EVENT REPORT – President of the Commissaires Panel (PCP)

Please note a copy of this report will be sent to the Technical Panel and to the Event Organiser

Name of the Event:

Certification Level:

Code:

Date of Event:

Location of Event:

Number of Riders:

Name:

Contact Details Phone

 Email:

Technical Delegate (if applicable):

Assistant PCP (If applicable):

Assistant Commissaires:

Event Organiser:

Main Contact:

Email:

Event Summary: [Provide an overall event summary]

Event Rating: [rate the event from 1 – 5 overall (5 being the highest)]

Evaluation of the collaboration and relationship with the Event Organiser: Excellent[ ]  Good[ ]  Fair[ ]  Poor[ ]

Health and Safety:

1. Were you provided with a copy of the event’s Safety Management Plan prior to the event? Yes [ ]  No [ ]
2. Were you given an opportunity to provide feedback to the plan?

 Yes [ ]  No [ ]

1. Were you aware of the incident management and control procedure of the event? Yes [ ]  No [ ]
2. Were the conditions of Event Certification meet? Yes [ ]  No [ ]
3. Were you including in pre and post event meetings and debriefs?

 Yes [ ]  No [ ]

1. Were there any extra risks that should be mitigated? Yes [ ]  No [ ]
2. Did the event provide a safe environment for you to undertake your duties?

 Yes [ ]  No [ ]

1. Did the event provide for safety of others in their delivery of the event?

 Yes [ ]  No [ ]

1. Did any risk mitigation increase risk for riders? Yes [ ]  No [ ]

(e.g. cones, barriers)

1. Did the event have sufficient medical support? Yes [ ]  No [ ]
2. Was an Approved Traffic Management Plan in place? Yes [ ]  No [ ]  N/A [ ]
3. Were there any issues with the Traffic Management? Yes [ ]  No [ ]  N/A [ ]
4. Was there a clear emergency procedure in place? Yes [ ]  No [ ]
5. Was the first aid adequate? Yes [ ]  No [ ]
6. Did you have any serious concerns in regards to H&S that need to be raised with the event organsiers? (if yes, please list below) Yes [ ]  No [ ]

List any general comments or recommendations for next year:

Summary of Incidents:

 1 Were they any serious incidents/injuries? Yes [ ]  No [ ]

 2 Were there any [notifiable](https://worksafe.govt.nz/notifications/notifiable-event/what-is-a-notifiable-event/) incidents/injuries? Yes [ ]  No [ ]

 3 Were there any minor incidents/injuries? Yes [ ]  No [ ]

 4 Were there any near miss incidents? Yes [ ]  No [ ]

 5 Were there any issues getting timely treatment Yes [ ]  No [ ]

6 Did any riders involved require off site treatment Yes [ ]  No [ ]

List any incidents/injuries (or include organizers incident report) and near misses:

Programme:

 1 Was the event programme run to schedule? Yes [ ]  No [ ]

 2 Are additional race categories required? Yes [ ]  No [ ]

 3 Are changes required to event distances? Yes [ ]  No [ ]

 4 Were Start lists available for riders and officials? Yes [ ]  No [ ]

List any general comments or recommendations for next year:

Venue Summary:

1. Was the venue suitable for the event? Yes [ ]  No [ ]
2. Are there any improvements recommended? Yes [ ]  No [ ]
3. Was adequate parking provided? Yes [ ]  No [ ]

 4 Were toilet facilities adequate? Yes [ ]  No [ ]

 5 Were adequate refreshment options available? Yes [ ]  No [ ]

6 Was the Public Address system adequate? Yes [ ]  No [ ]

7 Was the Rider Registration area adequate? Yes [ ]  No [ ]

 8 Was there adequate work area/shelter for officials? Yes [ ]  No [ ]

 9 Was there adequate area for technical checks? Yes [ ]  No [ ]

 List any general comments or recommendations for next year:

Commissaires:

 1 Were there sufficient commissaires? Yes [ ]  No [ ]

 2 Are there additional Commissaire roles required? Yes [ ]  No [ ]

 3 Were adequate resources provided at the event? Yes [ ]  No [ ]

List any general comments and attached the duty sheet:

Disciplinary/Rules:

 1 Were any sanctions issued? Yes [ ]  No [ ]

 2 Are there any outstanding fines that need to be collected by Cycling New Zealand? (please detail below) Yes [ ]  No [ ]

 3 Was the Panel convened to deal with any matters? (please detail below)

 Yes [ ]  No [ ]

 4 Are there any recommendations for rule changes? Yes [ ]  No [ ]

List any general comments and details (note: any collected fines should be sent to Cycling New Zealand):

Communication:

1. Did you receive enough information from Event Organisers prior to the event? Yes [ ]  No [ ]

 2 Did you have an appropriate level of communication and consultation at the event? Yes [ ]  No [ ]

 3 Did the Event Organiser provide adequate co-operation with all your requests? Yes [ ]  No [ ]

 4 Were there any requests from the Event Organiser that you could not meet? Yes [ ]  No [ ]

List any general comments any addition communication you would like:

Managers Meeting / Rider Briefings

1. Were adequate facilities provided for meetings? Yes [ ]  No [ ]
2. Were all required personnel in attendance? Yes [ ]  No [ ]
3. Was the meeting run in accordance with Regulations?

 Yes [ ]  No [ ]

1. Did you review meeting and briefing notes with the Event Organiser?

 Yes [ ]  No [ ]

1. Were the Rider briefings delivered in accordance with the Safety Management Plan? Yes [ ]  No [ ]

List any general comments:

Course/s

1. Was the course suitable for level of competition? Yes [ ]  No [ ]

 2 Were there any significant hazards for riders? Yes [ ]  No [ ]

 3 Were there any hazards for public / supporters? Yes [ ]  No [ ]

 4 Was there an area off road to corral riders before start?

 Yes [ ]  No [ ]

 5 Were there course sufficient marked? Yes [ ]  No [ ]

 6 Were there course maps available online/at event? Yes [ ]  No [ ]

 7 Was there suitable parking for official vehicles? Yes [ ]  No [ ]  N/A [ ]

 8 Were the vehicles provided suitable? Yes [ ]  No [ ]  N/A [ ]

 9 Were vehicles fitted with appropriate safety equipment?

 Yes [ ]  No [ ]  N/A [ ]

 10 Were drivers adequately skilled for bike racing? Yes [ ]  No [ ]  N/A [ ]

 11 Did you brief the drivers? Yes [ ]  No [ ]  N/A [ ]

 12 Did drivers adhere to regulations and drive safely? Yes [ ]  No [ ]  N/A [ ]

List any general comments or recommendations for next year:

Anti Doping

1 Was Drug Free Sport NZ testing conducted? Yes [ ]  No [ ]

2 Was the room/facilities satisfactory? Yes [ ]  No [ ]

3 Did the Event Organisers provide all necessary assistance to DFSNZ ?

 Yes [ ]  No [ ]

4 Were you notified by DFSNZ of their presence? Yes [ ]  No [ ]

List any general comments:

General:

 1 Were results produced in a timely manner? Yes [ ]  No [ ]

 2 Were results accurate and in the specified format? Yes [ ]  No [ ]

3 Were there sufficient event staff/volunteers to deliver the event in accordance with the plan? Yes [ ]  No [ ]

 4 Did all riders/officials hold a Cycling New Zealand Licence?

 Yes [ ]  No [ ]

5 Were Presentations conducted promptly and in a professional manner?

 Yes [ ]  No[ ]

 6 Did you receive agreed and appropriate expenses? Yes [ ]  No [ ]

List any general comments or recommendations for next year:

Key Learnings and Recommendations for Commisssaires:

Key Learnings and Recommendations for Event Organisers:

Commissaires Feedback: Please complete the following evaluation form to assist with the development of commissaires that attended the event.

Any Further Comment:

**Name**  **Date**

**Signature**

Completed form to be returned within **14 days** to Cycling New Zealand through commmissaires@cyclingnewzealand.nz