

## **CLERK OF COURSE INSPECTION CHECK**

Clerk of Course(Print Name)		Date:	
Safety Officer (Print Name)			
Permit No: Venue: _			-
Tick when Complete Tick when Complete		lete Tick when C	omplet
TRACK CONDITIONS SUITABLE TO RACE		MEDICAL COVER COMPLIES WITH REGULATIONS	
JUMPS SAFE AND COMPLY WITH REGULATIONS		RADIOS ISSUED AND CHECKED	П
MARSHAL POINTS ADEQUATE, SAFE & NUMBERED In Accordance With SAFETY PLAN		LAP SCORERS IN POSITION	
START AREA AND START GATE COMPLIES WITH	П	PADDOCK EMERGENCY ACCESS CLEAR	
REGULATIONS		VENUE COMPLIES WITH SAFETY PLAN	
COURSE SATISFACTORY	Ц	WARNING SIGNS IN PLACE AND COMPLY	
TAPING AND ROPING COMPLIES WITH REGULATIONS		WITH REGULATIONS	
SPECTATOR AREA COMPLIES WITH REGULATIONS	П	ALL MARSHALS IN POSITION	
AUTO CUT OFF SET UP AND MARSHALS BRIEFED		LAP SCORERS IN POSITION	
		RED FLAGS ISSUED	
WATER AVAILABLE IF REQUIRED		START OFFICIAL IN POSITION	
BRIEFING OF MARSHALS COMPLETED		CHEQUERED FLAGGER IN POSITION	
BRIEFING OF OFFICIALS COMPLETED	Ц	TRACK READY AND SAFE TO RIDE	
DO NOT PROCEED PAST THIS POINT	IINTII	ALL AROVE ROYES ARE COMPLETE	
DO NOT PROCEED PAST THIS FOINT	UNIIL	ALL ABOVE BOARS ARE COMPLETE	
TO BE SIGNED BY BOTH OFFICIALS PRIOR TO PRACTICE OR RACE MEETING START			
Safety Officers Signature:		Time:	
Clerk of Course Signature:		Time:	

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