

NATIONAL SANCTIONING DOCUMENT

EVENT COVER SHEET

It is not a requirement of Sanctioning that a Race Director insure his or her event under the TA whole of sport policy. Race Directors (RD's) are able to source insurance independently but must provide a copy of the cover note to their STTA. It is a requirement of sanctioning, that the insurance cover is at least equal to that provided under the TA policy.

Public Liability Insurance Cover - \$20M (where TA insurance is sought)

Race Director/affiliated club	Cover \$20 million	Premium
Sanctioned event (excluding Aquathlon, Duathlon) that allows Annual Members and One Day Members to compete and a field greater than 150 entrants		\$465.00
Club Sanctioned Events that allows own club members only AND maximum field 150 entrants		Nil
All other events (inc Aquathlon, Duathlon & Open Club Events with more than 150 entrants)		\$270.00

NOTE: Sanctioning is subject to Entry Forms and any approvals (eg. Police, Council, relevant authority) complying with the TA National Sanctioning Policy. Copies of these approvals need to be attached for review.

INFORMATION PERTAINING TO SANCTIONING AN EVENT:

TA and the National Technical Committee (NTC) created the National Sanctioning Document (**NSD**) in consultation with stakeholders. This document provides consistency to sanctioning for Race Directors Australia wide.

The following steps outline what is required during the sanctioning process:

	PROCESS	FORM	RESPONSIBLE
1.	Apply for a race date for a sanctioned event & obtain documentation as appropriate		RD
	<ul style="list-style-type: none"> Contact your STTA for Calendar Application Process Obtain TA Sanctioning Policy from TA website Obtain TA Sanctioning Documentation from TA website Utilise Events Operation Manual as required 	Complete Calendar Application Form (SSTA Specific) All other Forms TA website	
2.	Apply for event sanctioning		
	<ul style="list-style-type: none"> If event was sanctioned last season with the same course & same RD If event is a new event or if there are changes to the venue, course design or RD Taking out TA's whole of Sport policy as event insurance? Submit all Forms, relevant documentation your to STTA with your insurance premium cheque. Provide a copy of your Entry Form prior to public release. If you have online entry only, provide URL (web address) for review 	Complete Event Details: Part 1	RD
		Complete Event Details Part 1 and 2	RD
		Submit forms to SSTA	RD
3.	Notification of Sanctioning Decision & Event Public Liability Insurance Application		
	<ul style="list-style-type: none"> Appointed Technical Delegate (TD) or Sanctioning Officer(SO) to consider sanctioning detail provided and contact RD. Event Public Liability Insurance Application forwarded to TA 	Complete Event Details Part 1 and 2	TD/SO SSTA
4.	Race Day		RD
5.	Sanctioned Event Invoice and One Day Membership Form		
	<ul style="list-style-type: none"> Complete the Invoice and ODM form and forward (mail/email/disc/CD/fax) to the STTA with payment within 48 hours of the event. * If the event is part of a National Championships the technical services fee is to be paid to TA and can be remitted with payment of ODRMs.	Complete One Day Membership & Technical Services Fees Form	RD

Notice of possible insurance Claim			
6.	<ul style="list-style-type: none"> Report any incident(s) occurring at the event warranting possible insurance claim(s) to TA within 48hours 	Complete Notice of possible insurance Claims Form	RD
Post Event Reports			
7.	<ul style="list-style-type: none"> TD / RR to complete Technical Report within 14 days after Race Date and provide to RD and the STTA or TA if an international event or national championship Medical Director to complete Medical Report within 14 days after Race Date and provide to STTA and RD 	Complete Technical Report Complete Medical Report	TD/RR Medical

Details of person to be contacted in relation to this application

Name	
Telephone	
Email	

NOTE:

- RD to retain a Copy of Sanctioning Documents
- A copy of the Sanctioning Documents and all post event reports will be retained by the SSTA/TA
- The TD / Sanctioning Officer is to liaise with RD based on sanctioning documentation and previous race report (where available) prior to event

The Sanctioning application must be lodged before entry forms are finalised.

Please complete and send the application to:

- Your State/Territory Triathlon Association (STTA)
 - or TA for a National Championship at least 28 days before date of event
- Triathlon Australia
technical@triathlon.org.au
Fax: 02 9972 7998
PO Box 13
Alexandria NSW 1453

OFFICIAL USE ONLY:

Date Received:	
Comments?	



NATIONAL SANCTIONING DOCUMENT

EVENT DETAILS: PART 1

1. EVENT DETAILS

NOTE: Multiple events to be conducted on the same course may be sanctioned on the one document by nominating multiple dates or attaching an appropriate calendar

Event Name: _____

Event Type: TRIATHLON: DUATHLON: AQUATHLON: OTHER: _____

Event Distances: _____

Event Order: _____

Event Status: STATE CHAMPIONSHIPS: NATIONAL CHAMPIONSHIPS:
IRONMAN: IRONMAN 70.3 OTHER:

Venue: _____

Event Date(s): _____

Race Director (RD): _____

Address: _____

Contact Email: _____

Contact Phone: _____

Estimated # entrants _____

Interested Parties: _____

Total Prize Money (\$): _____

NOTE: A complete set of maps must accompany this application for Sanctioning detailing each leg of the course and the Transition Area showing all traffic control personnel, safety personnel, aid stations, finish line etc

Tax Invoice:

This document will become a tax invoice for GST purposes when you make payment.
Please keep a copy of this form (ABN: 67 007 356 907)

Insurance Amount required (incl GST) \$465
\$270
\$0 for \$20 MILLION Public Liability, Member to Member insurance and Triathlon Australia listed as an insured party.
(Refer to 'COVER SHEET' page of the National Sanctioning Document for table of premium categories)

This application is to be completed & signed by the RD and forwarded to your STTA (or TA if TA is directly sanctioning the event) with all other required sanctioning documents the earlier of **entries opening or 28 days prior to the event**. Your STTA (or TA) will then remit to and receive the documentation from the Sanctioning Officer once approval has been granted, forward documentation to TA to obtain a Certificate of Currency (COC) (where required) with TA issuing a COC to the RD upon receipt of the above premium payment.

Please note TA is unable to issue a COC unless the premium has been paid prior to the event, all post event paperwork has been submitted and all ODMs for previous events have been paid in full.

“DECLARATION”

The applicant represents that the statement and facts in this document are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage.

“YOUR DUTY OF DISCLOSURE”

Before you enter into a contract of General Insurance with TA, you have a duty under the Insurance Contracts Act 1984 to disclose to us every matter you know or could reasonably be expected to know that is relevant to our decision whether to accept the risk of the Insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate your Insurance.

Your duty, however, does not require disclosure of any matter:

- That diminishes the risk to be undertaken by us.
- That is of common knowledge.
- That we know, or, in the ordinary course of our business ought to know.
- As to which compliance with your duty is waived by us.

“NON-DISCLOSURE”

If you fail to comply with your duty of disclosure, TA may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract if your non-disclosure is fraudulent; they may also have the option of voiding the contract from its beginning.

SANCTIONING AGREEMENT

In consideration of Triathlon Australia Limited and/or State & Territory Triathlon Associations (“**the Authority**”) considering this race sanction application, the Race Director and Authority agrees as follows:

1. Sanctioning is neither automatic nor irrevocable. The Authority, at its absolute discretion, may conditionally or unconditionally sanction, refuse to sanction, or withdraw its sanction of the event. For example, the Authority might withhold or withdraw a sanction if it considers the event risks competitor or public safety, to be unprofessionally organised, to be financially under-resourced, to breach the Authority’s rules or policies, or to be detrimental to the promotional or regulatory interests of the Authority. The Race Director has no claim against the Authority in respect of any determination made by it.
2. The Authority reserves the right to change or amend its sanctioning policies, procedures and requirements from time to time.
3. If sanctioned, the Race Director must comply with all rules and directions made by the Authority in respect of the conduct of this event and all conditions of any sanction conferred by the Authority. Failure to comply with any of these rules, directions or conditions entitles the Authority to (amongst other things) withdraw any sanction at any time.
4. If the Authority declines to sanction the event or, having sanctioned the event, elects to withdraw its sanction for any reason, the Race Director irrevocably authorises the Authority to publish the fact, nature and reasons for its decision to decline or withdraw sanctioning to any person the Authority thinks fit, including (but not limited to) prospective competitors, sponsors and the general public.
5. It is the Race Director’s responsibility to conduct a safe and fair event. Any standards and conditions imposed by the Authority for this event and events generally are minimal standards only. The Race Director acknowledges that:
 - (a) an event is not necessarily safe or viable because it is sanctioned by the Authority;
 - (b) special or unusual conditions may require further precautions and actions in the interests of competitor or spectator safety; and
 - (c) public liability insurance cover and competitor race permit insurance cover arranged by the Authority or required by the Authority as a condition of sanction, although negotiated and arranged in good faith by the Authority, might not cover all risks to the Race Director or competitors associated with the event. The Authority does not warrant that the terms and coverage of any such insurance are adequate for the purposes of the Race Director or competitors and the Race Director must satisfy itself that it is adequately insured.
6. The Race Director must not advertise the event as sanctioned unless and until the Authority has sanctioned it and all conditions of sanctioning have been complied with. If the Authority withdraws any sanction, the Race Director must:
 - (a) prior to the event, advise all competitors and prospective competitors of withdrawal of the sanction; and
 - (b) remove any references to the Authority’s sanction from advertising or promotional material for the event.
7. The Race Director releases the Authority and its officers, directors, employees and agents in any way connected with the sanctioning process or the conduct of the event from and will indemnify them against all claims, loss and liabilities (including claims in negligence against them) made or incurred by the Race Director or any other person in respect of the conduct or sanctioning of the event, including (but not limited to) for example:
 - (a) personal or property damage to participants and spectators; and

(b) economic or other loss incurred by sponsors or others associated with the conduct or marketing of the event.

COMMENTS AND CONDITIONS:

1. If using TA's Whole of Sport Policy, this form must be completed, signed by the RD and forwarded to your STTA (or TA) with all other required sanctioning documents the earlier of **entries closing or 28 days prior to the event**. Your STTA will then remit to and receive the documentation from the SO once approval has been granted, forward documentation to TA to obtain a COC (where required) with TA issuing a COC to the RD upon receipt of the premium payment. For Insurance cover or any questions please contact Triathlon Australia - Telephone (02) 9972 7999.
2. A list of entrants to the event must be provided to the STTA when entries close.
3. Membership to the STTA/ TA must be checked by the Race Director at event Registration.
4. The Technical Services Fee must be paid to the STTA (or TA if TA directly sanctions) by **48 hours post event**, together with any other outstanding fees.
5. Sanctioned Event One Day Membership (ODM) Form must be completed and forwarded with appropriate fees to TA **48 hours post event**. (Refer to One Day Membership & Technical Services Fees Form for One Day Membership prices).
6. You must advise the STTA and TA (**within 48 hours of the incident**) of any possible insurance claim arising from the event by completing the relevant insurance claim forms.
7. To ensure sanctioning approval is maintained, the RD is to immediately advise TA/STTA of any changes that are required to be made to the COC

AGREEMENT:

1. I agree to all the terms and conditions in this document and will ensure that the above conditions will apply to our event unless previously agreed to by the Technical Delegate/Sanctioning Officer appointed to our event;
2. I have read and understood the safety guidelines outlined and recognise that it is my responsibility to conduct a fair and safe event;
3. I understand that the guidelines are a summary of the requirements of conducting a sanctioned event and certain circumstances may require further precautions and actions;
4. I acknowledge that the appointed Sanctioning Officer/Technical Delegate **has the authority to withdraw sanctioning** or recommend cancellation of the event, if in his/her opinion, these minimum safety requirements are not in place and may announce publicly before the commencement of the race the withdrawal of sanctioning and insurance cover if applicable;
5. I will notify the Sanctioning Officer/Technical Delegate of any changes submitted in this application as soon as practicable;
6. I will include a waiver or release on my entry form that satisfies the Authority's reasonable requirements.

The Race Director:

_____	_____	_____
Name	Signature	Date

Approved and Signed by: **Sanctioning Officer** **Technical Delegate**

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Telephone		E-mail

TD / SANCTIONING OFFICER/ STTA TO FORWARD (EMAIL/POST) TO RACE DIRECTOR AND TA

(REQUIRED FOR ALL NEW OR CHANGED EVENTS OR WHERE EVENT NOT SANCTIONED IN CURRENT OR PREVIOUS SEASON)

RACE MANAGEMENT PLAN

The Race Director must disclose all information requested in this Part in order that **Triathlon Australia, it's State & Territory Associations** and its insurer can assess the risks associated with the event.

POLICE APPROVAL

For any proposed event that uses a public road for any part of that event, it is the Race Director's responsibility to complete and submit a Traffic Management Plan (TMP) to the Local Area Commander of the events locality. The Race Director must **supply** the corresponding letter from the Local Area Commander stating that from a traffic management point of view, the proposed course and date is **approved**.

COUNCIL APPROVAL

The Race Director must supply a letter of approval, in principle, from the relevant local government authority (council). The letter must confirm consent as to the location and use of any public facilities on the date of the proposed event.

APPROVAL FROM VARIOUS AUTHORITIES

Depending upon the nature of the event, approaches will need to be made to various authorities for assistance and/or approval in principle to date and venue. It is recommended that prior to this submission being forwarded that approaches be made to the following authorities where applicable to foreshadow the conduct of the event: -

- | | | | |
|--------------------------|-------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Water authorities | <input type="checkbox"/> | St John's Ambulance |
| <input type="checkbox"/> | Relevant Parks Management Authority | <input type="checkbox"/> | Red Cross |
| <input type="checkbox"/> | State Emergency Services | <input type="checkbox"/> | Local Hospital |
| <input type="checkbox"/> | Ambulance Service | <input type="checkbox"/> | Roads and Traffic Authority |
-

SWIM

Actual Distance: M/km Method used to measure course: _____
M/km
M/km
M/km

Type of Swim: Pool Open Water Other:

Swim Start line: Standing Water

Distance of 1st turn from Start: Course (One way, loop etc):

Wave Starts: Yes No (Recommended for large Field sizes above 100 athletes)

Anticipated water temperature: °C Number of IRB's:

NOTE: Wetsuits are **PROHIBITED** in certain conditions. Consult the TA Race Competition Rules. The Technical Delegate will measure the water temperature 24 hours before and on race day and advise the ruling.

Water Safety: By whom (SLSC, SES, etc) _____

Total number of Personnel: Number of Boards/Canoes:

NOTE: A minimum quota of rescue craft to competitors must be considered. IRB's must be equipped with a propeller guard.

Are Technical Officials given access to water craft? : Yes: No:

Please outline your plans for water safety in conjunction with medical and Technical team:

Communications Systems in use: (details)

EVACUATION PLAN: The Race Director will be expected to have in place an agreed evacuation plan with water safety personnel. This plan must include the communication system identified above and be communicated appropriately between the Race Director, all water personnel and the Technical Team.

DIAGRAM:

The map of the Swim Course should show direction, location of turning buoys, line of sight markers, start line, swim exit point including chute to transition entry, safety personnel (on paddle boards/canoes including controlling swim turns), boats (IRB's), etc

CYCLE

Actual Distance: M/km
M/km
M/km
M/km

Is the course IAAF certified? Yes: No: If YES: Date of Certification

How was the course measured: _____ Surface Type: _____

Road closures / Restrictions:

Any U-turns located at the bottom of a hill or downward slope? Yes No (avoided)

Will residents / businesses along the cycle course be informed? Yes No

Water/Aid Stations should only be considered where cycle courses are greater than 40km. If the Race Director is considering including these, thought must be given to location, access by competitors and positioning not being on the course. Discuss this with the Technical Delegate.

Explain course configuration (looped, out and back etc.): _____

Explain Traffic Control safety plan including road closures/restrictions (communications used, etc.)

Briefly Explain the Traffic Management Plan (TMP):

Number of marshals on the cycle course:

How many Motorcycles do you intend to provide to Technical Officials?

Will appropriate signage be placed on the course to warn the public? Yes: No:

Police Presence: Yes: No (Police should notify you if a presence will occur)

Media Vehicles: Yes: No Number (if 'Yes') _____

Outline plan for crowd control (fencing, bunting etc.)

Do runners share the cycle course? Yes: No: If 'Yes', precautions taken to avoid collisions:

DIAGRAM:

The MAP of the cycle course should show all traffic control personnel, aid stations, existing traffic signals and the method of monitoring at each intersection. (Use a large locality or road map).



RUN

Actual Distance: M/km
M/km
M/km
M/km

Is the course IAAF certified? Yes: No: If YES: Date of Certification:

How was the course measured?

Surface Type: Bitumen: Other: _____

Will residents / businesses along the run course be informed? Yes: No:

Explain course configuration (looped, out and back etc.):

Is the Run solely on pathways? Yes: No: If 'No', are there Road Closures / Restrictions:

Number of marshals on the run course:

Will appropriate signage be placed on the course to warn the public? Yes: No:

Outline plan for crowd control (fencing, bunting etc.)

Explain overall safety plan (communications used, number of safety personnel, aid stations etc.)

FINISH

Will you provide a secure Finish Area? Yes: No:

Will medical personnel and catchers be present at the finish line? Yes: No:

DIAGRAM:

The MAP of the run course (including finish line and athlete recovery area), should show all traffic personnel, safety personnel, aid stations etc. (Use a large locality or road map).

AID STATIONS

Number of aid/water stations including Competitor Recovery Area?

Where are ALL aid / water stations located? (eg. run 1.5km, run turnaround, registration, swim exit etc)

The distance between drink stations should be no more than 2km.

Total Aid Station Marshals used: _____ **No. of marshals/station:** _____

A minimum of two (2) marshals per drink station is required. Marshal numbers are dependent on number of competitors.

Types of aid / drinks / food provided, including Recovery Area:

What Occupational Health and Safety precautions will you implement (eg. sealed containers, gloves)?

Ensure an adequate supply of gloves is available at all aid and recovery stations.

Course maps and Transition Area maps should show locations of Aid Stations.

TRANSITION AREA(S)

Fencing Details (Type/Height): _____

Bicycle racks: Type: _____ Numbered? _____ Yes: No:

Will the Transition Area be ordered (sectioned) by category? Yes: No:

Will you provide a secure Competitors Bag Storage Area? Yes: No:

Will the Transition for all competitors be even? Yes: No:

An EVEN Transition is where all competitors run the same distance with their bike. Transitions should be set such that flow on each occasion is in the same direction.

Security : Details (marshal function, use of entry/exit points only etc.) _____

Transition Area should be secure with access only for competitors, Technical Officials, the Race Director and designated marshals. Competitors must not be granted access to Transition whilst the event is in progress until at a minimum the last cyclist returns from the cycle course. The Race Director is to control security.

Which change areas / toilets are available? Men: Women: Para Triathlete:

(Number of Men/Women/Mixed/Para Triathlete, location): _____

NOTE: Be sure Transition Area(s) flow pattern does not include crossovers and/or unsafe congestion.

DIAGRAM:

The MAP of the Transition Area(s) must show location(s) on cycle course / run course maps. Detail entry/exit points, rack positions, transition flow, mount/dismount, spectator areas, medical, marshal positions, etc.



MEDIA

Please outline arrangements for accrediting, servicing and controlling media:

Public address system available: Yes: No:

Communications two way radios: Yes: No:

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EMERGENCY MEDICAL CONTINGENCY PLANS

Name of Medical Group: _____

NOTE: A parent who is a qualified doctor is insufficient medical coverage for an event.

Medical Director's Name: _____

Phone: (Day): _____ (Mobile): _____

Medical Location: _____

Type: (Tent/van/clubhouse etc): _____

Will an ambulance(s) be present at the event (Highly recommended): Yes: No:

Has the nearest Hospital / Ambulance Station been notified of this event? Yes: No:

If 'No', the nearest ambulance station MUST be put on notice of the event.

Nearest Hospital / Ambulance Station Name: _____

Telephone number: _____

How long will it take in minutes for the ambulance to arrive at the event?

Outline your dedicated EMERGENCY MEDICAL PLAN (communications, mobile doctor etc.)

CONTINGENCY PLANS

Please outline the arrangements for any contingencies for this event (eg if the swim leg is cancelled what will happen – postpone to another date or change event to Duathlon):

RD - PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORD



NATIONAL SANCTIONING DOCUMENT

ONE DAY MEMBERSHIP & TECHNICAL SERVICES FEE FORM

Event Name: _____

Event Date: _____ Race Director: _____

Phone: _____ Email: _____

Event Type: (tick one or more) Triathlon: Aquathlon: Duathlon: Other:

Distance Category: Enticer/ Club: , Sprint: , Olympic: , Long course:

For definitions of each category please refer to the National Sanctioning policy.

One Day Members Individuals (ODM) :\$5 Enticer/club, \$10 Sprint, \$20 Olympic and \$25 Long Course.

One-Day Members Teams: As individuals. A team is where one person completes one or two legs of the triathlon. If a person completes all three legs, they are deemed an individual.

TOTAL NUMBER OF ENTRANTS	ANNUAL MEMBERS	ONE DAY MEMBERS	ANNUAL MEMBER TEAMS	ONE DAY MEMBER TEAMS
Race 1: Category _____	_____	_____	_____	_____
Race 2: Category _____	_____	_____	_____	_____
Race 3: Category _____	_____	_____	_____	_____
# OF ENTRANTS FOR EVENT:	A <input style="width: 100px; height: 30px;" type="text"/>	B <input style="width: 100px; height: 30px;" type="text"/>	C <input style="width: 100px; height: 30px;" type="text"/>	D <input style="width: 100px; height: 30px;" type="text"/>
TOTAL # OF ANNUAL TA MEMBERS / ONE DAY TA MEMBERS:		A + C <input style="width: 100px; height: 30px;" type="text"/>	B + D <input style="width: 100px; height: 30px;" type="text"/>	

TOTAL TECHNICAL SERVICES FEE PAYABLE TO STTA: (\$1.70 per entrant or team):\$ _____

ODM FEES PAYABLE TO TRIATHLON AUSTRALIA: Race 1: \$ _____

Race 2: \$ _____

Race 3: \$ _____

TOTAL PAYABLE TO TRIATHLON AUSTRALIA:..... \$ _____

** If the event is part of the Australian Triathlon Series (ATS) or National Championships the technical services fee is to be paid to TA.

Please include the following attachments/electronic copies with your payments:

- A copy of the results (**compulsory**): Electronic Copy Hard Copy:
- Incident report addressing any potential insurance claims (**compulsory**): Electronic Copy Hard Copy:
- Names/ addresses/dates of birth of One Day Members (**compulsory**): Electronic Copy Hard Copy:

Name of race director/promoter	Signature of race director/promoter	Date
TAX INVOICE:		
Triathlon Australia – ABN 67 007 356 907		
Triathlon QLD LTD – ABN: 11118696481		Triathlon ACT – ABN: 44330274536
Triathlon NSW – ABN: 95381380376		Triathlon SA – ABN: 32180514646
Triathlon WA – ABN: 94233007720		Triathlon VIC – ABN: 87440206536
Triathlon NT – ABN: 35887758131		Triathlon TAS – ABN: 62379894861

PLEASE RETAIN A COPY FOR YOUR RECORDS AND FORWARD WITH ALL APPROPRIATE PAYMENTS & ATTACHMENTS TO YOUR STTA WITHIN 48 HOURS OF THE EVENT.**



NATIONAL SANCTIONING DOCUMENT NOTICE OF POSSIBLE INSURANCE CLAIMS

The Race Director must disclose any incident that could lead to an insurance claim. Failure to disclose incidents, which are known to the Race Director, could jeopardise insurance arrangements.

1. Event Name: _____

Event Date: _____ **Race Director:** _____

Mobile Phone: _____ **Email:** _____

Address: _____

Post Code: _____ **Telephone: Day:** _____ **Night:** _____ **Fax:** _____

Is the Race Director aware of any incident which occurred at the event, which could lead to a personal injury or public liability insurance claim against anyone involved in the event, including a competitor (circle below)?

Yes: (If 'Yes', please complete Section 2 below) Answer 'Not known' or 'N/K', as required

No: (Please sign Section 3 below)

2. Details of Possible Insurance Claim

Date of Incident: _____ **Time:** _____ **AM:** **PM:** **Exact:** **Approximate:**

Where did the incident occur? (I.e. park street suburb): _____

Name of Possible Claimant: _____

Address: _____ **Postcode:** _____

Telephone Area Code: () **Day:** _____ **Night:** _____ **Fax:** _____

Type of Person: Competitor: Motorist: Member of Public: Committee Member:

Nature of Loss: Bodily Injuries **Damage to:** Motor Vehicle: Bicycle:

Other Property: (please describe) _____

What happened?: _____

Witness (1) Name: _____ **Address:** _____ **Ph:** _____

Witness (2) Name: _____ **Address:** _____ **Ph:** _____

Authorities in Attendance: Police: Ambulance Station: _____

Name of Officers (if known): _____

Signature Race Director: _____ **Date:** _____

Please complete and email/scan/post to:

**Triathlon Australia
PO Box 13
Alexandria NSW 1453
technical@triathlon.org.au**

NATIONAL SANCTIONING DOCUMENT

POST EVENT REPORTS: TECHNICAL REPORT

The senior technical official (TD/RR) shall complete this report

For National Events please send a copy to the NTC Chair, copying in the members of your Senior Technical Team. Once the report is accepted the NTC Chair will forward the report to the TA Office, STTA's and RD. For State sanctioned / run events, forward to RD, STTA, RR (if you are the TD). Consult with the NTC member in your State.

Event:				
Date:				
Location:				
Senior Technical Team:	TD:		RR:	CTO:
ITU TD:				
Technical Officials:				
Race Director:				
Name of Medical Group and Medical Director:				
Number of Technical Officials:	Agreed with RD:		In attendance:	
Number of Competitors:				

When completing this Report, use the tick to denote answer ✓

1. Pre-Event Sanctioning:	YES	NO
a) Meetings between TD and RD?	<input type="checkbox"/>	<input type="checkbox"/>
b) Site inspection(s) with RD?	<input type="checkbox"/>	<input type="checkbox"/>
c) Sanctioning Documents...	<input type="checkbox"/>	<input type="checkbox"/>
(i) Received in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Were documents of an acceptable quality?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Were all attachments received (e.g. approvals, maps, web site information etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
d) Did maps indicate/reflect marshal numbers and positioning, drink stations, directional flow etc?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

2. Registration:	YES	NO
a) Was there any delay processing competitors?	<input type="checkbox"/>	<input type="checkbox"/>
b) Were course maps displayed for competitor information?	<input type="checkbox"/>	<input type="checkbox"/>
c) Were course maps good quality and accurate?	<input type="checkbox"/>	<input type="checkbox"/>
d) Did Registration open and close at the advertised times?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

3. Competitor Information:	YES	NO
a) Were the maps provided on the Information board for:		
Transition	<input type="checkbox"/>	<input type="checkbox"/>
Swim Course	<input type="checkbox"/>	<input type="checkbox"/>
Cycle Course	<input type="checkbox"/>	<input type="checkbox"/>
Run Course	<input type="checkbox"/>	<input type="checkbox"/>
b) Was the course explained to the competitors?	<input type="checkbox"/>	<input type="checkbox"/>
c) Did the Race Referee address the competitors?	<input type="checkbox"/>	<input type="checkbox"/>
d) Was the briefing content appropriate?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

4. Transition:	YES	NO
a) Did Transition open and close at the advertised times?	<input type="checkbox"/>	<input type="checkbox"/>
b) Were competitors' bicycles and helmets checked before entering transition?	<input type="checkbox"/>	<input type="checkbox"/>
c) Was transition secured e.g. fenced?	<input type="checkbox"/>	<input type="checkbox"/>
d) Did the design/size present a fair transition for all competitors?	<input type="checkbox"/>	<input type="checkbox"/>
e) Were the entry/exit points visible through signage?	<input type="checkbox"/>	<input type="checkbox"/>
f) Were marshals present to direct competitors and secure the area?	<input type="checkbox"/>	<input type="checkbox"/>
g) Were there cycle racks for all the competitors?	<input type="checkbox"/>	<input type="checkbox"/>
h) Was each competitor allocated a numbered rack position?	<input type="checkbox"/>	<input type="checkbox"/>
i) Were there any impediments to the competitor flow?	<input type="checkbox"/>	<input type="checkbox"/>
j) Was a secure baggage area provided for competitors?	<input type="checkbox"/>	<input type="checkbox"/>
k) Was a change area provided for competitors?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

5. Swim Course:	YES	NO
a) Describe in "COMMENTS" how the course was measured.	<input type="checkbox"/>	<input type="checkbox"/>
b) Was the actual distance the same as that advertised?	<input type="checkbox"/>	<input type="checkbox"/>
c) Were there any impediments to the competitor flow?	<input type="checkbox"/>	<input type="checkbox"/>
d) Were all swim buoys visible to competitors at all times?	<input type="checkbox"/>	<input type="checkbox"/>
e) Was there sufficient water safety craft and personnel?	<input type="checkbox"/>	<input type="checkbox"/>
f) Describe in "COMMENTS" the start area.	<input type="checkbox"/>	<input type="checkbox"/>
g) Were wetsuits permitted for any competitors?	<input type="checkbox"/>	<input type="checkbox"/>
h) Insert temperature in either "YES" or "NO" column	<input type="checkbox"/>	<input type="checkbox"/>
i) Did the race start at the advertised time(s)?	<input type="checkbox"/>	<input type="checkbox"/>
j) Were there wave starts? (describe number, size and time between in "COMMENTS")	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

6. Cycle Course:	YES	NO
a) Describe in "COMMENTS" how the course was measured.	<input type="checkbox"/>	<input type="checkbox"/>
b) Was actual distance the same as that advertised?	<input type="checkbox"/>	<input type="checkbox"/>
c) Were there any impediments to the competitor flow?	<input type="checkbox"/>	<input type="checkbox"/>
d) Was there sufficient signage on the course?	<input type="checkbox"/>	<input type="checkbox"/>
e) Was the Traffic Management Plan appropriate for the course?	<input type="checkbox"/>	<input type="checkbox"/>
f) Were there sufficient marshals and/or police on the course?	<input type="checkbox"/>	<input type="checkbox"/>
g) Was there any unsafe area on the course?	<input type="checkbox"/>	<input type="checkbox"/>
h) Were motorcycles provided for Technical Officials?	<input type="checkbox"/>	<input type="checkbox"/>
i) Was there sweep/emergency vehicle(s) on the course?	<input type="checkbox"/>	<input type="checkbox"/>
j) Was there sufficient crowd control?	<input type="checkbox"/>	<input type="checkbox"/>
k) Was there a Penalty Box?	<input type="checkbox"/>	<input type="checkbox"/>
l) Was the Cycle Course shared with the Run Course?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

7. Run Course:	YES	NO
a) Describe in "COMMENTS" how the course was measured.	<input type="checkbox"/>	<input type="checkbox"/>
b) Was actual distance the same as that advertised?	<input type="checkbox"/>	<input type="checkbox"/>
c) Were there any impediments to the competitor flow?	<input type="checkbox"/>	<input type="checkbox"/>
d) Was there sufficient signage on the course?	<input type="checkbox"/>	<input type="checkbox"/>
e) Was the Traffic Management Plan appropriate for the course?	<input type="checkbox"/>	<input type="checkbox"/>
f) Were there sufficient marshals and/or police on the course?	<input type="checkbox"/>	<input type="checkbox"/>
g) Was there any unsafe area on the course?	<input type="checkbox"/>	<input type="checkbox"/>
h) Were mountain bikes available for Technical Officials?	<input type="checkbox"/>	<input type="checkbox"/>
i) Was there sweep/emergency vehicle(s) on the course?	<input type="checkbox"/>	<input type="checkbox"/>
j) Was there sufficient crowd control?	<input type="checkbox"/>	<input type="checkbox"/>
k) Was the Run Course shared with the Cycle Course?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

8. Aid Stations:	YES	NO
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a)	Were there sufficient aid stations on the Cycle course (number)?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Were there sufficient aid stations on the Run Course (number)?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Were aid stations located at appropriate distances?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Were the aid stations appropriately manned?	<input type="checkbox"/>	<input type="checkbox"/>
e)	Did aid station personnel wear gloves?	<input type="checkbox"/>	<input type="checkbox"/>
f)	Was there signage before the aid stations?	<input type="checkbox"/>	<input type="checkbox"/>
g)	What was provided at each of the aid stations on the cycle course and run course? Detail in "COMMENTS"		

COMMENTS:

9. Finish-line Area:		YES	NO
a)	Was the Finish-line area secure?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Was the layout of the area satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Were catchers and medical personnel present?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Was there a technical presence for the finish?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

10. Recovery Area:		YES	NO
a)	Was the recovery area close to the finish line?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Were sufficient quantities of fluids/foods/ice provided?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Was adequate shade available?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

11. Medical:		YES	NO
a)	Where was the Medical area located? Detail in "COMMENTS"	<input type="checkbox"/>	<input type="checkbox"/>
b)	Were sufficient medical resources present?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Was the medical area visible/secure/private?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Did medical personnel have radio communication?	<input type="checkbox"/>	<input type="checkbox"/>
e)	Were medical personnel mobile during the event?	<input type="checkbox"/>	<input type="checkbox"/>
f)	Was an ambulance stationed on the course?	<input type="checkbox"/>	<input type="checkbox"/>
g)	Were any competitors transported to hospital? Detail in "COMMENTS"		

COMMENTS:

12. Timing:		YES	NO
a)	Was the timing system appropriate for the event?	<input type="checkbox"/>	<input type="checkbox"/>
b)	List timing system or company used in "COMMENTS"		

COMMENTS:

13. Technical:		YES	NO
a)	Was a Penalties Notice Board displayed?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Did the Referee meet with any disqualified competitor?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Was the STT provided with radio communications?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

14. Communications:		YES	NO
a)	Was the overall communications system adequate for the event (PA/ 2 way radios)?	<input type="checkbox"/>	<input type="checkbox"/>
b)	Are there any stakeholder you consider should have been provided with radio communication. Detail in "COMMENTS"		

COMMENTS:

15. Contingency Plan:		YES	NO
a)	Was the Contingency Plan invoked for this event?	<input type="checkbox"/>	<input type="checkbox"/>
b)	If Yes then Why? Detail in "COMMENTS"		

COMMENTS:

16. Draft Legal Events:	YES	NO
a) Number of Laps for Swim?	<input type="checkbox"/>	<input type="checkbox"/>
b) Number of Laps for Cycle?	<input type="checkbox"/>	<input type="checkbox"/>
c) Number of Laps for Run?	<input type="checkbox"/>	<input type="checkbox"/>
d) Were lap counting boards provided?	<input type="checkbox"/>	<input type="checkbox"/>
e) Was the lap counting visible to competitors?	<input type="checkbox"/>	<input type="checkbox"/>
f) Explain any issues with the event in the comments		

COMMENTS:

Recommendations to come from this event:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Final Comments:

(Name)
(Position)
(Date)

NATIONAL SANCTIONING DOCUMENT

POST RACE REPORTS: MEDICAL REPORT

*Where no Medical Director is in attendance, the senior medical person shall complete this report

For State sanctioned / run events, forward to RD & STTA. Consult with NTC member in your State.
 For National Events, forward to TA Medical Committee (TAMC) Chair ONLY, copying in the members of your Medical Team for consideration and comment.
 Once the report is approved, the TAMC Chair will forward to TA Office, TAMC, CEO, RD, TAMC Liaison, NTC Chair

Event:	
Date:	
Location:	
Medical Team:	
Race Director:	

Requirement / Question	
Name of Medical Director: Contact number:	
Number of First Aiders: _____ Number of massage therapists: _____	Number of Physiotherapists: _____ Other personnel (describe): _____ _____ _____
Medical tent within 25m of finish: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
First aiders present: Swim: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Number: _____ Cycle: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Number: _____ Run: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Number: _____	
Ambulance present: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Weather conditions: Temp: _____ Wind: _____ Humidity: _____	
Communication between medical staff & race organisers? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Radio: <input type="checkbox"/> Phone: <input type="checkbox"/>	
Please give details: _____ _____	
Number of Participants treated: Number of participants with Hypothermia: Number of participants with Heat illness: Number of participants hospitalised:	
Other comments: _____	

Lined area for text entry, consisting of 20 horizontal lines within a rectangular border.

NAME: _____

DATE OF EVENT: _____

MEDICAL DIRECTOR: **YES:** **NO:**