

FOR JMMC USE ONLY

 Received:
 Expenses:
 Payments
 Licenses

JMMC STEWARD'S REPORT FORM

 Organising Club Date
 Type of Event Status
 Venue Permit No. (s).....
 Track License No JMMC Steward

The first part of this form is in the format of a check sheet – please place a tick in the appropriate column. **Please refer to notes accompanying each section if you place a tick in any of the shaded boxes.** If you feel any part of your report requires special attention by the JMMC CSC please write in **RED** and indicate the section here.....

1. Organization

YES NO

- | | | | |
|-----|--|--------------------------|--------------------------|
| (a) | Did the event comply with JMMC Regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Were the Senior Officials competent? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Was the Permit available for inspection? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | Did the Clerk of the Course keep the Stewards properly informed? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) | Did the quality of the Organization and /or entry reflect the status of the event? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) | Did Admission Tickets and official badges (armbands) bear the disclaimer? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) | How were the Provisional Results announced? | | |
| (h) | What time were the Provisional Results announced? | | |
| (i) | What time did the Meeting end? | | |

Please elaborate in Section 6 (Comments) on any of the above where your tick has been placed in one of the shaded boxes.

2. Accident & Injury

YES NO

- | | | | |
|-----|--|--------------------------|--------------------------|
| (a) | Were there any injuries to a third party? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | Were there any incidents involving damage to third party property? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | Were any Officials injured? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | Were any competitors treated? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked any of the shaded boxes, please ensure you include a fully completed **INCIDENT** report form.

3. Judicial

YES NO

(a) Were there any Judicial matters?

If your answer is YES to the above question please ensure all the relevant documentation (including the Judicial Summary Form) is included with your report.

4. Scrutineering

YES NO

(a) Were scrutineering facilities satisfactory?

(b) Were all Drivers' helmets and clothing in order? (Where applicable)

(c) Were the Scrutineers satisfied with the safety of all vehicles?

(d) Were the Scrutineers satisfied with the eligibility of all vehicles?

(e) Was Noise Testing carried out?

Please ensure all relevant Scrutineers' paperwork is included and /or elaborate in Section 6 (Comments) on any of the above questions where your tick has been placed in one of the shaded boxes.

4. Course and Public Safety

YES NO

A. (Race/Speed Kart)

(a) Was the Track License available for inspection?

(b) Were adequate Warning Notices displayed?

(c) Was the course satisfactory without alteration?

(d) Can the Course be used again without alteration?

B. (All Rallies and all events using Public Highways)

YES NO

(a) Was the original route used without alteration or re-route?

(b) Type of planned stages: Sealed% Unsealed %

(c) Number of stages planned Number of stages run

(d) How many stages were run more than once?

(b) Did any stages run at THIRTY SECOND INTERVALS?

(c) If so, was APPROVAL seen by you, where required?

(d) Did any stages have a split ROUTE?

(e) Did all stages have RADIO COVERAGE?



6. Comments

Please elaborate here on any of the above questions where your tick was placed in one of the shaded boxes



JAMAICA MILLENNIUM MOTORING CLUB



JUDICIAL SUMMARY

Organising Club Date Type of Event.....
 Status Venue Permit No. (s)

As a result of Judicial Action, the following penalties were imposed/payments ordered:

To record action taken by the Stewards of the Meeting, please complete details

Record of action taken by the Clerk of Course (to be completed by the JMMC Steward)

Competitor's Name	License No./ DOB	Reason	Regulation No.	Penalty Applied	Penalty Points	Amount \$	Paid – YES/NO

Please ensure you complete the summary overleaf



Record of action taken by the Stewards of the Meeting (To record action taken by the Clerk of Course, please complete details overleaf)

Competitor's Name	License No./ DOB	Reason	Regulation No.	Penalty Applied	Penalty Points	Amount \$	Paid – YES/NO

Non-Production of License Fees should also be recorded above for inclusion in the summary of the total amount sent as stated below.

SUMMARY Total amount enclosed \$
 (including fines imposed by the Clerk of Course as detailed overleaf)

Please do not send cash. Send your own Cheque for the appropriate amount if necessary.

Clerk of Course (Block Capitals)

Steward (Block Capitals)

Steward's Signature

NOTES: JUDICIAL DECISION SHEETS MUST BE ATTACHED FOR EVERY PENALTY IMPOSED, WHETHER BY THE CLERK OF COURSE OR BY THE STEWARDS OF THE MEETING. ALL PENALTIES MUST BE RECORDED ON THE COMPETITION LICENSE.

WHERE A JMMC LICENSE IS NOT AVAILABLE FOR ENDORSEMENT (EXCLUDING NON-PRODUCTION OF LICENSE) THE SECRETARY OF THE MEETING MUST ENSURE THAT THE COMPETITOR, SUBSEQUENT TO THE MEETING, SUBMITS THEIR LICENSE TO THE CLERK OF THE COURSE FOR THE PENALTY TO BE RECORDED.

FAILURE TO DO SO MUST BE REPORTED TO THE JMMC.



PERSONNEL & EQUIPMENT RECORD

ORGANISING CLUB DATE
TYPE OF EVENT STATUS
VENUE PERMIT NUMBER

To: The Secretary of the Meeting

Please complete the details (as appropriate to the event) and hand to the JMMC Steward before the end of the event.

The following personnel and equipment were present (please print names):

CLERK OF THE COURSE License no (Where applicable)
CHIEF SCRUTINEER
NOISE TEST OFFICIAL
CHIEF TIMEKEEPER
SECRETARY
CHIEF MEDICAL OFFICER
OTHER DOCTORS
CHIEF OBSERVER
CHIEF INCIDENT OFFICER
CLUB STEWARDS
MARSHALLS (HOW MANY)
RESCUE VEHICLES (HOW MANY)
AMBULANCES (HOW MANY)
RECOVERY VEHICLES (HOW MANY)
RADIO CONTROLLER

Give numbers and details of fire extinguishers/certificates, including date of last check:

[Empty box for fire extinguishers/certificates details]

Number and details of Timekeeper's Certificates if automatic equipment is being used:

[Empty box for Timekeeper's Certificates details]

Serial Numbers of Timing Equipment:

[Empty box for Serial Numbers of Timing Equipment]

Weighbridge (Certificate no. and date)

[Empty box for Weighbridge details]

SECRETARY OF THE MEET'S SIGNATURE DATE:

6. COMMENTS (Additional comments can be continued overleaf)

There was a motorcycle accident during qualifying session at approximately 1:50pm. The rider, Norman Chung, fell off his bike and onto the tarmac, his bike skidded off the tack. The ambulance was mobilized to attend to him and remove him from the track, he sustained a fractured vertebrae.

It was observed that the placement and size of numbers on the motorcycles were not clear and/or uniform thereby making it difficult to clearly identify the riders when they are racing.

7. GENERAL OBSERVATIONS (Additional comments can be continued overleaf)

Race 1 commenced at 2:40pm. A total of 6 races came under starters order however the Motorcycle race at 3:28 was aborted as prior to gridding due to change in weather, it started to rain. There was a break in race activities for approximately 30 mins due to rain. Race resumed under rainy conditions at 3:59pm, 3 races were completed in the wet. The CoC officially closed the days activities at 5:37pm. Races from the schedule not run were as follows: CMRC GRP 4 & JRDC MP4; CMRC GRP 2; CMRC GRP 5 7 JRDC TS 1& 2.


Marshal incident reports were requested but was not received until the following day.

(TICK BOX)

Tick every box where relevant JMMC
Steward forms are included
(Nil reports are NOT required unless
Marked with an *

PERSONNEL & EQUIPMENT RECORD (*)	
SIGNING-ON DECLARATION RECORD (*)	
JUDICIAL SUMMARY	
PROTEST APPEAL FORM	
NON-PRODUCTION OF LICENCE DECLARATION	
MEDICAL STATISTICS (*)	
INCIDENT REPORT FORM	
RESCUE VEHICLE/CRES ATTENDANCE RECORD	
DRIVING STANDARDSOBSERVERS ATTENDANCE RECORD	
SHIPPING AND REBUIDLING COST ESTIMATES Any relevant SCRUTINEERING PAPERWORK	
A full set of FINAL RESULTS (*)	
CLERK OF COURSE APPRAISAL FORM (*)	✓

(*) THESE FORMS ARE TO BE RETURNED WITH EVERY REPORT

Name Marcia Dawes Telephone # (876)434-1755
 Address 6 Westminster Road, Kingston 10
 Signature  Date 15-May-2018