**PART THREE**

**REFEREE’S REPORT & CHECKLIST**

**Must be filled out and signed by the Referee and submitted to the Co-ordinator within 14 days of the event. Results will not be accepted until all paperwork and been received**

Swim Ireland may contact the Referee independently post event to verify information

|  |  |
| --- | --- |
| **Meet Name:** |  |
| **Host Club:** |  |
| **Venue:** |  |
| **Date:** |  |
| **Organiser:** |  |

|  |  |
| --- | --- |
|  | **COMMENTS** |
| **Equipment**: Starting Blocks, Anti-turbulence lane ropes, Backstroke Turn indicators |  |
| **Announcements/Acoustics:** Clarity,Safety announcements: made before each warm-up and session. |  |
| **Warm-Up**: Adequate provision andmarshaling. |  |
| **Electronic Timing**: Indicate type andany issues. |  |
| **General Organisation:** Competence of Staff |  |
| **First Aid:** Adequate provision for andrecording of accidents/incidents. |  |
| **Officials** –Sufficient numbers andqualifications appropriate to relevant Meet level requirements |  |
| **General**- Air Temperature & humidity.Poolside refreshments provided |  |
| **Challenges Addressed** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Length of Sessions (hours & minutes) –** **This MUST include the time taken for presentations at the end of a session**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session 1** | **Start Time:** | **Finish Time:** | **Duration:**  |
| **Comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Session 2** | **Start Time:** | **Finish Time:** | **Duration:** |
| **Comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Session 3** | **Start Time:** | **Finish Time:** | **Duration:** |
| **Comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Session 4** | **Start Time:** | **Finish Time:** | **Duration:** |
| **Comments:** |

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| If total swimming in any day exceeds 8 hours, please indicate any reasons for the excess periods. Please add any other relevant comments and/or general observations for the attention of the Meet Licensing PanelReferee Signature……………………..………….....……….Print Name….…………………………………………..…………Membership No………………..… |

**REFEREE’S CHECKLIST**

**MUST BE COMPLETED AND SIGNED BY THE REFEREE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check  | For  | Session 1 | Session 2 | Session 3 | Session 4 |
| Lane Ropes  | Securely fixed. No loose wires or cable ends.  |  |  |  |  |
| Starting Blocks  | Securely fixed. Pressure Pads tight.  |  |  |  |  |
| Touch Pad | Securely fixed in the correct position.  |  |  |  |  |
| Exposed Cables  | Covered by mats or cable mats to avoid trip hazards.  |  |  |  |  |
| Start System  | Strobe Light in position. |  |  |  |  |
| Backstroke Flags  | In position and secure  |  |  |  |  |
| Chairs for Swimmers  | In position  |  |  |  |  |
| Chairs for Officials  | In position  |  |  |  |  |
| Competition PA System  | Operational  |  |  |  |  |
| Meeting Rooms available  | Accessible  |  |  |  |  |
| Meeting Rooms equipped  | As required |  |  |  |  |
| Water Temperature  | 25 – 28 Degrees Celsius |  |  |  |  |
| Pool Water Clarity  | Should be clear & sparkling  |  |  |  |  |

|  |  |
| --- | --- |
| Date:  |  |
| Venue:  |  |
| Event: |  |
| Referee signature: |  |
| Referee (Print Name): |  |

*Note to Referee – please initial each box under the relevant session, and sign at end of competition.*

*If your event contains more than 4 sessions, please use additional pages and re-number*