



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.....