



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.		
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.

I confirm that the levels and number of Licensed Officials appropriate to this level of Licensed Meet were met and am satisfied that the times achieved are appropriate for addition to the British Swimming Rankings database at that level.

Referee Signature.....Print Name.....Membership No.....