



# SURF LIFE SAVING PATROL LOG

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Beach Name: \_\_\_\_\_

Mon  Tue  Wed  Thur  Fri  Sat  Sun

AM  PM  Tide Time: High \_\_\_\_ Low \_\_\_\_

Patrol Type: \_\_\_\_\_ Patrol No: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

| Award or Duty | Rostered Members Name (please print) |            | Substitutes Name (Please print) | Signature | Patrol Type<br>Penalty / Sub / Voluntary | TIME ON | TIME OFF | TOTAL TIME |
|---------------|--------------------------------------|------------|---------------------------------|-----------|--|---------|----------|------------|
|               | Surname                              | Given Name |                                 |           |  |         |          |            |
|               |                                      |            |                                 |           |  |         |          |            |
|               |                                      |            |                                 |           |  |         |          |            |
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|               |                                      |            |                                 |           |  |         |          |            |
|               |                                      |            |                                 |           |  |         |          |            |

Patrol Captain \_\_\_\_\_  
 Signature \_\_\_\_\_ Name (Please print) \_\_\_\_\_

| RESCUES<br>Performed using | TIME & NUMBER OF RESCUES PERFORMED |        |        |          |          |         |        |        |        |        |        | TOTAL |
|----------------------------|------------------------------------|--------|--------|----------|----------|---------|--------|--------|--------|--------|--------|-------|
|                            | 6. - 8                             | 8. - 9 | 9. -10 | 10. - 11 | 11. - 12 | 12. - 1 | 1. - 2 | 2. - 3 | 3. - 4 | 4. - 5 | 5. - 7 |       |
| NO GEAR                    |                                    |        |        |          |          |         |        |        |        |        |        |       |
| RESCUE TUBE                |                                    |        |        |          |          |         |        |        |        |        |        |       |
| RESCUE BOARD               |                                    |        |        |          |          |         |        |        |        |        |        |       |
| IRB                        |                                    |        |        |          |          |         |        |        |        |        |        |       |
| RWVC                       |                                    |        |        |          |          |         |        |        |        |        |        |       |
| OTHER (specify)            |                                    |        |        |          |          |         |        |        |        |        |        |       |
| <b>RESCUES TOTAL</b>       |                                    |        |        |          |          |         |        |        |        |        |        |       |

| FIRST AID              |          |
|------------------------|----------|
| <b>Types performed</b> | No's of: |
| MARINE STING           |          |
| Minor cuts/ abrasion   |          |
| Major Wound            |          |
| FRACTURES              |          |
| SPINAL                 |          |
| RESUSCITATION          |          |
| OTHER                  |          |
| <b>TOTAL</b>           |          |

SHARK ALARMS  SEARCHES  LOST CHILDREN

PREVENTIONS  PREVENTATIVE ACTION TOTAL

NOTE: An SLSA Incident Report Form must be completed for all resuscitation cases and major rescues/incidents

No: Incident Report Form Completed \_\_\_\_\_

No: above requiring Ambulance assistance \_\_\_\_\_

| ATTENDANCE |          |       |          |       |
|------------|----------|-------|----------|-------|
|            | Swimmers | Craft | On Beach | Total |
| Sign On    |          |       |          |       |
| Mid Patrol |          |       |          |       |
| Sign Off   |          |       |          |       |

**TIDE AT NOON**

LOW  FALLING

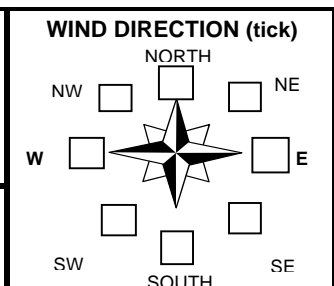
RISING  'HIGH

**WEATHER**

FINE

OVERCAST

RAINING



**SEA CONDITIONS (tick)** CALM  CHOP  MODERATE  ROUGH

**WAVE HEIGHT metres (tick)** 0 - 0.5  0.5 - 1.5  1.5 - 2.5  2.5 - +

**WIND CONDITIONS (tick)** NIL  SLIGHT  MODERATE  STRONG

Forward copy to appropriate club officer

## PATROL REPORT FORM

**BEACH CLOSURE:**

**Time**

From: \_\_\_\_\_ am/pm

To: \_\_\_\_\_ am/pm

Reason: \_\_\_\_\_

**GEAR & EQUIPMENT:**

All patrol gear and equipment has been checked and found to be in a safe condition YES / NO (please circle)

If NO, please list equipment requiring repair or replacement for appropriate Club Officer's attention: \_\_\_\_\_  
 \_\_\_\_\_

**PATIENT RESCUE/OTHER INCIDENT DETAILS**

| PATIENT RESCUE/OTHER INCIDENT DETAILS |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|---------------------------------------|----------------------|--------------|-----------------------|-----------------|----------------------------------|------|-------------------|-------------|---------------------|---|----------|--|----------|--|--------|--|
| 'a'                                   | A: 0-5               |              | B: 6-10               |                 | C: 11-15                         |      | D: 16-20          |             | E: 21-30            |   | F: 31-40 |  | G: 41-60 |  | H: 60+ |  |
| 'b'                                   | A: Between the Flags |              |                       |                 | B: Patrolled Area                |      |                   |             | C: Unpatrolled Area |   |          |  |          |  |        |  |
| 'c'                                   | A: Good              |              |                       | B: Average      |                                  |      |                   | C: Poor     |                     |   |          |  |          |  |        |  |
| 'a'<br>Age                            | Sex<br>M/F           | Post<br>Code | Distance<br>Out – Mtr | 'b'<br>Position | Method<br>Tube/IRB/Board/et<br>c | Time | 'c'<br>Conditions | Nationality | IRL<br>Y / N        | IRL<br>Number<br><i>Office Use<br/>only</i> |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
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|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
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|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
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|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
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|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |
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|                                       |                      |              |                       |                 |                                  |      |                   |             |                     |   |          |  |          |  |        |  |

**GENERAL COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTES FOR NEXT PATROL:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patrol Captain: \_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)