

LIFESAVING SA

Form No. 14

.....Club

DUTY REPORT

To be completed in duplicate, original to Provincial Association

Squad Day Date

Name (Print)	Substitute	Junior Or Senior	Award used	Signature	Time on	Signature	Time off
1 (Sqd/L)							
2 (V-Sqd/L)							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Member	Members Excused Duty			Reasons			
1							
2			4				
Weather	Any other information - Write on reverse						
Wind (Description & Direction)				10 am	12 (noon)	2 pm	
A.W.O.L.	Bather Count						
	Land Count						
	Water Condition						
	Water Colour						

DRAFT

RESCUES

Help Outs/RTB/Throwline	Board and Ski
Belt and Line	Boat/IRB
	Requiring Resuscitation

Note: Resuscitation report forms which must be completed are in back of this Book

MINOR FIRST AID TREATMENTS

No. of patients treated for:-	Other first aid treatment (please specify)
Cuts & abrasions	
Fractures or Sprains	
Sunburn	
Stings	
Heart attack	
Number of patients hospitalised	

Squad Leader Captain Time

INSPECTOR'S REMARKS

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Signature Time