

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) by a different supervisor for each of the two times and c) only after attending the formal course. Assessment may be done at club or a meet.

The supervisor must be an accredited Timekeeper and must mark each box with one of the following

C= Competent R= Review N/A= not applicable

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
Started watch on visual signal of start					
Checked watch during race					
Looked down pool face to stop watch					
Checked swimmer's name					
Recorded split times during race (OR COMPLETED EXERCISE)					
Recorded times to 100 th second on card/sheet					
Recorded correct official time in copy of program					
Used bell or whistle correctly in long event (OR COMPLETED EXERCISE)					
Operated SAT button (OR COMPLETED EXERCISE)					
Date:					
Type of Meet:					
Supervisor's Signature:					
Print Supervisor's Name: MUST BE AN ACCREDITED TIMEKEEPER					

WHEN ALL COMPETENCIES HAVE BEEN DEMONSTRATED, PLEASE SEND TO:

(Insert Address)

TO BE COMPLETED BY MSA BRANCH:

The above official has (please tick):

- Completed the appropriate technical unit; **and**
- Demonstrated the required competencies.

Branch Technical Officer's Signature

Date

PLEASE USE BALLPOINT PEN