

Name:

Bronze Medallion

PUA20119 Certificate II in Public Safety (Aquatic Rescue)

ASSESSMENT PORTFOLIO

v2.2 JULY 2023



Information for candidates

This portfolio includes checklists and templates to ensure that the evidence required for assessment of PUA20119 Certificate II in Public Safety (Aquatic Rescue) and the SLSA Bronze Medallion is collected and submitted.

Please read all the assessment information provided in your learner guide and in this assessment portfolio before you start any assessment task and advise your assessor if you do not understand what is required of you.

The assessments are intended to be equitable, fair and flexible. If you feel that any aspect of these tasks should be changed to ensure that they are fair, equitable or flexible, immediately contact your assessor who will attempt to make alternative arrangements.

Your assessor will provide you with additional feedback and information on interpreting your assessment outcomes. They will also inform you of your options should you not agree with your assessment outcomes.

If you are not able to attend any scheduled assessment dates, please inform your trainer or assessor as soon as possible.

ADMINISTRATION

Administration checklist:

- Attach evidence of or confirm your completion of the theory questions for Assessment Task 1 (parts 1–10) to this assessment portfolio:
 - Completed online—your trainer or assessor will advise you if they have run a ‘Training Status Report’ for the individual theory assessment ‘training item’
 - Completed online—attach copy of your online completion certificate
 - Completed offline—attach copy of your completed answer sheets.

- Complete the incident report form within this assessment portfolio as part of Assessment Task 4—Resuscitation (performance criteria 4.5—Incident review and documentation).
- Complete the risk assessment form within this assessment portfolio as part of Assessment Task 7—Board Rescue Scenario (performance criteria 7.1.3)
- Ensure your trainer or patrol captain has completed the third-party report within this document (or an assessment summary sheet) for Assessment Task 12—Third-party report.
- Attach copies of any statements of attainment for any units of competency for which you have sought RPL or credit transfer (e.g., PUAOPE013 Operate communications systems and equipment, or HLTAID003/HLTAID011 Provide first aid).
- Write and sign your name on the competency record within this assessment portfolio to verify that you were in attendance on the day(s) of the assessment and that you agree with the decision regarding your competency for each task.
- Ensure that you, your trainer and your assessor have completed the relevant sections of the competency record within this assessment portfolio.
- Once the assessment portfolio is complete, the assessor will forward the required assessment paperwork to your SLS state centre or branch to retain as evidence of completion of the BM and any nationally recognised units of competencies.

FURTHER INFORMATION

More information relevant to SLS assessments in your state/territory may be found within your SLS state centre’s course participant handbook, for example: enrolment information, assessment principles and pathways, assessor and trainer responsibilities, recognition of prior learning, credit transfers, additional support services, reasonable adjustment, complaints and appeals, how to provide feedback on courses, privacy and course participant records and certificates.

BM Competency Record

This record is to be completed by the **candidate** (details, declaration and signature), **trainer** (entry requirements) and **assessor** (assessment tasks) and used as a final record of candidate competency.

Assessment results, competencies and satisfactory completion of the award requirements are recorded by **circling the letter(s) or words** in the corresponding column using a black or blue pen (S = Satisfactory, NYS = Not yet satisfactory, C = Competent, NYC = Not yet competent). If you make an error, strike through the incorrect information and initial your changes.

All candidate submissions are to be attached with this final assessment sheet and stored in the candidate's file.

CANDIDATE DETAILS AND DECLARATION							
First name				Surname			
Contact phone				Surf lifesaving club			
By signing below, I declare that:							
<ul style="list-style-type: none"> I have received and understood my learner guide I have received and understood my SLS state centre's course participant handbook The evidence I have submitted for assessment is my own work and I have taken all reasonable precautions that my work cannot be submitted by other candidates as their own. 							
Candidate signature						Date	

COMPETENCY RECORD							
Entry requirements		Swim time		Date		Trainer Signature	
Unaided swim of 400 m in 9 minutes or less							
Assessment task	Assessment instruments	Attempt 1			Attempt 2		
Assessment 1 – Theory questions		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments	Result	Comments		
Theory questions Parts 1-10	<input type="checkbox"/> Completed online <input type="checkbox"/> Marked answer sheet	S	NYS		S	NYS	
Assessment 2 – Signals		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments	Result	Comments		
2.1 Beach to water signals	Observation checklist	S	NYS		S	NYS	
2.2 Water to beach signals	Observation checklist	S	NYS		S	NYS	
Assessment 3 – Radio maintenance		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments	Result	Comments		
3.1 Radio pre-use check	Observation checklist	S	NYS		S	NYS	
3.2 Radio post-use check	Observation checklist	S	NYS		S	NYS	

COMPETENCY RECORD							
Assessment task	Assessment instruments	Attempt 1			Attempt 2		
Assessment 4 – Resuscitation		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments	Result	Comments		
4.1 Primary assessment	Observation checklist	S	NYS		S	NYS	
4.2 Infant Cardiopulmonary Resuscitation (CPR)	Observation checklist	S	NYS		S	NYS	
4.3 Adult Cardiopulmonary Resuscitation(CPR)	Observation checklist	S	NYS		S	NYS	
4.4 Automated External Defibrillator (AED)	Observation checklist	S	NYS		S	NYS	
4.5 Incident review and documentation	Observation checklist / written report	S	NYS		S	NYS	
Assessment 5 – Run-Swim-Run		Final time:		_____ minutes _____ seconds			
5B Bronze Medallion 200m Run/200m Swim/ 200m Run unaided within 8 minutes	Time limit	Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments	Result	Comments		
		S	NYS	S	NYS		
Assessment 6 – Tube rescue and surf skills		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments	Result	Comments		
6.1 Planning the rescue	Observation checklist	S	NYS		S	NYS	
6.2 Perform tube rescue	Observation checklist	S	NYS		S	NYS	
6.3 Self-survival	Observation checklist	S	NYS		S	NYS	
Assessment 7 – Board rescue scenario		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments	Result	Comments		
PART 1							
7.1 Briefing	Observation checklist	S	NYS		S	NYS	
7.1.3 Risk Assessment form	Written report	S	NYS		S	NYS	
7.2 Perform board rescue for unconscious victim	Observation checklist	S	NYS		S	NYS	
7.3 Correct use of portable radio equipment	Observation checklist	S	NYS		S	NYS	
7.4 Primary assessment	Observation checklist	S	NYS		S	NYS	
PART 2							
7.5 Post-rescue debrief	Observation checklist	S	NYS		S	NYS	

COMPETENCY RECORD							
Assessment task	Assessment instruments	Attempt 1			Attempt 2		
Assessment 8 – Emergency care procedures		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments		Result	Comments	
8.1 General procedures	Observation checklist	S	NYS		S	NYS	
8.2 Anaphylaxis/Asthma	Observation checklist	S	NYS		S	NYS	
8.3 Choking	Observation checklist	S	NYS		S	NYS	
8.4 Bleeding	Observation checklist	S	NYS		S	NYS	
Assessment 9 –Emergency care scenario (one required)		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments		Result	Comments	
For all scenarios							
9.1 Correct procedures pre, during and post scenario	Observation checklist	S	NYS		S	NYS	
Scenario-dependent							
9.2A Heat Exhaustion or	Observation checklist	S	NYS		S	NYS	
9.2B Sprain or	Observation checklist	S	NYS		S	NYS	
9.2C Venomous snake bite or blue ringed octopus	Observation checklist	S	NYS		S	NYS	
Assessment 10 – Spinal management roll-overs (one required)		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments		Result	Comments	
10.A Extended-arm roll or	Observation checklist	S	NYS		S	NYS	
10.B Vice grip roll-over	Observation checklist	S	NYS		S	NYS	
Assessment 11 – Spinal management scenario		Date			Date		
		Assessor initials			Assessor initials		
		Result	Comments		Result	Comments	
11.1 Team Briefing	Observation checklist	S	NYS		S	NYS	
Roll-over in aquatic environment	Observation checklist	S	NYS		S	NYS	
11.2 First responder							
Spinal Board carry	Observation checklist	S	NYS		S	NYS	
11.3 First responder							
11.4 Assisting team members	Observation checklist	S	NYS		S	NYS	
11.5 Log roll-following advice that ‘the victim is regurgitating’	Observation checklist	S	NYS		S	NYS	

COMPETENCY RECORD							
Assessment task	Assessment instruments	Attempt 1			Attempt 2		
Assessment 12 – Third-party report		Date			Date		
		Assessor initials			Assessor initials		
		Result		Comments	Result		Comments
12.1 – 12.4 Third Party Report	Written report	S	NYS		S	NYS	

Nationally recognised units of competency	Competency result	
PUAOPE013 Operate communications systems and equipment (Assessment Tasks 1, 3 and 7)	C	NYC
PUASAR012 Apply surf awareness and self-rescue skills (Assessment tasks 1, 2, 5, 6, 7 and completed risk assessment form)	C	NYC
PUASAR013 Participate in an aquatic rescue operation (Assessment tasks 1, 6 and 7)	C	NYC
HLTAID010 Provide basic emergency life support (Assessment tasks 1, 4 and 8)	C	NYC
PUACOM001 Communicate in the workplace (Assessment tasks 1, 3, 6, 7, 11 and 12)	C	NYC
PUATEA001 Work in a team (Assessment tasks 1, 3, 4, 6, 7, 11 and 12)	C	NYC
PUATEA004 Work effectively in a public safety organisation (Assessment tasks 1, 11 and 12)	C	NYC
PUAWHS001 Follow defined work health & safety policies & procedures (Assessment tasks 1, 4, 6, 7, 8, 11, 12)	C	NYC
Nationally recognised qualification	Competency result	
PUA20119 Certificate II in Public Safety (Aquatic Rescue)	C	NYC
SLSA Award	Meets all the requirements ?	
SLSA Bronze Medallion	YES	NO

Note: C = Competent, NYC = Not yet competent, S = Satisfactory, NYS = Not yet satisfactory

COMPETENCY RECORD**Assessor comments**

e.g., details of any second attempts, any reasonable adjustments made for assessment such as verbal questioning and candidate responses or changes to practical assessment due to environmental conditions.

Candidate feedback**LEAD ASSESSOR SIGN-OFF AND DECLARATION****Lead assessor name**

Surf lifesaving club

Name/s of other assessors involved in assessing this candidate include

Surf lifesaving club

By signing below, I declare that I have conducted assessment meeting the principles of assessment and the rules of evidence.
I also declare that the candidate has been advised of their result.

Lead assessor signature**Date**

Assessment Task 4.5.2 - Incident Review and Documentation



SURF LIFE SAVING

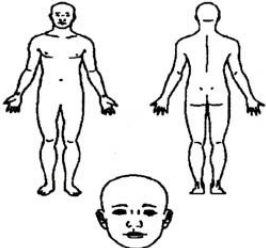
INCIDENT REPORT LOG

Name of Club or Service: _____

State: _____ Local Government Area: _____

Details of Incident Date: ____/____/____ Time: ____am / pm Location of Incident: _____ Name of Victim: _____ Age: _____ DOB: ____/____/____ M / F : ____ Address: _____ Postcode: _____	Venue conditions at time of Incident: (if relevant) Wind conditions: <input type="checkbox"/> Calm <input type="checkbox"/> Slight <input type="checkbox"/> Moderate Weather conditions: <input type="checkbox"/> Fine <input type="checkbox"/> Overcast <input type="checkbox"/> Rain Sea conditions: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Water surface: <input type="checkbox"/> No chop <input type="checkbox"/> Avge chop <input type="checkbox"/> Large chop Wave type: <input type="checkbox"/> Surging <input type="checkbox"/> Spilling <input type="checkbox"/> Plunging Rip type: <input type="checkbox"/> Permanent <input type="checkbox"/> Fixed <input type="checkbox"/> Flash <input type="checkbox"/> Travelling
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Please fill in the below relating to the victim:

Type of incident: (may cross more than one) <input type="checkbox"/> Major First Aid <input type="checkbox"/> Minor F.A. <input type="checkbox"/> Major Rescue <input type="checkbox"/> Search and Res <input type="checkbox"/> Member Injury <input type="checkbox"/> Employee Injury <input type="checkbox"/> Minor Sting <input type="checkbox"/> Major Sting <input type="checkbox"/> Drowning <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ Victim is: <input type="checkbox"/> Public <input type="checkbox"/> SLS Club Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____ Nationality (victim) <input type="checkbox"/> Australian <input type="checkbox"/> Other _____ <input type="checkbox"/> Tourist <input type="checkbox"/> Immigrant <input type="checkbox"/> Unknown Type of activity at time of incident: <input type="checkbox"/> Swimming / wading <input type="checkbox"/> Body board <input type="checkbox"/> Walking playing near water <input type="checkbox"/> Riding other craft <input type="checkbox"/> Rock Fishing <input type="checkbox"/> Other fishing <input type="checkbox"/> Using a motorised water craft (Rec) <input type="checkbox"/> Water skiing <input type="checkbox"/> SCUBA / skin diving <input type="checkbox"/> Wind / kite surfing <input type="checkbox"/> Sailing <input type="checkbox"/> Rock walking <input type="checkbox"/> Suspected suicide <input type="checkbox"/> Patrolling in - <input type="checkbox"/> IRB <input type="checkbox"/> PWC <input type="checkbox"/> Beach <input type="checkbox"/> 4WD <input type="checkbox"/> IRB/ORB <input type="checkbox"/> Attempting a rescue <input type="checkbox"/> Training for (please be very specific) _____ <input type="checkbox"/> Carnival Official doing _____ <input type="checkbox"/> Competition in _____ <input type="checkbox"/> Driver <input type="checkbox"/> Crew <input type="checkbox"/> Patient <input type="checkbox"/> Surf Boat Crew Position: _____ <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Water safety <input type="checkbox"/> Junior activities <input type="checkbox"/> Other club activity _____ <input type="checkbox"/> Other _____ Experience in activity <input type="checkbox"/> 3 years or greater <input type="checkbox"/> 1-3 Years <input type="checkbox"/> 1 year or less <input type="checkbox"/> No experience <input type="checkbox"/> Unknown Other contributing factors: <input type="checkbox"/> Negotiating the break <input type="checkbox"/> Returning to shore <input type="checkbox"/> Dumped <input type="checkbox"/> Shore break <input type="checkbox"/> Lost control of own craft <input type="checkbox"/> Other person lost control of craft <input type="checkbox"/> Freak wave <input type="checkbox"/> Sand bank <input type="checkbox"/> Pot hole <input type="checkbox"/> Slippery rocks <input type="checkbox"/> Suspected Alcohol <input type="checkbox"/> Suspect Drugs <input type="checkbox"/> Rip type _____ <input type="checkbox"/> Shark/ Croc <input type="checkbox"/> Slip/ trip/ fall <input type="checkbox"/> Assault <input type="checkbox"/> Collision with _____ <input type="checkbox"/> Mechanical Malfunction _____ <input type="checkbox"/> Other _____	Description of incident and cause: _____ _____ _____ Nature of injury <input type="checkbox"/> Marine Sting, type _____ <input type="checkbox"/> Abrasion / graze <input type="checkbox"/> Blisters <input type="checkbox"/> Open wound / laceration / cut <input type="checkbox"/> Bruise / contusion <input type="checkbox"/> Inflammation / swelling <input type="checkbox"/> Fracture (including suspected) <input type="checkbox"/> Dislocation / subluxation <input type="checkbox"/> Sprain <input type="checkbox"/> Strain <input type="checkbox"/> Overuse injury <input type="checkbox"/> Concussion <input type="checkbox"/> Cardiac problem <input type="checkbox"/> Respiratory problem <input type="checkbox"/> Asthma <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Heat stroke / Heat exhaustion <input type="checkbox"/> Hypothermia <input type="checkbox"/> Sunburn <input type="checkbox"/> Suspected spinal <input type="checkbox"/> Other _____ Body region injured: (Please circle)  Description _____ Initial treatment: <input type="checkbox"/> None given – not required <input type="checkbox"/> None given – patient refused <input type="checkbox"/> None given – referred elsewhere <input type="checkbox"/> RICE <input type="checkbox"/> ICE <input type="checkbox"/> Cleaned <input type="checkbox"/> Dressed (incl. Bandage) <input type="checkbox"/> Sling / Splint <input type="checkbox"/> Spinal collar <input type="checkbox"/> Massage / Stretching <input type="checkbox"/> Strapping/Taping only <input type="checkbox"/> Stitches <input type="checkbox"/> Medication <input type="checkbox"/> Prescription written CPR/ Defib / Oxygen (Please fill in other side of form) <input type="checkbox"/> CPR <input type="checkbox"/> Oxygen therapy <input type="checkbox"/> Oxygen airbag <input type="checkbox"/> Defibrillation (Defib) <input type="checkbox"/> Other _____	Location of incident: <input type="checkbox"/> In water <input type="checkbox"/> On Beach <input type="checkbox"/> On rocks/cliff <input type="checkbox"/> Other _____ and... <input type="checkbox"/> In flags <input type="checkbox"/> Outside but near flags (within 50m) <input type="checkbox"/> <1km from patrolled area <input type="checkbox"/> 1 to 5 km from patrolled area <input type="checkbox"/> > 5 km from patrolled area Who first sighted the rescue/ incident? e.g. public _____ Who conducted the rescue/ incident? e.g. lifesaver _____ Main language spoken: _____ Or <input type="checkbox"/> English <input type="checkbox"/> Non English speaking <input type="checkbox"/> Don't know Referral: <input type="checkbox"/> No referral <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Ambulance transport to _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Xray <input type="checkbox"/> Peer Counselling <input type="checkbox"/> Professional Counselling Other services: <input type="checkbox"/> Fire/ Rescue <input type="checkbox"/> Police <input type="checkbox"/> JRB/ ORB <input type="checkbox"/> Helicopter <input type="checkbox"/> Investigation required <input type="checkbox"/> Worker Compensation required (fill in State form requirements) <input type="checkbox"/> Other _____ Treating person: <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Ambulance <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> First Aid Officer <input type="checkbox"/> Lifesaving <input type="checkbox"/> Lifeguard <input type="checkbox"/> Other _____ What condition was the patient in when transport? <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown Person completing form: Name: _____ Position: _____ Phone: _____ Email: _____ Signature: _____
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SURF LIFE SAVING

INCIDENT REPORT LOG

PART B: CPR / OXYGEN REPORT FORM

<p>1. Patient's condition when first observed:</p> <p><input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Breathing <input type="checkbox"/> Not Breathing <input type="checkbox"/> No Signs of Life</p> <p>2. Colour of patient when first observed:</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Blue <input type="checkbox"/> Grey <input type="checkbox"/> Unknown</p> <p>3. Patient's colour changed during resuscitation:</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Blue <input type="checkbox"/> Grey <input type="checkbox"/> Unknown</p> <p>4. Airway of the patient was obstructed when first observed by:</p> <p><input type="checkbox"/> Vomit <input type="checkbox"/> Seaweed <input type="checkbox"/> Dentures <input type="checkbox"/> Clenched jaw <input type="checkbox"/> Airway was clear <input type="checkbox"/> Unknown</p> <p>5. How long was it from when the incident was first reported to the time of the first artificial breaths?</p> <p><input type="checkbox"/> 0-1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> 5-10 min <input type="checkbox"/> 10-20 min <input type="checkbox"/> Other</p> <p>6. How long was CPR carried out?</p> <p><input type="checkbox"/> 0-1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> 5-10 min <input type="checkbox"/> 10-20 min <input type="checkbox"/> Other</p> <p>7. Which method was used for Rescue Breaths?</p> <p><input type="checkbox"/> Mouth to Mask <input type="checkbox"/> Mouth to Mouth <input type="checkbox"/> Mouth to Nose <input type="checkbox"/> Bag valve mask <input type="checkbox"/> Combination</p> <p>8. What oxygen equipment was used?</p> <p><input type="checkbox"/> Oxygen Therapy <input type="checkbox"/> Air Bag Resuscitator</p>	<p>9. How long was oxygen administered for?</p> <p><input type="checkbox"/> 0-1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> 5-10 min <input type="checkbox"/> 10-20 min <input type="checkbox"/> Other</p> <p>10. Was a pulse oximeter used?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reading: _____%</p> <p>11. The patient regurgitated / vomited due to:</p> <p><input type="checkbox"/> Mechanical Device <input type="checkbox"/> Blocked Airway <input type="checkbox"/> Revival</p> <p>12. An airway was inserted: (type)</p> <p><input type="checkbox"/> OP Airway <input type="checkbox"/> Combitube <input type="checkbox"/> LMA Mask <input type="checkbox"/> Other <input type="checkbox"/> Not used</p> <p>13. How long was it from when the incident was first reported to the time an airway was inserted?</p> <p><input type="checkbox"/> 0-1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> 5-10 min <input type="checkbox"/> 10-20 min <input type="checkbox"/> Other</p> <p>14. A defibrillator was used by:</p> <p><input type="checkbox"/> Lifesaver <input type="checkbox"/> Lifeguard <input type="checkbox"/> Ambulance <input type="checkbox"/> Doctor <input type="checkbox"/> Not used</p> <p>15. How long was it from when the incident was first reported to the time the defibrillator was applied?</p> <p><input type="checkbox"/> 0-1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> 5-10 min <input type="checkbox"/> 10-20 min <input type="checkbox"/> Other</p> <p>16. How many times was a shock delivered?</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other</p> <p>17. Did the patient regain consciousness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. How long was it after calling for assistance before the ambulance arrived?</p> <p><input type="checkbox"/> 0-1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> 5-10min <input type="checkbox"/> 10-20 min <input type="checkbox"/> Other</p> <p>19. The patient was conveyed to hospital by:</p> <p><input type="checkbox"/> Ambulance <input type="checkbox"/> Helicopter <input type="checkbox"/> Private vehicle <input type="checkbox"/> Other</p> <p>20. Which hospital was the patient conveyed to?</p> <p>_____</p> <p>21. What condition was the patient in when transported?</p> <p><input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown</p> <p>22. Condition on discharge from hospital (if known):</p> <p><input type="checkbox"/> Full recovery <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown</p> <p>23. Was trauma counselling arranged for the rescuer/s?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Was a carry used?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? _____</p> <p>Name of person completing form: (If different from other side of form)</p> <p>_____</p> <p>Position: _____</p> <p>Phone: _____</p> <p>e-mail: _____</p> <p>Signature: _____</p>
<p>Please provide brief details of the incident including any recommendations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Risk Assessment Form

Instructions for candidate

- This risk assessment forms part of **Assessment 7 – Board rescue scenario**
- It must be completed during the session for Assessment 7 and must reflect the conditions at the time of assessment.

ACTIVITY INFORMATION		
Activity:		
Venue/Beach:		
Date: / /	Time: AM / PM	Number of participants:

RISK ASSESSMENT		
As a minimum, the following factors must be assessed when determining water safety:		
<ul style="list-style-type: none"> • Surf conditions • Weather conditions 	<ul style="list-style-type: none"> • Skill level of participants • Number of participants 	<ul style="list-style-type: none"> • Other location specific hazards
Potential Risk: (Please tick if risk has been identified)	Specific details:	Comments: (Include comments for all items ticked)
<input type="radio"/> Dangerous surf	<input type="radio"/> Wave height <input type="radio"/> Wave type <input type="radio"/> Water depth <input type="radio"/> Tide and current	
<input type="radio"/> Bad weather	<input type="radio"/> Wind <input type="radio"/> Temperature <input type="radio"/> Storms	
<input type="radio"/> Skill level	<input type="radio"/> No level of skill <input type="radio"/> Limited level of skill <input type="radio"/> Mixed level of skill	
<input type="radio"/> Many participants	<input type="radio"/> 40-59 <input type="radio"/> 60-99 <input type="radio"/> 100+	
<input type="radio"/> Other hazards	<input type="radio"/> Stingers <input type="radio"/> Sharks/crocodiles <input type="radio"/> Exposed rocks <input type="radio"/> Jetty/wharfs <input type="radio"/> Debris/pollution	

RISK ASSESSMENT (CONTINUED)	
Please tick the action undertaken to minimise risk:	Comments: (Include comments for all items ticked)
<input type="radio"/> Modify activity	
<input type="radio"/> Move activity	
<input type="radio"/> Delay activity	
<input type="radio"/> Cancel activity	
<input type="radio"/> Increasing the number of water safety and rescue equipment	
<input type="radio"/> Personal protective equipment	
<input type="radio"/> Surf Helmet	
<input type="radio"/> Other (Please state)	

CANDIDATE DETAILS AND DECLARATION	
First name	Surname
Contact phone	Surf lifesaving club
By signing below, I declare that:	
<ul style="list-style-type: none"> the results in the above risk assessment are true to the conditions on the venue/beach at the time of assessment. 	
Candidate signature	Date

Third-party Report

Assessment Task 12—Instructions for completing the third-party report

- This task requires a **trainer** or **patrol captain** to complete and sign a third-party report.
- The tasks listed in the third-party report must be conducted in a real or simulated operational environment, following organisational policies and procedures under the direct supervision of either a trainer or a patrol captain.
- When a trainer or patrol captain has witnessed the candidate fully complete the tasks, they need to complete the below third-party report in the candidate's individual assessment portfolio or attach a copy of the completed AT12 summary sheet.
- This third-party report is to be used for assessment purposes. By completing this report, you, as a qualified patrol captain or trainer are stating that you have witnessed the candidate complete the tasks in accordance with all organisational policies and procedures. You are required to:
 - understand the significance of answering honestly
 - deal specifically with the candidate's performance
 - be prepared to provide additional evidence in the form of a report or phone interview if requested.

Note

If you are unsure of how to complete the third-party report please seek further guidance from your chief training officer.

CRITERIA AND BENCHMARKS	COMPLETED SATISFACTORILY	NOT YET SATISFACTORY	COMMENTS
Did you witness the candidate :			
12.1 Arrive on time and participate in a patrol briefing			
12.1.1 - Understand directions and ask questions to clarify instructions if required.			
12.1.2 - Communicate effectively with other team members and assist with tasks as requested.			
12.1.3 - Advise patrol captain of skill level, competence and any personal limitations and training needs if any i.e. injury, competency level etc			
12.1.4 - Assess surf and beach conditions, identify hazards and minimise or control the risks they present.			
12.1.5 - Wear correct personal protective equipment as per local SOPs and SLS Guidelines, e.g., sunscreen, sunglasses, protective clothing.			
12.1.6 - Be allocated roles or tasks by the trainer or patrol captain and negotiate if required.			
12.2 Contribute to patrol operational set-up			
12.2.1 - Conduct pre-patrol or pre-rescue check of rescue tube or board as per local SOPs.			
12.2.2 - Assist other team members with checking of routine patrol or rescue equipment.			

CRITERIA AND BENCHMARKS	COMPLETED SATISFACTORILY	NOT YET SATISFACTORY	COMMENTS
Did you witness the candidate :			
12.3 Follow all operational instructions within agreed timeframes			
12.3.1 - Acknowledge and implement instructions from the trainer or patrol captain.			
12.3.2 - Monitor the beach and inform the trainer or patrol captain of any incidents if required.			
12.3.3 - Undertake preventive action taken and inform the trainer or patrol captain e.g.completing information board, erecting flags/safety signage, communicating surf safety information to the public etc			
12.4 Participate in a patrol debriefing			
12.4.1 - Review tasks that were completed, results achieved, effectiveness of teamwork and acknowledge critical incident stress where appropriate.			
12.4.2 - Wash, store and maintain equipment ensuring that it is returned to a rescue-ready state as per local SOPs.			
12.4.3 - Complete documentation clearly and accurately as per local SOPs, including faulty equipment reporting.			
12.4.4 - Identify areas for improvement and provide feedback (for patrol members or club committees).			
12.4.5 - Discuss team effectiveness and highlight any conflicts, suggesting possible solutions if required.			
12.4.6 - Identify any personal/group training and development opportunities with patrol captain.			

THIRD-PARTY DETAILS AND DECLARATION	
Third-party first name	Third-party surname
Contact phone	Surf lifesaving club
Relationship to candidate <input type="radio"/> Trainer <input type="radio"/> Patrol captain	Candidate name
By signing below, I declare that I have directly observed the above named candidate complete all of the activities listed above marked as satisfactory. I confirm that the candidate has been assessed in an environment which authentically represents operational situations in Surf Life Saving.	
Third-party signature	Date