

Chief Timekeeper Log Sheet



Name: _____ Club: _____ Club Code: _____

Address: _____ Town: _____ Post Code: _____

State: _____ Phone: _____ E-mail: _____

Date of Course: ____ / ____ / ____ Course No: _____ AUSSI No: _____ Technical ID No : _____

To apply for accreditation in this position you must be assessed by a direct supervisor as competent in each of the activities listed below under competencies.

Assessment must be done a) twice for each activity b) only after attending the formal course.

*The supervisor must be an accredited Chief Timekeeper and must mark each box with one of the following
C= Competent R= Review N/A= not applicable*

Chief Timekeeper competencies	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A	Performance Mark each box C, R or N/A
Did check of start method with Starter					
Checked number of Timekeepers before each event started					
Asked Timekeepers to check functions of their watches					
Liaised with Check Starters to ensure swimmers were ready					
Signalled Referee Timekeepers ready					
Liaised with Announcer re extra Timekeepers needed					
Used own watch as backup and ran till last swimmer finished					
Ensured timing records collected for Recorder					
Date:					
Type of Meet:					
Supervisor's Signature:					
Print Supervisor's Name:					
Supervisor's Position: Must be Referee or Chief Timekeeper					

TO BE COMPLETED BY MSA BRANCH:
 The above official has (please tick):
 Completed the appropriate technical unit(s);
 Demonstrated the required competencies; **and**
 Signed an Officials Code of Ethics Agreement Form

 Branch Technical Officer's Signature

 Date