



The American Driving Society, Inc.

ADS COVID-19 Action Plan TD Checklist & Report

Event Name & Date: _____

TD Name & Contact: _____

Organizer Name & Contact: _____

Pre-Competition Checklist:

Have state and local restrictions been verified by you?

Has the organizer restricted entries limited per state or local restrictions?

Is PPE organized and available to staff, volunteers and officials on request?

Are sanitization stations provided throughout the grounds?

Did every participant at the event venue sign the Updated ADS Disclaimer for Participants?

Did every non-participant at the venue sign the Updated ADS Disclaimer for non-Participants or was the Disclaimer Sign hung at the controlled, monitored points of entry?

Post Competition

Were there any people who were removed from the grounds for non-compliance? List contact info and reason(s). _____

Signature of Technical Delegate or Safety Officer

Date

Complete and return this form within 14 days of the ADS-Recognized Event to:

info@americandrivingsociety.org

PO Box 278

Cross Plains, WI 53528