



CHECKING THE PHYSICAL SETUP FOR THE MEET

Referee Name: _____

Date: _____

Club: _____

Meet Name: _____

Lane Numbering	<input type="checkbox"/>	Lane 1 on right side when facing course
Start Blocks	<input type="checkbox"/>	Secure, Backstroke grips in place, Backstroke Ledges in
Touch Pads	<input type="checkbox"/>	In place, clean, secure, functioning, tight to wall.
False Start Rope	<input type="checkbox"/>	In place 15m from start end
	<input type="checkbox"/>	Release mechanism functioning
	<input type="checkbox"/>	Rope adequate length to cover all lanes
Backstroke Flags	<input type="checkbox"/>	In place 5m from walls
	<input type="checkbox"/>	Tight enough (1.3-1.8m above water)
	<input type="checkbox"/>	Are they needed (backstroke and IM's)
	<input type="checkbox"/>	Flags over each lane
	<input type="checkbox"/>	Distance from end wall: Start end _____ Turn end _____
Lane Ropes	<input type="checkbox"/>	In place – tight. No sharp edges at end or joining points Floats not
	<input type="checkbox"/>	damaged
15 metre markers	<input type="checkbox"/>	At both ends of the pool - marked on Deck.
Working Deck	<input type="checkbox"/>	Clear of debris - deck, bottom of pool
	<input type="checkbox"/>	Cordoned off
Bulk Head	<input type="checkbox"/>	Properly secured in correct place
Warm-up	<input type="checkbox"/>	Facility set up – lane ropes, backstroke flags Posted SCN
	<input type="checkbox"/>	Warm up Procedures - 4 sides of pool Times and lanes set for
	<input type="checkbox"/>	Dive/Sprint and Pace
Electronics	<input type="checkbox"/>	Set up and functioning including relay takeover
	<input type="checkbox"/>	Cords secured and taped to deck. No tripping hazards. Speakers
	<input type="checkbox"/>	under/over start blocks functioning
Start Equipment	<input type="checkbox"/>	Back-up equipment (watches, starter boxes, cables...) Adequate
	<input type="checkbox"/>	ammunition. Batteries, Flash, Extension Cord. Megaphone or
	<input type="checkbox"/>	microphone available.
	<input type="checkbox"/>	Tested for opposite end starts. (Audible and results).
Air Temperature	<input type="checkbox"/>	Record temp. _____ (° C)
Water Chemistry	<input type="checkbox"/>	Record temp. _____ (25°-28° C or 77°-82.4° F)
	<input type="checkbox"/>	Chlorine level _____ (Safe? 1 - 5))
	<input type="checkbox"/>	pH level _____ (Safe? 7.2 - 7.6)
Filtration System		Off On (circle one)
Hand Bells	<input type="checkbox"/>	On hand for distance events (800/1500)
Marshaling Area	<input type="checkbox"/>	Set up with table and chairs. Is area
	<input type="checkbox"/>	adequate?
Chief Finish Judge	<input type="checkbox"/>	Area set up with tables and chairs.
Timekeepers	<input type="checkbox"/>	Adequate chairs and tables.
Office	<input type="checkbox"/>	Set up with adequate supplies.
Announcer	<input type="checkbox"/>	Set up with microphone, heat sheets, and DQ process.
Starter's Podium	<input type="checkbox"/>	Set up in correct location. (If required).
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(s) Signature: _____

Return this completed form by attaching to your Referee Heat Sheets for the session officiated.