



SAFETY COMMITTEE SHOW INSPECTION REPORT FORM

VENUE: _____

DATE: _____

SHOW: _____

SAFETY OFFICER: _____

TYPE OF FIRST AID/MEDICAL COVER: _____

NAME OF COURSE DESIGNER: _____

JUDGES: _____

REPORT _____

PRACTICE ARENA _____

JUMPING ARENA _____

ITEMS THAT NEED TO BE ADDRESSED: _____

REVISIT PLANNED FOR: _____

SIGNED: _____ **DATE:** _____

Print Name: _____

SIGNED: _____ **DATE:** _____

Print Name: _____