



DRIVING TOUR 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)

DRIVING TOUR EVENT DETAILS:

Tour Start Location: [Include City and State (or Province)]

Tour End Location: [Include City and State (or Province)]

Approx. # of Cars in Tour:

Approx. Length of Tour: in: Select Units [miles / kilometers]

Approx. Total Running Time: in: Select Units [hours / minutes]

DRIVING TOUR EVENT BRIEFING:

Did the event leader ask all attendees if they signed the waiver form(s)? YES **NO**

Was safety stressed, including the need to obey all speed limits and other traffic laws? YES **NO**

Did the safety briefing make it clear that driving tours are NOT competitive or high speed driving events? YES **NO**

DRIVING TOUR EVENT ORGANIZATION:

Was a lead car used? YES **NO**

Was a sweep car used? YES **NO**

Were multiple driving groups used? YES **NO**

If so, how many groups? [2, 3, 4, more]

If multiple driving groups were used, was there an assigned lead car per group? YES **NO**
 N/A

DRIVING TOUR ROUTE / EVENT CONDUCT:

Were the route driving directions well defined? YES **NO**

Were rest stops/restroom breaks planned into the route? YES **NO**
 N/A

Were you aware of any cars departing from the specified route? **YES** NO

Were you aware of any unsafe or aggressive driving that violated the items covered in the safety briefing? **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=iAjhx6r5Z2FeGGq8Bvs2IAxUQrMZIwMRWslDPXYpvww%3D), then <https://web.pca.org/?event=observersReports.observerReportForm-Main&m=iAjhx6r5Z2FeGGq8Bvs2IAxUQrMZIwMRWslDPXYpvww%3D>