

Safety Director's Report

1. This form must be completed and approved by both the Chief Safety Director and the Chief Judge. It is the means to assist in the evaluation of injuries and subsequently improve safety.
2. For the Chief Judge to receive credit for acting as such for this tournament, both sides of this form must be completed and returned to Water Ski and Wakeboard Canada "WSWC".
3. An Incident Report Form must be completed for all injured parties, and submitted to WSWC.

Be sure to complete both sides of this form. Return to WSWC even if no injuries occurred.

Sport Division/Category (check all that apply):

WS= Water Ski

- | | | | |
|----------------------------------------------|----------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> WS Coaching Clinic | <input type="checkbox"/> WS Class 1(F)- Grassroots | <input type="checkbox"/> WS Canadian Record | <input type="checkbox"/> Adaptive Water Ski |
| <input type="checkbox"/> WS Officials Clinic | <input type="checkbox"/> WS Class 1(F)- Novice | <input type="checkbox"/> WS World Ranking List | <input type="checkbox"/> Barefoot |
| | <input type="checkbox"/> WS Class 1 - Sanctioned | <input type="checkbox"/> WS World Record Capability | <input type="checkbox"/> Show Ski |

Tournament Name _____ Class _____ Date(s)

Tournament Address _____ Sanction Number _____

City _____ Prov _____ Postal Code _____

Club/ School's Name _____

Total Number of Participants _____

Chief Judge _____

Address _____

Area Code/Phone _____

Safety Director's Checklist

The following safety considerations and suggestions are regarded by Water Ski and Wakeboard Canada as important for the safe and efficient operation of a tournament. Please check the following and provide an explanation for any item checked "NO". At the conclusion of the tournament, the Chief Safety Director and Chief Judge should sign the bottom of this sheet to verify that the check-off is accurate.

Please answer YES, NO or N/A

A. MEDICAL LIAISON WITH OFF-SITE MEDICAL FACILITIES:

YES NO N/A

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Phone or radio/telephone communication on-site for direct communication to emergency facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Licensed or certified EMT or medical assistance available on-site or no more than 5 - 10 minutes travel away?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Posted emergency route maps and phone numbers at several locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. SAFETY OF ON-SITE FACILITIES:

1. Competition area free of hazardous obstacles?
2. Non-moveable obstructions clearly marked, rendered safe by cover and/or pointed out to officials/competitors?...
3. Take-off/landing areas cleared of rocks, glass, tin cans and other hazards?
4. Docks/piers free of sharp edges, nails, broken/cracked boards?
5. Jump Ramp/Slider/Kicker Inspection: (With the Chief Judge and Technical Controller)
 - a. Properly secured, lines and anchors?
 - b. Surface and aprons smooth and no protruding nails/bolts?
 - c. Surface and sides good color contrast and not water color?
 - d. Algae/water scum removed from below water line surface?
6. ALL competition courses a safe distance from shore and each other?
7. Towers:
 - a. Stable and securely anchored?
 - b. Ladders secure and no loose foot/hand holds?
 - c. Floors, hand rails in place and in good repair?
8. Refueling Area:
 - a. Appropriate fire extinguisher in close proximity?
 - b. NO SMOKING and FLAMMABLE signs posted and visible?
 - c. Fuel drums/pumps properly grounded?

C. SAFETY BOAT(S) AND CREWS OR SWIMMERS:

1. One (1) Type III PFD for each person and a spare?
2. Two-way radio to Safety Director?
3. Water rescue personnel in adequate numbers to cover all events (to be trained by the Safety Director)?
4. Adequate safety boats where needed?

D. SHORE SAFETY FACILITIES:

1. Designated safety/first aid area?
2. First Aid Kit on Site _____

DATE: _____

Chief Judge's Name: _____

Signature: _____

Chief Safety Director's Name: _____

Signature: _____