

Event Name: _____

To be completed daily by EO and/or SO

Date:	Day 1	Day 2	Day 3	Day 4	Day 5
Runway Condition Good?					
Are the runway free of obstacles?					
Any vegetation or obstacles surrounding the runway?					
Is the Windsock operable?					
Take-off and landing approaches clear?					
Is the display line in accordance with the SAE MOP?					
Are the barriers still in place?					
Are the barriers still at correct distance?					
Is the PA system in working condition?					
Is the LATC Radio in working condition and fully charged?					
Do emergency vehicles have access to and from the airfield?					
Are all fire extinguishers still at correct places?					
Are all rubbish bins in correct place and serviced?					
Did you check all facilities and services ie Food vendors, Toilets?					
Did you check all power cables as ad-hoc extensions?					
Are all Tents/Gazeebos/Umbrellas still solid installed, tied down?					
Are all trailers still parked at the same place as before?					
Did all participating pilots attend the Pilots Briefing?					
Did you ensure all signed the Attendance register?					
Initials of person completed					