



Temporary Course – Inspection Report

*This form is to be completed by the Track Inspector and forwarded to the Relevant Controlling Body.
Please ensure all sections are filled in correctly.*

Applicant / Licensee	Applicants position	
Club / Promoter name		
Postal address		
Contact telephone number	Email	
Name of the track / venue		
Full address of track		
Track GPS co-ordinates		
Track map provided and accurate		
Disciplines to be used at track		

Please note: The Steward is to ensure the permission declaration below is completed and signed by the Club / Promoter of the event.

Stewards' Name		
MA Licence number	Expiry date	
Clerk of Course		
MA Licence number	Expiry date	

I, *Name of Club / Promoter representative*

..... as the representative of the Club / Promoter, am signing this document to certify that I have permission from the owner of the venue / land described above, to conduct a motorcycle event.

Signature of Club / Promoter Representative	Date	
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A copy of this report, plus any further recommendations from the RCB shall be provided to the Applicant with the Track Licence documentation.



Inspection Guideline

Satisfactory	The item complies to the Track Guidelines	= 1
Unsatisfactory	The item does not comply with the Track Guidelines <i>(T.R.A must be completed)</i>	= 2
Not Applicable	The item does not apply to this track or is not required	= N/A

I have examined the following areas where they are applicable to the track. The items that are satisfactory are listed in column one (1). Those that are not satisfactory may require action before licensing is approved

<i>Please place an x in the areas identified as Satisfactory (1), Unsatisfactory (2) or Not Applicable (N/A)</i>					
#	Description	Section	1	2	N/A
<u>OPERATIONAL MINIMUM GUIDELINES</u>					
1	Emergency Procedures: EMP Sighted, Emergency access to track and infield	4.1			
2	Paddock Area & Track Access	4.2			
3	Notices to the public: Warning notices / Public notices	4.4			
4	Rider Information Signs: Track plan, emergency routes, first aid posts, toilets etc	4.5			
5	Landline / Mobile telephone	4.6			
<u>TEMPORARY COURSE MODULE</u>					
6	Inspections: adequate notice given to undertake inspection?				
7	Track Layout: Competitor safety; design for all grades of riders; jumps; passing				
8	Course preparation				
OTHER OBSERVATIONS <i>(if relevant)</i>					
9	Track Surface				
10	Starting Straight Not to exceed 125m – with no jumps				
11	Track Width minimum 6m Measured _____metres				
12	Track Length Measured _____metres				
13	Space between adjacent tracks/spectators/vertical space Min 4m between tracks / 3m spectators / 3.5 m Vertical (unless required by State leg)				
14	Obstacles / Jumps No doubles / Triples				
15	Average lap speed not to exceed 55kph Lap Speed = _____kph				
16	Pits Return Safe and Clearly defined				
17	Flags (As per GCRs) Minimum size 500mm x 500mm				
18	Condition of flags				
19	Public Safety Fencing / Barriers				
20	Rider Safety: Star pickets capped, hazards (trees etc) protected				
21	Emergency Equipment Including fire prevention / fire extinguishers				
22	Pit Area Suitable and functional				
23	Starting Apparatus Suitable and functional				
24	Flag Marshal Points Safe & Clearly Defined				
25	Ambulance & Emergency Access				

26	Machine Examination / Scrutineering Area: Location _____			
27	Start Marshalling Area			
28	Signalling Zone (Pit Board Display)			
29	Public Address System: (pits / spectators)			
30	Commentary Booth			
31	Start Finish Area Flexible posts on each side			
32	Timing Facilities: Location _____			
33	Medical Centre / First aid room facilities			
34	Public Toilets Clean and in working order			
35	Competitor toilets / showers Clean and in working order			
36	Catering facilities Clean and in working order			
37	Waste Management Plenty of bins for spectators & competitors			
38	Wash down bay / Enviromats			
39	Landholders permission sought			

Comments and/or recommendations on items not listed as Satisfactory

(please attach additional pages if more space is required)

I confirm the track complies with the Map provided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I confirm the track complies with the Track Guidelines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
TRA's Required <i>(If yes, please attach)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Photos <i>(Photos should be included with inspection report)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I have inspected the track on this day and recommend the following:

- Licensing Refusal of License

Recommended Special Conditions and/or restrictions to be placed on the Track Licence

(please attach additional pages if more space is required)

Name of Track Inspector		
Signature	Date	

RCB *(pleases select)* MA MNSW MQ MSA MANT MTAS MVIC MWA