



OCA RACE EVALUATION & REPORT

To be completed by Chief Commissaire and returned to OCA

(Note: scores of 7/10 indicate satisfactory performance, 8+/10 indicate performance above expectations)

Event & Location		Date
Organizer (Club & Name)	Weather	

RACE INFORMATION

Race Sanction:	<input type="checkbox"/> Provincial Championship	<input type="checkbox"/> Ontario Cup	<input type="checkbox"/> Regional Race		
	<input type="checkbox"/> Citizen's Event	<input type="checkbox"/> Tour	<input type="checkbox"/> Other		
Race Type:	<input type="checkbox"/> One-day	<input type="checkbox"/> Multi-day	<input type="checkbox"/> Stage Race	<input type="checkbox"/> Omnium	
Events: Road:	<input type="checkbox"/> Circuit	<input type="checkbox"/> Criterium	<input type="checkbox"/> Point-Point	<input type="checkbox"/> ITT	<input type="checkbox"/> TTT
	<input type="checkbox"/> Hillclimb	<input type="checkbox"/> Cyclocross	<input type="checkbox"/> Other		
MTB:	<input type="checkbox"/> XCO	<input type="checkbox"/> XCM	<input type="checkbox"/> XCP	<input type="checkbox"/> XCC	<input type="checkbox"/> XCT
	<input type="checkbox"/> XCR	<input type="checkbox"/> XCS	<input type="checkbox"/> DH	<input type="checkbox"/> 4X	<input type="checkbox"/> Other

COMMISSAIRE PANEL

Adequate Number of Officials?: YES NO

Name	Chief	Judge	Assistant	Other:
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were working with a Technical Assistant doing one of their first two races please provide the following:

Name: _____ 1st race 2nd race

Competence: Poor Fair Good Excellent

Suggestions for Improvement:

Feedback on work of Commissaires (in general or individual):



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REGISTRATION & SCHEDULE

Registration Method:	<input type="checkbox"/> In Advance	<input type="checkbox"/> Day Of	<input type="checkbox"/> Online – OCA	<input type="checkbox"/> Online - other
Registration Form:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Registration Fee:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Registration Personnel:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Registration Facilities:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Registration Setup:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Registration/Race HQ Inside:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prize List Posted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Deadlines Followed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race Schedule Followed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Races Started On Time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SCORE:	/10

Comments:

VENUE & FACILITIES

Location:	<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Change Area:	<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Toilets / Showers:	<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Food / Water:	<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Bike Wash:	<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Parking:	<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Adequate Vehicles / Drivers Provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

SCORE: /10

Comments:



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COMMUNICATION SYSTEMS

- Adequate Number of Radios Provided: N/A Yes No
- Dedicated Radio Channel for Commissaires: N/A Yes No
- Organizer / Medical Available via Radio: N/A Yes No
- Radio Signal Quality: N/A Poor Fair Good Excellent
- PA System: N/A Poor Fair Good Excellent
- Announcer: N/A Poor Fair Good Excellent
- Board: N/A Poor Fair Good Excellent

SCORE: /10

Comments:

EMERGENCY SERVICES

- Adequate Number of Medical Staff: N/A Yes No
- Medical Service: Ambulance St. John's Ski Patrol Other:
- Medical Staff Performance: N/A Poor Fair Good Excellent
- Adequate Arrangements to Evacuate Injured Riders: N/A Yes No
- Adequate Number of Police: N/A Yes No
- Cooperation Between Police & Organizer: N/A Poor Fair Good Excellent

SCORE: /10

Comments:



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COURSE

General:

- Schedule: N/A Poor Fair Good Excellent
- Start / Finish Area: N/A Poor Fair Good Excellent
- Course Marking: N/A Poor Fair Good Excellent
- Difficulty (Elite Riders): N/A Poor Fair Good Excellent
- Number of Marshals: N/A Poor Fair Good Excellent
- Marshal Performance: N/A Poor Fair Good Excellent
- Feedzone(s): N/A Poor Fair Good Excellent
- Adequate Assistants: N/A Poor Fair Good Excellent
(callers, runners, etc):

Describe any problems with the course:

MTB (XC/DH/4X) & CYCLOCROSS ONLY:

- Corrals: N/A Poor Fair Good Excellent
- Did riders have a reasonable opportunity to train on the course? Yes No

ROAD ONLY:

- Cleared (no glass, gravel, etc): Poor Fair Good Excellent
- Traffic Control Measures: Poor Fair Good Excellent
- Police Cooperation: N/A Poor Fair Good Excellent
- Bike / Gear Check: N/A Poor Fair Good Excellent

SCORE: /10

Comments:



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TIMING & RESULTS

General Evaluation: N/A Poor Fair Good Excellent

Rapidity: Start Lists: N/A Poor Fair Good Excellent

Results: N/A Poor Fair Good Excellent

Accuracy: Start Lists: N/A Poor Fair Good Excellent

Results: N/A Poor Fair Good Excellent

Ability to Solve Discrepancies: Poor Fair Good Excellent

Method(s): Manual Electronic Photo Chip Other:

SCORE: /10

Comments:

AWARD CEREMONY

General Evaluation: N/A Poor Fair Good Excellent

Protocol: N/A Poor Fair Good Excellent

Prize List: N/A Poor Fair Good Excellent

Prizes Match Advertisements: N/A Poor Fair Good Excellent

SCORE: /10

Comments:

ORGANIZER

Available for Problems: N/A Poor Fair Good Excellent

Response to Requests: N/A Poor Fair Good Excellent

Accommodation Provided: N/A Yes No

Food / Drink Provided: N/A Yes No

Honorariums Paid: N/A Yes No



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Problems with Organizer:
If yes, describe:

N/A

Yes

No

SCORE: /10

Comments:

RACE INCIDENTS

Describe the circumstances of any injuries requiring transport to hospital. Include the name of the rider(s) and as many details of the incident(s) as you can.

List all penalties issued and the circumstances of each. Please separate penalty list by race start time or category. Include rider name, bib number, and club/team.



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Describe any protests or problems with the public:

GENERAL COMMENTS & SUGGESTIONS FOR FUTURE IMPROVEMENT TO RACE

Should this race be given a sanction in the future?

Yes

No

Chief Commissaire Name:

Signature:

Date: