

FORM 1 - CHIEF STEWARD REPORT - 2024

Name of Club: _				Date:								
		lt is	manda	atory tha	at this repor	t is completed	d by the C	hief Steware	d.			
	Fri	S	at	Sun								
Start Time:						Was even	t run unde	r lights?	YE	ES / NO		
Finish Time:				Was St John First Aid in attenda								
No. of Karts					- First Aid N	lames:						
nominated:												
Weather Condit	tions:	Hot	/ Cold	/ Wet / V	Nindy	Comments	:					
Track Conditions: Wet/R			t/Roug	Rough/Fair/Good Comments:								
POSITION:				NAME:						AIDKA LICENCE #		
Chief Steward												
Assistant Chief Steward												
Steward No. 1												
Steward No. 2												
Steward No. 3												
Steward No. 4												
Steward No. 5												
Scrutineer No.1												
Scrutineer No.2												
Scrutineer No.3												
Starter												
Out Grid												
In Grid												
Scales & Fuel Tester												
Drivers Representative 1												
Drivers Representative 2												
Drivers Represe	entativ	/e 3										
How many Penalties or Writte			ritton V	en Warnings were handed down?				Penalti	ies			
			nilien v					Written Wa	arnings			
Were any Accident / Incident Forms fille					I out? YES / NO If YES h			If YES ho	ow many?			
Were there any	Prote	ests o	r Appe	als lodge	ed on the day	/? YES/NO						
			-		-	e Endorsement m eward of the day.		eir log book fille	ed out in th	ne appropriate		
						ers log book as po DKA Secretary w				, ,		
 All red light incidents and/or suspected injuries (on or off track) shall be recorded on an Incident Report Form (Form 3) and forwarded with this report to the AIDKA Secretary within two days of completion of the race meeting. 												
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Chief Steward Signature: