**📝 H20HQ Rescue Response Test Evaluation**

**📅 Test Details**

| **Field** | **Entry** |
| --- | --- |
| Date of Test |  |
| Time of Test |  |
| Pool Name/Location |  |
| Test Type | ☐ Silhouette ☐ White-Cap ☐ Other: \_\_\_\_  |
| Evaluator Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**🪑 Chair/Station Information**

| **Field** | **Entry** |
| --- | --- |
| Chair Number / Station ID |  |
| Zone Covered | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Chair Height |  |
| Pool Depth in Zone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Environmental Conditions | ☐ Sunny ☐ Overcast ☐ Indoor Lighting |
| Water Clarity | ☐ Clear ☐ Slightly Cloudy ☐ Cloudy |
| Any Known Obstructions? | ☐ Yes ☐ No |
| Notes on Obstructions | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**⏱️ Recognition Test**

| **Field** | **Entry** |
| --- | --- |
| Object Type | ☐ Silhouette ☐ White-Cap Victim |
| Placement Location (Zone) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Depth of Object | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recognition Time (Goal ≤10s) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ seconds |
| EAP Activation Observed? | ☐ Yes ☐ No |
| Activation Method Used | ☐ Whistle ☐ Radio ☐ Other: \_\_\_\_\_\_\_\_\_\_\_ |

**🔍 Visibility Assessment**

| **Factor** | **Excellent** | **Satisfactory** | **Needs Improvement** | **Notes** |
| --- | --- | --- | --- | --- |
| OverallZone Visibility | ☐ | ☐ | ☐ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bottom Visibility (Deep End) | ☐ | ☐ | ☐ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Surface Visibility (Glare) | ☐ | ☐ | ☐ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Overlap with Adjacent Zones | ☐ | ☐ | ☐ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Obstructions Impact | ☐ None | ☐ Minimal | ☐ Significant | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**📋 Observer Notes**

✅ Specific observations:

✅ Recommendations for station adjustments (if any):

✅ Environmental factors affecting performance:

**📌 Test Summary**

|Overall Chair Effectiveness | ☐ Pass ☐ Needs Adjustment
Retraining Needed? | ☐ Yes ☐ No

Next Scheduled Chair Test | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Evaluator Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🔄 Follow-Up Actions**

| **Action Item** | **Responsible Party** | **Due Date** |
| --- | --- | --- |
| Adjust Chair Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Modify Zone Assignments | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Schedule Follow-Up Drill | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |