LICENCE NUMBER:

4EM20**0123** 



## REFEREE'S REPORT FORM TO REGIONAL LICENSING OFFICER

This section to be completed by the <b>Meet Organiser</b>					
Club & Meet Name	Nottinghamshire Sports Centre League				
Venue (Pool & Town)	Hucknall LC				
Date	01/01/2020				
Organiser	Arnold Swimming Club				
Name & Address of	John Hidle				
Regional Licensing	70 Sandringham Road, Sandiacre, Nottingham, NG10 5LD				
Officer for return of this					
form.					

This section to b	pe completed by t	he <b>Referee</b> with	in 5 worki	ng davs o	of the competition.	
	CHECK REQUIRED			COMMENTS		
Pool- Depth of water at starting end. Water temperature			TICK	2m Throughout 27°C		
<b>Equipment</b> : Starting blocks, Anti-turbulence lane ropes, Backstroke turn indicators, Backstroke starting ledges, Secondary strobe			<b>V</b>	All OK		
Announcements/Acoustics: Clarity, Safety announcements: made before each warm-up and session.			<b>V</b>	All OK		
Warm-Up: Adequate provision and marshalling.			<b>V</b>	No Issues		
Electronic Timing: Indicate type and any issues.				N/A		
General Organisation: Competence of Staff			<b>V</b>	All OK		
First Aid: Adequate provision for and recording of accidents/incidents.			<b>V</b>	Provided by Centre Staff		
General- Air Temperature & humidity Poolside refreshments provided			<b>V</b>	All OK		
	LENG	TH OF SESSION	S (Hours	& Minute	es)	
1) <b>2 Hours</b>	2)	3)	4)	5)		
6)	7)	8)	9)		10)	
If officials worked for longer than 3 hours without a 15 minute break, 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.						
Print Name						
The resident of Diagge.						