

Inspector of Turns (IoT) 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) 3 times for each activity b) only after attending the formal course.

The direct supervisors MUST BE an accredited IoT or Referee, and MUST MARK each box with one of the following

C= COMPETENT R= REVIEW OR N/A= Not Applicable Note: Tick or Cross mark will not be assessed

Inspector of Turns	Performance			Performance			Performance			Performance		
	Mark each box C, R or N/A			Mark each box C, R or N/A			Mark each box C, R or N/A			Mark each box C, R or N/A		
Concentrated on duties (not distracted)												
Asked relevant questions												
Demonstrated ability to relate DQ Codes to:	starts *	turns	finishes	starts *	turns	finishes	starts *	turns	finishes	starts *	turns	finishes
Freestyle												
Backstroke												
Breaststroke												
Butterfly												
Individual Medley												
Checked changeovers for early starts in Freestyle or Medley RELAY												
Completed Infringement Report at meet, or in 'a set exercise' (ASE)												
* Note: IoTs do not judge whether start is true or false only the actions from the swimmer leaving the block to the first surface stroke.												
Date:												
Type of Meet:												
Supervisor's Signature:												
Print Supervisor's Name: Must be accredited Referee												

WHEN ALL COMPETENCIES HAVE BEEN DEMONSTRATED, PLEASE SEND TO:

(Insert Address of Branch)

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 _____