LICENCE NUMBER:



LICENSED OPEN MEET REFEREE REPORT FORM

|  |  |
| --- | --- |
| This section to be completed by the Meet Organiser | |
| Club & Meet Name |  |
| Venue |  |
| Date |  |
| Organiser |  |
| Name & Address of Regional Licensing Officer for return of this form. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| This section to be completed by the Referee within 5 working days of the competition. | | | | | | |
| CHECK REQUIRED | | | TICK | COMMENTS | | |
| **Pool-** Depth of water at starting end.  Water temperature | | |  |  | | |
| **Equipment**: Starting Blocks, False Start mechanism, Anti-turbulence lane ropes, Backstroke Turn indicators | | |  |  | | |
| **Announcements/Acoustics:** Clarity, Safety announcements: made before each warm-up and session. | | |  |  | | |
| **Warm-Up**: Adequate provision and marshalling. | | |  |  | | |
| **Electronic Timing**: Indicate type and any issues. | | |  |  | | |
| **General Organisation**: Competence of Staff | | |  |  | | |
| **First Aid:** Adequate provision for and recording of accidents/incidents. | | |  |  | | |
| **Officials** –Sufficient numbers and qualifications appropriate to relevant Meet level requirements  Mileage rate for expenses. | | |  |  | | |
| **General**- Air Temperature & humidity Poolside refreshments provided | | |  |  | | |
| LENGTH OF SESSIONS (Hours & Minutes) | | | | | | |
| 1) | 2) | 3) | | | 4) | 5) |
| 6) | 7) | 8) | | | 9) | 10) |
| If total swimming in any day exceeds 7 ½ hours please indicate any reasons for the excess periods. Please add any other relevant comments and/or general observations for the attention of the Regional Licensing Panel on the reverse of this form.  Referee Signature………………………….Print Name….…………………Membership No………………..… | | | | | | |

Referee Report Form-Revised May 2011