LICENCE NUMBER:

LICENSED OPEN MEET REFEREE REPORT FORM

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| 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. |  |

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| 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 requirementsMileage 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