

MIDDLE ATLANTIC SWIMMING MEET SAFETY DIRECTOR'S REPORT

DATE(S) OF MEET: _____

HOST CLUB OR COMMITTEE: _____

TYPE OF MEET: _____

LOCATION: _____

*MEET SAFETY DIRECTOR: _____

SAFETY PERSONNEL:

	Date _____	Date _____	Date _____
*Head Safety Marshal	_____	_____	_____
Lifeguard: Meet/Warmup	_____	_____	_____
*Warmup/Warmdown Pool Marshals	_____	_____	_____
	_____	_____	_____
*Lane Marshals	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Boys locker room monitor	_____	_____	_____
	_____	_____	_____
Girls locker room monitor	_____	_____	_____
	_____	_____	_____
Hall monitor (if nec'y)	_____	_____	_____
Stairway monitor (if nec'y)	_____	_____	_____

*Indicates must be USS non-athlete members

Was there a Report of Occurrence filed? _____ No _____ Yes

If yes, how many reports filed? _____ date(s) _____

This report must be sent to the Middle Atlantic office within 14 days of the end of the meet.