



Competition Safety Checklist

Referee Name: _____ Date: _____ Session: _____

Meet Name: _____ Club: _____ Time: _____

Lane Numbering	<input type="checkbox"/>	Lane 1 on right side when facing course
Start Blocks	<input type="checkbox"/>	Secure, Backstroke grips in place
Touch Pads	<input type="checkbox"/>	In place, clean, secure, functioning
False Start Rope	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	In place 15m from start end Release mechanism functioning Rope adequate length
Backstroke Flags	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tight enough (1.3-1.8m above water) Flags over each lane Distance from end wall: Start end _____ Turn end _____
Lane Ropes	<input type="checkbox"/> <input type="checkbox"/>	In place – tight. No sharp edges at end or joining points Floats not damaged
15 metre markers	<input type="checkbox"/>	At both ends of the pool
Working Deck	<input type="checkbox"/> <input type="checkbox"/>	Clear of debris Cordoned off
Bulk Head	<input type="checkbox"/>	Properly secured in correct place
Warm-up	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Facility set up – lane ropes, backstroke flags Posted SNC warm up procedures Safety Marshals on deck
Electronics	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Set up and functioning Cords secured and taped to deck Speakers under start blocks functioning
Start Equipment	<input type="checkbox"/>	Back-up equipment
Air Temperature	<input type="checkbox"/>	Record temp. _____
Water Chemistry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Record temp. _____ (25°-28° C or 77°-82.4° F) Chemistry recorded Chlorine level safe pH correct
Filtration System		Off On (circle one)
Hand Bells	<input type="checkbox"/>	On hand for distance events (800/1500)
Marshaling Area	<input type="checkbox"/> <input type="checkbox"/>	Set up with table & chairs. Is area adequate?
Chief Finish Judge	<input type="checkbox"/>	Area set up with tables & chairs
Timekeepers	<input type="checkbox"/>	Adequate chairs & tables
Office	<input type="checkbox"/>	Set up with adequate supplies
Announcer	<input type="checkbox"/>	Set up with microphone
Starter's Podium	<input type="checkbox"/>	Set up in correct location
Safety Marshal(s)	<input type="checkbox"/>	Name(s): Briefed by Referee? No__ Yes__ Any incidents? No__ Yes__ List on reverse:
Any issues/concerns with the facility/competition		List items on reverse:

Referee Signature: _____

Return completed form to: Swim Alberta, 11759 Groat Road, Edmonton, AB, T5M 3K6, Fax 780-415-1788 or email office@swimalberta.ca.