

RACE / EVENT REFEREE / REGION RACE REPORT WELSH ATHLETICS ATHLETAU CYMRU

Name of Race Licence No

Date of race200..... Venue

- 1. Road Race Licence**
(a) Was it displayed and in a conspicuous place? *YES / *NO
- 2. Risk Assessment**
(a) Was the risk assessment available for Inspection on the day? *YES / *NO
- 3. Start Area**
(a) Was area well marked? *YES / *NO
(b) Was area well supervised? *YES / *NO
(c) Was area free from traffic hazards? *YES / *NO
(d) Did the race(s) start on time? *YES / *NO
- 4. Course Signage**
(a) Were you aware of any problems with the signing of the Course *YES / *NO
- 5. Race Supervision**
(a) Was there a lead vehicle? *YES / *NO
(b) Was there a 'sweep' vehicle? *YES / *NO
- 6. Police**
(a) Were Police in attendance *YES / *NO
- 7. Course Marshals**
(a) Were they suitable *YES / *NO
(b) Were they wearing high visibility clothing? *YES / *NO
(c) Were they all positioned at appropriate locations on the course? *YES / *NO
- 8. Water/Feeding Stations**
(a) Were they provided at appropriate locations on course and at the finish? *YES / *NO
- 9. Finish Area**
(a) Was the area in a safe location? *YES / *NO
(b) Was the area well marked? *YES / *NO
(c) Were there sufficient marshals to ensure correct finishing order? *YES / *NO
(d) Were there sufficient Timekeepers & Recorders? *YES / *NO
- 10. First Aid**
(a) Give details of qualified Medical / First Aid actually present :-
- 11. Weather Conditions** *(please describe):-*
- 12. Toilet Facilities**
(a) Were they available in adequate numbers at start and finish? *YES / *NO

Please supply any additional information details of any relevant incident or problem on a separate sheet

Race Referee / *Regional Appointed Observer.

Please complete this report of completion of the race (before you leave) and return to the Region Licence Officer.

Your Full Name In capitals Please.....

Address

Telephone Number Signature Date

Regional Licence Officer.

Name Tel Noemail

Address

Seen & Noted: Signature date