

## OPEN WATER SAFETY CHECK SHEET

	/ Time		am /pm
	possible obstructions in and out:		
•••••			
CONDITIONS	Ambient Temperature:	Water T	emperature:
Time:			
Time:			
Time:			
Overall weather condit	tions: (to include expected/possib	le changes	during event)
Tidal conditions: Swell conditions expected	High Tide: Low T		
Minimum water depth	on course:		
Course Bottom Materia			
Jelly fish:	Spotted -	Y/N	N/A
	Expected –	Y/N	N/A
	Products to treat available -	V/N	N/Δ

Other Marine Fauna:	Spotted -			Y/N	N/A
	Expected -			Y/N	N/A
	Products to	treat a	vailable -	Y/N	N/A
Lake, lock, dock etc:					
Harbour Master / con	trol authority	<i>r</i> :			
Tel. No.:			•••••		
Informed of event:	Y/N		Other event	s same day:	Y/N
Licence/ Approval to use	venue:	Y/N		• • • • • • • • • • • • • • • • • • • •	
Water / area suitability tidal currents, any outlet problems.	<b>y</b> : i.e. water cooints, buoys,	onditior other h	is, depth vari azardous are	ance, under as and poss	water obstacles, sible spectator
					• • • • • • • • • • • • • • • • • • • •
Safety Craft (number	s to include	lifequa	ard/rescue (	eraft if appi	ronriate).
		# Qual			Unqualified
Powered craft:					
Canoes:					
Others:					
Safety Equipment: # Life jackets:	#Blankets:		#Spa	ce Blankets:	
	#Blankets:		#Spa	ce Blankets:	
# Life jackets:	#Blankets:		#Spa	ce Blankets:	

Lifeguards
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Club:	# Qualified	# Unqualified

Radio Contact:

Radios – number:

Last charged:

Last checked:

Frequency channels – number:

Set at:

Emergency Channel:

Is radio contact available to Lifeguards, Coast Guard, Harbour Master etc. Y/N

## Radios issued to:

Role	Who	Y/N	Channel
Chief Referee			
Referees			
Safety Officer			
Safety Staff			
Course officer			
Judges			
Medical Officer			
Others:			

Name of E	mergency hospital:			
Address:				
location:	appx. distance:	ар	ppx. travel time:	
Telephone r	number:			
Are emerge	ncy services aware of event:	Y/N -	N/A	
	st Aid/Medical cover (or alte		-	
•••••••••		••••••		
	• • • • • • • • • • • • • • • • • • • •			
Emergenc	y transport available:			
Any possik schools/norr	ole delay points: e.g. rush hou mal traffic situation/road works:			
	······································		••••••	
Any alterna	ative routes/medical venues	_	•	
			••••••	
		• • • • • • • • • • • • • • • • • • • •		
••••••••••			••••••	• • • • • • • • • • • • • • • • • • • •
If private tr Phone No	ransport used is mobile phor	ne availabl	e to driver:	Y/N

## Mobile telephone number(s) of:

Role	Names	Ph Number
Referee(s):		· · · · · · · · · · · · · · · · · · ·
Safety Officer:		
•		
Safety staff:		
outer,		
Course Officer:		
Course Officer.		
Modical Off		
Medical Officer		
Driver/s:		
Other(s):		

## Number of Competitors:

	Senior Male:	Senior Female:	Junior Male:	Junior Female:
Entered:				
Reported				
Exit Water				

Medical Cover: Doctor(s): First Aid Organisation(s):	Reported			
Doctor(s):	Exit Water			 
	Doctor(s):	 	 	 

Officials:				
Chief Refere	e(s):			
Referee(s):				
Safety Office	er:			
Course Offic	er:			
Judges:	Race		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Turn			
	Finish			
Chief Timeke	eper(s	):		
Timekeepers	3:			
Clerk(s) of C	ourse:			
Recorder(s):				
pertaining note on thi	to the s form	c requirements or arrangements (to include public – carry forward to separate sheet if notes.):	ecessary but	
		be safe to go ahead (if no provide reasons):	Y/N	
Referee(s):				
Safety Office	 ∋r:			
Safety Office Course Office				