[](http://www.mastersswimmingsa.org.au/)

**Open Water Swim Report**

**(To be completed by Event Manager on date of event)**

# Event:

# Date: …/…/…..

**Organising Club …………………………………………..**

**Event Manager …………………………………………..**

**Venue …………………………………………..**

**1. Conduct of the Open Water Swim**

Water conditions checked by Event Manager and Safety Coordinator Yes/No

Course markings checked by Safety Coordinator and Clerk of the Course Yes/No

Event Management Plan Safety requirements checked by Safety Coordinator Yes/No

Water temperature checked (list)…………………………………………………………

Weather conditions (describe) …………………………………………………………….

Course & Race Rules displayed Yes/No

Water cover personnel & officials briefed Yes/No

Competitors briefed Yes/No

Water cover met guidelines Yes/No

If not why not……………………….……………………………………………………

Number of entrants: **Total** **……;** MSA Total ….F... M ….; Non MSA Total …., F …. M ….

Number of swimmers: **Total** **……;** MSA Total ….F..…. M ….; Non MSA Total …., F …. M ….

Comments…

**2. Disqualifications**

…..……………………………………………………………………………………………………………

…………………………………………………………………………………………………………………

**3. Incident/Injury Reports**

*(This section covers injuries that occurred during the swim and any incidents that could*

*have resulted in an injury.)*

If an injury occurred was an Injury Report form completed?

If an incident occurred was an Incident Report form completed?

Comments…………………………………………………………………………………………………

…………………………………………………………………………………………………………………

**4. Recommendations for future events**

(*This section covers problems and changes that need to be looked at by Organisers,Technical Officials or State Branch. Please be as comprehensive as possible .Add extra page as required)*

**5. Officials in attendance**

*(Please complete the table below with the names of officials)*

|  |  |
| --- | --- |
| **Official** | **Name(s)** |
| Event Manager |  |
| Referee |  |
| Clerk of the Course |  |
| Register |  |
| Starter |  |
| Chief Timekeeper |  |
| Timekeepers  1  2  3 |  |
| Electronic Timing Equipment Operator (if used) |  |
| Chief Judge |  |
| Finish Judges  1  2  3 |  |
| Race Judges |  |
| Safety Coordinator |  |
| Medical Officer |  |
| Course Officer |  |
| Volunteers  1  2  3  4 |  |

***I certify that all the CONDITIONS OF SANCTION were fulfilled at this Event***

**Event Manager *(Signed) ………………………………….. …/…/…..***

***Forward to OWS Director (***[***ib.young@bigpond.net.au***](mailto:ib.young@bigpond.net.au)***) and Branch Secretary:*** [***mssasecretary@adam.com.au***](mailto:mssasecretary@adam.com.au)