

# Athletics N.I.



CONFIDENTIAL  
WHEN COMPLETED

## ROAD RACE / MULTI TERRAIN MEDICAL RETURN FORM

EVENT NAME

LICENCE No

EVENT DATE

WAS A SPECIFIC LEVEL OF MEDICAL COVER ADVERTISED?	<i>If YES Please state level advertised</i>	LEVEL 1 / LEVEL 2 / LEVEL 3
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### **PROMOTERS PLEASE NOTE:**

A COMPLETED COPY OF THIS FORM SHOULD BE RETURNED TO THE LICENCE ISSUING BODY AT THE SAME TIME AS THE RACE PROMOTERS RETURNS FORM (N.B: within 1 month of the actual race)

WHERE DEATH HAS OCCURRED, OR OTHER INCIDENT (MEDICAL OR OTHERWISE) TAKEN PLACE THAT COULD LEAD TO AN INSURANCE CLAIM, A UKA ACCIDENT REPORT FORM MUST BE COMPLETED AND THE INSURANCE BROKERS CONTACTED AS SOON AS POSSIBLE AFTER THE EVENT (for report forms email [information@uka.org.uk](mailto:information@uka.org.uk))

### **MEDICAL RETURN** (ideally this should be completed by the Race Medical Officer / Lead Clinician / Lead First Aider)

NUMBER OF INCIDENTS REQUIRING MEDICAL / FIRST AID INTERVENTION	Total	Breakdown by Sex and Age (if known)					
	<i>only include competitors</i>	Male			Female		
		Under 20	20 - 39	40 & over	Under 20	20 - 39	40 & over
Defibrillated							
Hospitalisation							
Death							
Total							

### **MEDICAL PROVISION (ACTUAL ON DAY)**

Doctors	No:	Nurses	No:	Ambulances	No:
Paramedics	No:	Physios	No:	Defibrillators	No:
First Aiders	No:	Organisation:		Contact Tel. No:	
Other					

Race Medical Officer / Lead Clinician	Contact Tel. No.
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### **COMMENTS / OTHER INFORMATION**

# Athletics NI ROAD RACE REPORT FORM



## 1. Road Race Licence

(a) Was it displayed and in a conspicuous place? \*YES \*NO

## 2. Risk Assessment

(a) Was the risk assessment available for Inspection on the day? \*YES \*NO

## 3. Start Area

(a) Was area well marked? \*YES \*NO

(b) Was area well supervised? \*YES \*NO

(c) Was area free from traffic hazards? \*YES \*NO

(d) Did the race(s) start on time? \*YES \*NO

## 4. Course Signage

(a) Were you aware of any problems with the signing of the Course \*YES \*NO

## 5. Race Supervision

(a) Was there a lead vehicle? \*YES \*NO

(b) Was there a 'sweep' vehicle? \*YES \*NO

## 6. Police

(a) Were Police in attendance \*YES \*NO

## 7. Course Marshals

(a) Were they suitable \*YES \*NO

(b) Were they wearing high visibility clothing? \*YES \*NO

(c) Were they all positioned at appropriate locations on the course? \*YES \*NO

8. Event Volunteers (admin, marshals, general volunteering) Male Female

(a) Please give numbers of event volunteers:

## 9. Water/Feeding Stations

(a) Were they provided at appropriate locations on course and at the finish? \*YES \*NO

## 10. Finish Area

(a) Was the area in a safe location? \*YES \*NO

(b) Was the area well marked? \*YES \*NO

(c) Were there sufficient marshals to ensure correct finishing order? \*YES \*NO

(d) Were there sufficient Timekeepers & Recorders? \*YES \*NO

12. Weather Conditions (please describe):-

## 13. Toilet Facilities

(a) Were they available in adequate numbers at start and finish? \*YES \*NO

**Please supply any additional information and/or details of any relevant incident or problem on a separate sheet**

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## ROAD RACE / MULTI TERRAIN PROMOTERS RETURNS FORM

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PLEASE COMPLETE THIS FORM AND FORWARD **WITHIN ONE CALENDAR MONTH** OF THE DATE OF THE RACE TOGETHER WITH THE FOLLOWING

- (1) COPY OF A COMPLETED UKA RACE MEDICAL RETURN
- (2) A COPY OF THE FULL RACE RESULT SHEET

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PLEASE GIVE DETAILS OF **ENTRIES** RECEIVED FOR YOUR RACE:

	Men	Women	Total
Number of Attached Runners			
Number of Unattached Runners			
<b>Totals</b>			

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Please submit your returns forms to: [info@athleticsni.org](mailto:info@athleticsni.org). Once these have been processed, you will be issued with an invoice for the Returns Fees.

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IS YOUR RACE TO BE HELD AGAIN NEXT YEAR                      **YES**                      **NO**                      **NOT YET DECIDED**

Do you want these details published now?                      **YES**                      **NO**

PLANNED DATE OF NEXT YEARS RACE

CONTACT NAME FOR NEXT YEARS RACE

(If no race is planned for next year you must still give a contact name & address so that the levy receipt can be sent)

ADDRESS

EMAIL ADDRESS

POST CODE

EVENING TEL No.

DAYTIME TEL No.