

Name:

Surf Rescue Certificate

ASSESSMENT PORTFOLIO

v2.2 JULY 2023



Information for candidates

This portfolio includes checklists and templates to ensure that the evidence required for assessment of the SLSA Surf Rescue Certificate and the units of competency outlined below are collected and submitted.

Please read all the assessment information provided in your learner guide and in this assessment portfolio before you start any assessment tasks. 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 1–4) 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).
- Attach copies of any statements of attainment for any units of competency for which you have sought RPL or credit transfer (e.g., HLTAID009 Provide cardiopulmonary resuscitation, PUAOPE013 Operate communications systems and equipment).
- 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 SRC 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.

SRC 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 200 m in 5 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 1-4 | <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 | | | |
| | | Date | | Date | | | |
| Assessment 4 – Resuscitation | | 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 | | | |
| 5A Surf Rescue Certificate 100m Run/100m Swim/ 100m Run unaided within 5 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 | | | |
|---|-----------------------------|-----|-------------------|
| Nationally recognised units of competency | Competency result | | Assessor initials |
| 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 | |
| HLTAID009 Provide cardiopulmonary resuscitation (Assessment tasks 1 and 4) | C | NYC | |
| SLSA Award | Meets all the requirements? | | Assessor initials |
| SLSA Surf Rescue Certificate | Yes | No | |

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

| |
|--|
| <p>Assessor comments</p> <p>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.</p> |
| <p>Candidate feedback</p> |

| 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

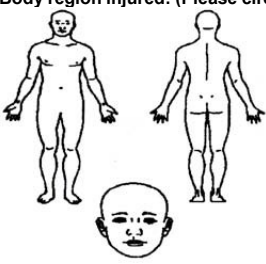
INCIDENT REPORT LOG

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 |
|--|---|

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: <input type="checkbox"/> Non English speaking <input type="checkbox"/> English <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: _____ |
|--|--|--|



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 to 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 |