

**SANCTION REQUEST FORM A** For all Sanctions



**Please note this form is in 2 sections**

*ALL sanctions will require **Form A** to be completed. Most sanctions only require **Form A** and can be approved at Divisional Council (DC) level.*

*Events with over 1000 spectators, a go whoa driving event or a perceived high risk activity will require both **Form A and Form B** to be completed.*

**Name of Event:** *The name submitted must be the same name that will be utilized in all of the event advertising and promotions*

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**Name of Club:** .....

**The Club is an ASRF affiliated club that satisfies all affiliation requirements, including the need for the club and all its members to be currently financial**

Yes	No
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**The person applying for a sanction is doing so on behalf of a club**

Yes	No
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**If NO and this sanction request is by an individual please be very specific when detailing the event. The person making the sanction request must be an ASRF member and associated with the event. Any event with an organising involvement of an external third party will require National Control Council agreement.**

**Is National Control Council approval required prior to a sanction being granted**

Yes	No
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**Name of applicant :** ..... **ASRF No:** .....

**Contact Details: phone (H)..... Mobile no:** .....

**Email:** .....

**Postal address:** .....  
.....

**Dates of Event: from :** ..... **To:** .....

**Primary location / Venue:**.....  
.....

Event details:.....  
 .....  
 .....  
 .....

**Is there any authority, i.e. council, or organization that requires their name to be included on the ASRF Public Liability policy as an “interested party” If yes, please supply the name of the authority / organization**

.....

**Is the event Open to the Public at any time:**       **yes**       **No**

If 'yes' we need to know the approximate number of spectators. This includes adults and children and the numbers are required whether the event is located in a private area or public place, ie road reserve, parking area, closed road, park or an oval. You may need to utilise a previous event or a similar event to gauge numbers that may attend. Please be vigilant in your answer as it is imperative to be as accurate as possible to ensure access to public liability is not jeopardized. Please insert numbers in Table A

**Table A Summary of the event**      If it is a 1 day event, one line only needs to be inputted

Day	Date	Start time of event activities	Finish time of main activities	Primary activities that are planned for each day	Estimated Maxm Numbers attending on each day
1					
2					
3					
4					

**If the estimate is over 1000 people on any given day and/or there is a go –whoa driving event? Does the event have a high risk component?**       **Yes**       **No**

**If yes you will need to complete Form A and Form B**

For Form B category events the Divisional Council will need to receive approval from our ASRF insurer prior to this sanction being ratified.

## Terms and Conditions

Attached to any approval for this Sanction request are the following:

<b>Incident Report and Investigation Form</b>	<b>Annexure A</b>	<i>To be retained by the responsible person</i>
<b>Protocol sheet</b>	<b>Annexure B</b>	<i>To be retained by the responsible person</i>

It is a condition of this sanction approval that for all sanctioned events that there is a nominated responsible person that has read and understands the contents of both annexures A and B.

The responsible person must ensure that both annexures are available and on site at every sanctioned event. In the event there is **any** incident the responsible person must ensure that all relevant information is collected and forwarded as per the protocol in annexure B

**Your nominated responsible person is:** .....

**Contact details:** Mobile ..... **ASRF No:** .....

The Applicant agrees to abide by the rules of contained within the A.S.R.F. Street Rodder Handbook. The ASRF may require further information prior to granting this sanction. If there are additional conditions as part of granting a sanction we will inform you in writing.

It is the responsibility of the Applicant to ensure that all those involved with the event comply with the Workplace Health and Safety requirements of the State that the event is held in.

The granting of a sanction is based on the premise that the event is for the benefit and promotion of street rodding and is not a 'business'

If the details provided pertaining to this event sanction are revised in any way the sanction becomes invalid and must be resubmitted for approval.

By signing this sanction request you are agreeing to these Terms and Conditions.

### SIGNED

**NAME:** ..... **DATE:** .....

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**PLEASE FIND ENCLOSED CHEQUE ETC. FOR \$** ..... **BEING SANCTION FEE**  
**AS APPLICABLE (Sanction Fee must be included if applicable and will be refunded if application is unsuccessful).**

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*Office Use Only*

DATE PRESENTED: \_\_\_\_\_ YES / NO FEE PAID \$ \_\_\_\_\_

Date submitted to the insurer for a first time Form B event .....

Date insurer approval received .....

DATE APPROVED: \_\_\_\_\_ SANCTION NUMBER \_\_\_\_\_

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**Annexure A**  
**Incident Report & Investigation Form**

***This Annexure is linked to the Incident protocol sheet Annexure B and is an annexure to the "Sanction Request Form A"***

Date .....

**Type of Incident**

Near-Miss  Injury  Property Damage  Hazard  Environmental  Other

**Report Initiated By**

Person Reporting the Incident	Event Role	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person Incident Reported To	Event Role		
<input type="text"/>	<input type="text"/>		

**Details of Affected Person (s)**

Surname	First Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
<input type="text"/>	<input type="text"/>		<input type="text"/>
Address	State/Postcode	Observed condition immediately after incident	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Entrant/Spectator/Other	Location of incident	Near	Photos taken
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Witness Details**

Surname	First Name	Mobile/Email	Witness Statement Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Incident Details**

Day of Occurrence	Date of Occurrence	Time of Occurrence	Risk Assessment (refer to risk assessment calculator on page 2)
<input type="text"/>	<input type="text"/>	<input type="text"/> am/pm	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>

Full Description of Incident (*attach sketch/photo's if required along with additional notes if required to fully explain the matter*)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>


**Injury Details**

Part of Body Injured	Type of Injury	Immediate Cause of Injury
Status of Injured Person:	First Aid <input type="checkbox"/>	To Doctor/Hospital <input type="checkbox"/>
	Immediate Recovery with Rest <input type="checkbox"/>	Immediate Return to Normal Activities <input type="checkbox"/>

**If Equipment or Vehicle involved give Details**

Equipment/Vehicle Type	Operator's Name & Contact Details	
Registration & License Number	Operator Licensed to Use	Detail Damage
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Risk Assessment**

**Instructions in reference to making the risk assessment**

- **Step 1-** Select the **Probability** of the situation occurring again.
- **Step 2-** Select the level of **Severity** that the situation could have caused.
- **Step 3 - Circle** the selected Risk Assessment on the chart below

**Categories**

Definition of levels of Probability	Definition of levels of Severity
<b>Almost Certain</b> - Highly likely to occur	<b>Fatal</b> - May Result in loss of life
<b>Possible</b> - May occur at some time	<b>Serious</b> - May cause injury or illness that will require medical attention
<b>Unlikely</b> - Remote possibility of occurring	<b>Minor</b> - First Aid Injury (eg. minor cuts or abrasions)

**Risk Assessment Matrix**

	Severity		
Probability	Fatal	Serious	Minor
Almost Certain	High	High	Medium
Possible	High	Medium	Low
Unlikely	Medium	Low	Low

Risk Analysis	
Prevention Checklist	Findings
Are immediate changes to activities required?	

Do safety controls need to be implemented to stop this re-occurring?	
Is advice from Authorities required?	
Was faulty vehicle equipment involved? (your assessment)	
Does signage need to be immediately installed?	
Is the area now safe to prevent further occurrences	
Was emergency planning adequate	
Other notes of importance	

Risk Control		
Control Options	Yes/No	Actions Required to Achieve Control
Elimination		
Substitution		
Engineering Controls		
Administrative Controls		
Personal Protective Equipment (PPE)		

Corrective Action Plan				
Priority L. M. H.	Control Measures	By Who	By When	Date Complete

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**Residual Risk Level** (The level of risk that remains following implementation of control measures)

Low  Medium  High  (Should a High Risk level remain – control measures are in- adequate and further actions need to be taken).

Signed off by Originator: \_\_\_\_\_ Date: \_\_\_\_\_

Signed off by Event Health & Safety Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Signed off by Event Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Actions close off - to be completed by Event Organising Committee		
<b>Close off Interview with person involved and/or person who reported the incident</b>		
Comments:		
Name:	Signature:	Date:

**Event Manager on behalf of ASRF to sign off that all required actions are effective and have been completed**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes/Comments




**ANNEXURE B**  
**INCIDENT PROTOCOL SHEET for a SANCTIONED EVENT**



*This Annexure is linked to the Incident Report & Investigation Form Annexure A and is an Annexure to the “Sanction Request Form A”*

**BACKGROUND**

The protocol sheet is an appendice to the ASRF Incident report form. The incident report form is just what it says: The reporting of any incidents. That may include a near miss incident that by its nature would provide a high risk profile if an incident had eventuated. The ASRF has a duty of care as does every sanctioned event organiser that is utilising the ASRF Public Liability policy to be safety conscious.

Current policy is that the responsible officer - and that may be a safety officer if one has been appointed - nominated on the sanction approval form has at least one hard copy of the incident form on hand for a Form A sanctioned event and a minimum of 2 for a Form B event. The responsible officer needs to have read and understands the protocol that needs to be enacted if there is an incident.

**ON SITE RESPONSE**

It is important when confronted with an incident at a sanctioned event that the ASRF person that is interacting with the person that has been exposed to an incident is treated appropriately. Not all incidents involving a person eventuate into a public liability claim. But months and even years can pass before a claim is lodged so we need to know the background and details.

It is critical that you undertake any discussion in a professional manner. You are not obligated to provide any more than a name and address. Concentrate on the incident making sure any person impacted is being taken care of.

Some simple actions on your part can assist and reduce exposure as an incident review progresses

- Do **not** admit any liability or speculate a cause of the incident or what may have transpired.
- You can say the incident will be referred to the organiser
- Offer help and attention to the party that is impacted by the incident. This may extend to assisting with travel, calling an ambulance, comforting a person who is injured
- Be considerate, be kind, and listen to their story
- Take note of the surrounding detail, weather, lighting conditions as it may be night, potential causes and take photographs relevant to the incident when possible
- Get details of any person impacted and any witnesses if and as required. Listen and record comments made by the injured person or a witness taking note of any reference of admissions of fault or carelessness.
- Observe what has happened. Are emergency services, Police or ambulance required?

- Do you need to make an area safe?
- Follow up on an as needed basis to verify that any impacted party has received appropriate care.

## **FOLLOW UP**

All incidents need to be reviewed and evaluated against risk, injuries and exposure. Most incidents will only require a simplistic response. The level of detail we need to know will vary, but be appropriate in relation to the incident.

## **PUBLIC LIABILITY COMPONENT**

If there is any possibility of a public liability claim against the ASRF by a person due to an injury OR a potential injury the nominated person or appointed safety officer must supply the completed ASRF incident form (remembering to supply a copy to the event organiser) to your State Director **within 24 hrs.**

It is the State Directors responsibility to ensure the form is lodged with our head office and to our Insurance Broker within three working days. A quicker response may be needed for a major incident.

The Insurance broker will evaluate all incidents with a potential public liability component and provide any further advice regarding the handling of the incident on an as required basis. These incident reports will be held in trust with the broker until it is deemed unlikely that a claim from the incident will materialize. Do not think that by not completing an incident report form will be a good thing for the ASRF. It will be the opposite! The more information the ASRF and our insurer has is the better option.

## **NO PUBLIC LIABILITY COMPONENT**

The incident form may not be associated with a personal injury but is due to some other circumstance.

Examples are wide ranging but could include:

- Damage to a vehicle due to event or entrant infrastructure,
- The calling for assistance of the event organisers to a medical condition,
- A security issue or inappropriate behavior by a third party,
- A traffic incident that happens within the area of the organisers responsibilities

There are many other examples. The incident report form still needs to be completed in such instances and forwarded to your State Director within 5 working days who will assess the incident and initiate follow up action on an as needed basis. Documentation and outcomes must be filed within the State records unless advised otherwise.

In the ideal world an incident report form would not be needed, but a glance at incidents that are totally unforeseen the world over says that they are.

Be aware Be safe!

## **National Control Council**

## **Australian Street Rod Federation**