

USA Water Ski Tournament Organizer's Safety Checklist

For Office Use Only Sanction # _____
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This checklist must be completed for each sanctioned tournament and returned to USA Water Ski Headquarters (USAWS) with the sanction application. USAWS will send a safety packet upon the acceptance of your sanction application.

Club Name: _____

Tournament Name: _____ Date: _____

Tournament Location (site/city/state): _____

The following safety preparations and equipment is considered by the USAWS Safety Committee to be the minimum recommended for the safe operation of a tournament. It is the responsibility of the tournament sponsor to supply the following. Checking the following guarantees that the tournament sponsor will verify these safety precautions prior to the tournament.

A. MEDICAL LIAISON WITH OFF-SITE MEDICAL FACILITIES:

- | | Yes | N/A |
|---|--------------------------|--------------------------|
| 1. Arrangement of USAWS insurance acceptance with hospital/clinic?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Phone or radio/telephone communication on-site for direct communication to emergency facility?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Licensed or certified EMT or medical assistance available on-site or no more than 20 minutes travel away?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Posted emergency route maps and phone numbers at several locations?..... | <input type="checkbox"/> | <input type="checkbox"/> |

B. SAFETY OF ON-SITE FACILITIES:

- | | | |
|---|--------------------------|--------------------------|
| 1. Competition area free of hazardous obstacles?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Non-moveable obstructions clearly marked, rendered safe by cover and/or pointed out to officials and competitors?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Take-off/landing areas cleared of rocks, glass, tin cans and other hazards?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Docks/Piers: Free of sharp edges, nails, broken/cracked boards?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Jump Ramp Inspection: (With the Chief Judge and Technical Controller) | | |
| a. Properly secured, lines and anchors?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Surface and aprons smooth and no protruding nails/bolts?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Surface and sides good color contrast and not water color?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Algae/water scum removed from below water line surface?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ALL competition courses a safe distance from shore and each other?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Towers: | | |
| a. Stable and securely anchored?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ladders secure and no loose foot/hand holds?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Floors, hand rails in place and in good repair?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Refueling Area: | | |
| a. Appropriate fire extinguisher in close proximity?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. NO SMOKING and FLAMMABLE signs posted and visible?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fuel drums/pumps properly grounded?..... | <input type="checkbox"/> | <input type="checkbox"/> |

C. SAFETY BOAT(S) AND CREWS OR SWIMMERS:

- | | | |
|--|--------------------------|--------------------------|
| 1. One (1) Type III PFD for each person and a spare?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Two-way radio to Safety Director?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Water rescue personnel in adequate numbers to cover all events (trained by the Safety Director)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Adequate safety boats where needed?..... | <input type="checkbox"/> | <input type="checkbox"/> |

D. SHORE SAFETY FACILITIES:

- | | | |
|---|--------------------------|--------------------------|
| 1. Designated safety/first aid area?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Rigid spine board?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Universal type C.I.D.?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. First aid kit of adequate size?..... | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby acknowledge and certify compliance with these minimum recommendations.

Tournament Organizer's Signature _____ Date _____