

SAFETY OFFICER REPORT Name:

0111 211 011	TODIC ICEI	OILI		110111								
Event:					Lo	ocation:						
Start Date:					Fi	nish Dat	te:					
							1					
Personnel												
Paramedics:				Duty Boat Controller:								
Fire Service:					Rescue Boat Controller:							
Sweep Boat Completed By												
Sweep Boat	У											
	Pre Race: Day 1:											
	Day 1:											
	1 2 4 7 2 5	1										
Weather & Conditions												
Day 1:												
Day 2:												
			I	1								
Final Sweep Completed:			Time:									
Paramedics in Position:			Time:									
Radio Checks:			Time:									
All Boats in Place:			Time:									
Safety Officer All Clear:			Time:									
Race Day Incident Report Forms: (please complete and 🗵 mark in the box the injured person Date: Name:												
Boat:					Skier		river		Observer		Other	
Comment:					Julie				O D S C I V C I		ouici	
Incident Report Completed and sent to SRA:												
madent report completed and sent to sim.												
Date:	Name:											
Boat:					Skier		river		Observer		Other	
Comment:				I	I					<u>I</u>		
Incident Repo	rt Complete	d and s	ent to S	RA:								
Date:				Nan		,			1	1	1	
Boat:					Skier		river		Observer		Other	
Comment:												
Incident Repo	rt Complete	d and s	ent to S	RA:								
Date:				Nan								
Boat:					Skier		river		Observer		Other	
Comment:					Julie				O D S C I V C I		o tine.	
Incident Report Completed and sent to SRA:												
Further information:												
Further information: Safety Officer General Report:												
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Other Items for SR	A:											