



Safety Director's Report

Revised 4/2021

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Instructions: Please type or clearly print all requested information on **both sides of this form**. Return to USA Water Ski & Wake Sports (USA-WSWS), **even if no injuries occurred**.

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 (legibly) and returned to USA Water Ski & Wake Sports (USA-WSWS) with the master scorebook.
3. In the event of an injury, refer to the [Incident Report Instructions](#). An [Incident Report Form](#) must be completed for all injured parties and submitted to USA-WSWS. Be sure to give a [Participant Accident Medical Claim Form](#) and [Medical Claim Instructions](#) to any injured party who requires medical treatment. Participant Accident Medical Claim Forms should be sent to A-G Administrators with itemized medical bills and primary insurance explanation of benefits. For questions, please contact A-G Administrators at usa-wsws@agadm.com.

Sport Discipline/Category (include all GrassRoots):

- | | | | |
|---------------------------------------|--|--|----------------------------------|
| <input type="radio"/> AWSA (3-Event) | <input type="radio"/> NCWSA (Collegiate) | <input type="radio"/> USHA (Hydrofoil) | <input type="radio"/> Cross Over |
| <input type="radio"/> ABC (Barefoot) | <input type="radio"/> NSSA (Show Ski) | <input type="radio"/> USA-WB (Wakeboard) | (multiple disciplines) |
| <input type="radio"/> AKA (Kneeboard) | <input type="radio"/> NWSRA (Ski Race) | <input type="radio"/> USA-AWSWS (Adaptive) | |

Tournament Name _____ Class _____ Date(s) _____
 Tournament Address _____ Sanction # _____
 City _____ State _____ Zip Code _____
 Club Name _____ Club Region _____

3-Event Collegiate Barefoot Kneeboard Adaptive Hydrofoil Ski Race			Wakeboard / Wake Skate / Wake Surf			Show Ski	
Events	# of Skiers Per Event	# of Rides Per Event	Events	# of Competitors Per Event	# of Rides Per Event	Events	# of Skiers Per Event
Slalom			Freestyle			Swivel	
Tricks			Expression Session			Doubles	
Jumping						Jumping	
Flip-Out (AKA)						Total Individual	
Totals			Totals			Total Show	

Total Number of Participants _____ Number of Injuries Requiring First Aid or Hospital Care _____

Chief Judge _____

Chief Safety Director _____

Address _____

Address _____

Area Code/Phone _____

Area Code/Phone _____

Safety Director's Checklist

The following safety considerations and suggestions are regarded by USA-WSWS 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.

	YES	NO	N/A
A. MEDICAL LIAISON WITH OFF-SITE MEDICAL FACILITIES:			
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Non-moveable obstructions <u>clearly marked</u> , rendered safe by cover and/or pointed out to officials/competitors?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Take-off/landing areas cleared of rocks, glass, tin cans, and other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Docks/piers free of sharp edges, nails, broken/cracked boards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Jump Ramp/Slider/Kicker Inspection (with the Chief Judge and Technical Controller/Homologator):			
a. Properly secured, lines and anchors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Surface and aprons smooth and no protruding nails/bolts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Surface and sides good color contrast and not color of water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Algae/water scum removed from below water line surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ALL competition courses a safe distance from shore and each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Towers:			
a. Stable and securely anchored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ladders secure and no loose foot/hand holds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Floors, handrails in place and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Refueling Area:			
a. Appropriate fire extinguisher in close proximity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. NO SMOKING and FLAMMABLE signs posted and visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fuel drums/pumps properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SAFETY BOAT(S) AND CREWS OR SWIMMERS:			
1. One (1) Type III PFD for each person and a spare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Two-way radio to Safety Director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Water rescue personnel in adequate numbers to cover all events (to be trained by the Safety Director)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate safety boats where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. SHORE SAFETY FACILITIES:			
1. Designated safety/first aid area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. First Aid Equipment:			
a. Rigid spine board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Universal type C.I.D.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. First aid kit of adequate size?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHIEF DRIVER

CHIEF SAFETY DIRECTOR

CHIEF JUDGE

Name _____

Name _____

Name _____

Approval Date _____

Approval Date _____

Approval Date _____