



POST EVENT REPORT

To be completed by the Region Event Chair for all events which require insurance. This form is to be submitted to the PCA Safety Chair within 5 business days of the event.

Event Date(s): _____ Event Location: _____

Type of Event: DE AX RALLY TOUR TT Other: _____

Region: _____

Event Chair: _____ Event Chair Email: _____

Event Safety Chair: _____ Safety Chair Email: _____

Please review PCA Policy on Observer and Incident Reports page 155, Region Procedures Manual.

Please provide the name and contact information for the person designated to complete the Observer's Report:

Name: _____ Email: _____

Were there any incidents which would require the filing of an incident report? YES NO

If yes, how many incidents occurred at the event? _____

Were there any incidents which involved bodily injury? YES NO

If yes, an incident report must be submitted on the next business day.

Who will be responsible for filing the incident report(s)?

Name: _____ Email: _____

SUBMIT THIS REPORT WITHIN FIVE DAYS OF THE EVENT TO:

**ARLENE NOVACK
PCA SAFETY CHAIR
safety@pca.org
or
fax 973-514-1660**