



FOR JMMC USE ONLY

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Expenses:
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Licenses

JMMC STEWARD'S REPORT FORM

Organising Club DRCJA & MRA
 Type of Event Sprint
 Venue Spot Valley Raceway, St James
 Track License No Not applicable

Date 21-Apr-2024
 Status Sanctioned
 Permit No. (s) JMMC2024-0007SP
 JMMC Steward Marcia Dawes

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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) | Were the Senior Officials competent? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) | Was the Permit available for inspection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) | Did the Clerk of the Course keep the Stewards properly informed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) | Did the quality of the Organization and /or entry reflect the status of the event? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) | Did Admission Tickets and official badges (armbands) bear the disclaimer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (g) | How were the Provisional Results announced? <u>via PA system at the end of each run</u> | | |
| (h) | What time were the Provisional Results announced? <u>Within 5 minutes of the end of each run</u> | | |
| (i) | What time did the Meeting end? <u>4:45pm</u> | | |

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

Drivers are required to have valid and current safety gear which includes Helmet, FHR (HANS Device), Fire retardant suit.

Competitors - Maurice Whittingham, Sebastien Barnes, and Spencer Whittingham, did not have HANS devices. They were given the allowance to use borrowed equipment for the event but were all advised they must have the appropriate Helmet and HANS device for their next event as no allowance will be given for them not having the mandatory safety gears.

The technical inspection sheet for events need to be update to include HANS device as well as a space for the serial numbers of the safety equipment so it can be inserted by the Scrutineer when checked. This is applicable for suits, helmets and FHR.



PERSONNEL & EQUIPMENT RECORD

ORGANISING CLUB DRCJA & MRA DATE 21-Apr-2024
TYPE OF EVENT Sprint STATUS Sanctioned
VENUE Spot Valley Raceway, St James PERMIT NUMBER JMMC2024-0007SP

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	<u>Mark March (Official listed on ASR was not seen)</u>	<i>License no (Where applicable)</i>
CHIEF SCRUTINEER	<u>RICHARD RERRIE</u>	
NOISE TEST OFFICIAL	
CHIEF TIMEKEEPER	<u>ROCHELLE ARTWELL</u>	
SECRETARY	<u>Rochelle Artwell</u>	
CHIEF MEDICAL OFFICER	<u>DARREN WILLIAMS</u>	
OTHER DOCTORS	
CHIEF OBSERVER	
CHIEF INCIDENT OFFICER	
CLUB STEWARDS	<u>PERNELL FITCOY, RAMESES MCGREGOR</u>	
MARSHALLS (HOW MANY)	
RESCUE VEHICLES (HOW MANY)	<u>ONE</u>	
AMBULANCES (HOW MANY)	<u>ONE</u>	
RECOVERY VEHICLES (HOW MANY)	<u>ONE</u>	
RADIO CONTROLLER	

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

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

Serial Numbers of Timing Equipment:

Weighbridge (Certificate no. and date)

SECRETARY OF THE MEET'S SIGNATURE R. Artwell DATE:



6. COMMENTS (Additional comments can be continued overleaf)

The registration area needs to be established and set up in an area before access to service areas so as to allow for both Competitors and officials to sign in and get instruction on where to go for the operations of the day.

There was no setup for registration at the event. The Scrutineer was not provided with the required forms to allow him to be able to carry out technical inspection in a timely manner. Overall general setup for the event operation needs to be improved as this will reduce delays and allow for the event to start on time. The event did not get underway until approximately 12:30pm. Drivers meeting was an hour behind schedule.

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

Radio communication is needed for the track. The length and layout of the facility is such that having radio communication is critical to allow for smooth flow and for officials to keep abreast and be aware of what is happening at different areas of the track. It allows for elimination of unnecessary delays when there are incidents along the course that cannot be seen from the official set up area at the start/finish line. More course marshals are needed for future events at this venue. Critical points such as the track exit & entry area needs to have safety marshals to guide competitors exit and entry. Organisers need to provide flags for start marshal - no checkered flag was present

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

(TICK BOX)

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 #

Address c/o JMMC 6 Westminster Road, Kingston 10

Signature  Date 24-Apr-2024