



OPEN WATER SAFETY CHECK SHEET

Venue:

Date:/...../..... Time: am /pm

Car park, boat ramp, any possible obstructions in and out:

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CONDITIONS	Ambient Temperature:	Water Temperature:
Time:		
Time:		
Time:		

Wind conditions:

Overall weather conditions: (to include expected/possible changes during event)

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Tidal conditions: High Tide: Low Tide:

Swell conditions expected:

Minimum water depth on course:

Course Bottom Material:

Jelly fish: Spotted - Y/N N/A
 Expected - Y/N N/A
 Products to treat available - Y/N N/A

Other Marine Fauna: Spotted - Y/N N/A
 Expected - Y/N N/A
 Products to treat available - Y/N N/A

Lake, lock, dock etc:

Harbour Master / control authority:

Tel. No.:

Informed of event: Y/N Other events same day: Y/N

Licence/ Approval to use venue: Y/N

Water / area suitability: i.e. water conditions, depth variance, under water obstacles, tidal currents, any outlet points, buoys, other hazardous areas and possible spectator problems.

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Safety Craft (numbers to include lifeguard/rescue craft if appropriate):

	# Qualified	# Unqualified
Powered craft:		
Canoes:		
Others:		

Safety Equipment:

Life jackets: #Blankets: #Space Blankets:

Others:

Lifeguards:

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 Emergency hospital :

Address:

location: appx. distance: appx. travel time:

Telephone number:

Are emergency services aware of event: Y/N - N/A

On site First Aid/Medical cover (or alternative arrangements):

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Emergency transport available:

Any possible delay points: e.g. rush hour (to include works entrance/exit points)
schools/normal traffic situation/road works:

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Any alternative routes/medical venues in emergency:

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If private transport used is mobile phone available to driver: Y/N

Phone No:

Mobile telephone number(s) of:

Role	Names	Ph Number
Referee(s):		
Safety Officer:		
Safety staff:		
Course Officer:		
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):

Officials:

Chief Referee(s):

Referee(s):

Safety Officer:

Course Officer:

Judges: Race

Turn

Finish

Chief Timekeeper(s):

Timekeepers:

Clerk(s) of Course:

Recorder(s):

Any other specific requirements or arrangements (to include anything pertaining to the public – carry forward to separate sheet if necessary but note on this form):

NOTE:.....
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Event considered to be safe to go ahead (if no provide reasons): Y/N

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Referee(s):

Safety Officer:

Course Officer: