

RACE DIRECTOR REPORT

Name: _____

Event:		Location:	
Start Date:		Finish Date:	

Briefing Completed by

Day 1:		<input type="checkbox"/>	Verbal	<input type="checkbox"/>	Video
Day 2:		<input type="checkbox"/>	Verbal	<input type="checkbox"/>	Video

Race Director

<input type="checkbox"/>	Review of Risk & Event Management Plan	Amendments Required	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Aquatic Licence Conditions Checked	Time:		<input type="checkbox"/>	Compliant	

Race Director Pre Race Checklist Completed

<input type="checkbox"/>	Day 1	Time:		RD Check Lists must be emailed to SRA along with this report
<input type="checkbox"/>	Day 2	Time:		RD Check Lists must be emailed to SRA along with this report

Weather & Water Conditions

Day 1:	
Day 2:	

Red Flags

Date	Time	Race	Boat				
Reason	Critical Incident Procedure Activated			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other Comment							
Date	Time	Race	Boat				
Reason	Critical Incident Procedure Activated			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other Comment							
Date	Time	Race	Boat				
Reason	Critical Incident Procedure Activated			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other Comment							

Function and Effectiveness of Event Organising Committee:

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Race Control Location and Effectiveness:

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Water Regulator Report (RMS, TSV etc):

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Other Items for SRA:

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