



AUTOCROSS OBSERVER'S REPORT

Revised 2021

This report should be completed and submitted within ten (10) days of the event. You will receive an email copy of the form. Please complete all fields. Please explain any **underlined responses in the comments section at the end of the form.**

GENERAL INFORMATION

Name of Event:

Event Host Region or Zone:

Event Date(s) From:

To:

[NA for single day events]

Location of Event:

[Include City and State (or Province)]

Weather Conditions:

INSURANCE:

Was there a method to ensure all participants signed the standard PCA waiver and release form (including minor waiver forms from minor's parents or guardians)?

YES

NO

NOT SURE

Was the Certificate of Insurance available for inspection upon request to the Event Chair?

YES

NO

NOT SURE

Were there any incidents that required an Incident Report?

YES

NO

NOT SURE

EVENT-SPECIFIC INFORMATION

Type of Event:

(Type of Event: Autocross Driving Tour Off-Road Driving Tour (Indicate Category 1, 2, or 3)
 Drivers Education Rally Tech Session Time Trial Tire Rack Street Survival Other)

AUTOCROSS EVENT DETAILS:Approx. # of Cars in Event: Max. speed obtained for the fastest stock cars? : in: [mph or km/h]Max. number of cars allowed on the course at the same time? What was the approximate run time for a 911 Carrera or similar car? seconds**AUTOCROSS EVENT BRIEFING:**Did the event leader ask all attendees if they signed the waiver form(s)? YES NOWas safety for all attendees stressed and workers properly briefed? YES NOWas prohibition of alcohol and controlled substance use discussed? YES NO**AUTOCROSS EVENT ORGANIZATION:**Were drivers monitored for unsafe or aggressive driving? YES NOWas there an "on-site" safety inspection for all entered vehicles? YES NOWas some identification used to indicate a vehicle passed inspection? YES NOWere helmets (rating/year) and drivers gear inspected? YES NOWere both grid and pit areas adequate and in safe locations? YES NOWas a final check done as each vehicle leaves the grid to verify helmets and belts were secure? (Should be double-checked by the starter) YES NOWas speed limit throughout the site, including pits, grid, staging, and returning to grid from the course safely observed? YES NOIf there were lunchtime course touring laps, were the PCA course touring rules followed? YES NO**AUTOCROSS COURSE / EVENT CONDUCT:**Was a course map provided? YES NOWas a guided course walk provided? YES NOWere run-off areas adequate and safe? YES NOWas the course boundary a safe distance from stationary objects? YES NOWere high hazard areas identified and protected? YES NOWas the course perimeter secure and well defined? YES NO

- Were course workers provided with safe locations? YES **NO**
- Was the course adequately manned so that a turn station was almost always in view? YES **NO**
- Were observer areas identified and protected? YES **NO**

OVERALL EVENT EVALUATION:

(Rating: Excellent; Above Average; Average; **Below Average**; **Poor**)

Rate the overall safety of the event:

Rate the overall organization of the event:

Please provide general comments on overall event execution and explanation of any **underlined** responses above, and/or recommendations.

Additional Documentation may be attached.

PCA OBSERVER:

Name: Telephone:

Email:

REPORT SUBMISSION:

Please type or print, as this report will be reproduced. Please scan and email a copy of the completed Observers Report to admin@pca.org or mail a copy to the PCA Executive Office, PO Box 6400, Columbia, MD 21045. Be sure to complete all pages and use extra pages for comments if necessary.

📄 This form is also available as a fillable pdf form that can be submitted electronically. Go to [pca.org](https://web.pca.org/?event=observersReports.observerReportForm-Main&m=iAjhx6r5Z2FeGGq8Bvs2JAxUQrMZIwMRWslDPXYpvww%3D), then <https://web.pca.org/?event=observersReports.observerReportForm-Main&m=iAjhx6r5Z2FeGGq8Bvs2JAxUQrMZIwMRWslDPXYpvww%3D>