

ASSESSMENT TOOL – UNIT 3 CHIEF TIMEKEEPER

Element / Performance Criteria CHIEF TIMEKEEPER	Displayed Competency		Comments Must be completed if Competency has been marked NO
	YES	NO	
1. Preparation			
1.1 Arrived at venue at least 30 minutes prior to the start of the meet.			
1.2 Reported to the Referee to receive any instructions.			
1.3 Allocated Timekeepers to lanes.			
1.4 Advised Timekeepers of any requirements for the meet and ensured all Timekeepers understood their duties.			
1.5 Ensured that all Timekeepers had appropriate equipment for the task (program/lane-timer sheets, watch if necessary, pen/pencil).			
2. Performance of Task			
2.1 Monitored the Timekeepers throughout the event.			
2.2 Ensured Timekeepers were positioned where they could see the starting signal for every race.			
2.3 If using a manual stopwatch, started the device when the starting signal was given.			
2.4 If using a manual stopwatch, checked the Timekeepers to ensure they had started their stopwatch, and if not, provided them with a replacement.			
2.5 Ensured each lane had sufficient Timekeepers throughout the meet.			
2.6 Ensured that all Timekeepers moved forward to the edge of the pool when the leading swimmer was 15m from the finish.			
2.7 Ensured that all Timekeepers stood in such a position that they saw directly down the wall for the finish, and stopped the timing device when the swimmer touched the wall.			
2.8 Monitored the accuracy of the Timekeepers.			
2.9 If using a manual stopwatch advised Timekeepers to clear the device at the appropriate time.			
2.10 Focused entirely and exclusively on the task assigned without engaging in any distracting activities.			
3. Decision Making			
3.1 Reported any problems immediately to the Referee.			
4. General			
4.1 Was dressed appropriately for the task.			
4.2 Was courteous to all swimmers, coaches, parents and other officials at all times.			
4.3 Possesses State-specific accreditation in relation to child protection legislation.			

Name of Candidate: _____

National Technical Official Accreditation Number: _____

State-Specific Working With Children Card No _____

State-Specific Working With Children Card Expiry Date: _____

Date of Assessment: _____

Name of Assessor: _____

Assessment Decision:

Competent

Not Yet Competent

Assessor Signature: _____

Candidate Signature: _____

Future Training / Assessment Recommendations: