



# QUEENSLAND SALOON CAR ASSOCIATION INC

## STEWARDS RACE MEETING REPORT

DATE OF MEETING \_\_\_\_\_ CHIEF STEWARD \_\_\_\_\_ REG # \_\_\_\_\_

TRACK \_\_\_\_\_ ASSISTANTS \_\_\_\_\_ REG # \_\_\_\_\_

\_\_\_\_\_ REG # \_\_\_\_\_

SECTIONS COMPETING \_\_\_\_\_

STARTING TIME \_\_\_\_\_ DRIVERS BRIEFING \_\_\_\_\_ PM

CONDITION OF TRACK/COMPLEX ON NIGHT

TRACK LIGHTING \_\_\_\_\_ AMBULANCE \_\_\_\_\_

TOW TRUCK ETC \_\_\_\_\_ FIRE EQUIPMENT \_\_\_\_\_

WEATHER CONDITIONS \_\_\_\_\_ SCRUTINEER \_\_\_\_\_

PIT MARSHALL \_\_\_\_\_

DISPUTES COMMITTEE \_\_\_\_\_

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COMPOSITION OF RACING \_\_\_\_\_

ANY LICENCES ENDORSED (Give Details) \_\_\_\_\_

ANY INFRINGEMENTS OR FINES IMPOSED \_\_\_\_\_

FINES PAID TO WHOM \_\_\_\_\_

ANY TEMP LICENCES/LOG BOOK FORMS COMPLETED \_\_\_\_\_

Brief report on all accidents during meeting, including type of injuries etc. Attended by ambulance, Yes/No – Accident Report to be completed if any suspected injury occurred.

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Date \_\_\_\_\_ Chief Stewards Signature \_\_\_\_\_ Reg # \_\_\_\_\_

CHIEF STEWARDS NAME \_\_\_\_\_ (Print Clearly)

This form is to be completed and returned to the QSCA Inc P.O. Box 166, CQ UNIVERSITY Q 4701, or fax to 5482 4550