EVENT ORGANIZATION

Was the drivers' meeting adequate? YES NO

Were safety issues discussed at the drivers' meeting? YES NO

Were drivers monitored for unsafe or aggressive driving? YES NO

Were cars given a safety inspection? YES NO

Were non-Porsche vehicles allowed to run in the event? YES NO

Was a lead (route check) car used? YES NO

Was a sweep car used? YES NO

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: _____

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CHECKPOINTS (AS APPLICABLE)

Number of checkpoints? _____

Were pull-off areas adequate and safe at checkpoints?

5 4 3 2 1

Were all checkpoints on the right side of the route?

YES NO

Was there a rest stop?

YES NO

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: _____