



Head Referee Post- Event Report Form

Race Name: Click here to enter text.

Location: Click here to enter text.

Date: Click here to enter a date.

Start Time: Click here to enter text.

Race Director/Event Host: Click here to enter text.

Head Referee: Click here to enter text.

Contact info:

Phone: Click here to enter text.

Email: Click here to enter text.

Please list names of other technical officials present & the positions they assumed:

Name	Position

911 OR Local Emergency #'s: Click here to enter text.

(Head Referee should record this info in advance of the event and have it on hand in case of an emergency)

Hospital: Click here to enter text.

Ambulance: Click here to enter text.

Please list names of any other medical personnel present.

Name	Name

Race Day Conditions:

	At Event Start	2nd recording (use if a significant changes in factors occurs during the event)
Air temperature		
Water temperature		
Wind direction/velocity		
Sky		
Rain conditions		

Pre-Race Course Check: (please expand on any areas where needed)

SWIM	Exceeds Expectations	Meet Expectations	Needs Improvement
Markers are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start area well marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course distance verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watercrafts (indicate type and #)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments: Click here to enter text.			
TRANSITION	Exceeds Expectations	Meet Expectations	Needs Improvement
Well-marked /flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike racks marked and spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismount/Mount line identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directional signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments: Click here to enter text.			
CYCLE	Exceeds Expectations	Meet Expectations	Needs Improvement
Adequate motorcycles provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course distance verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corners swept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound road surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good control at intersections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead / trail vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments: Click here to enter text.			

RUN	Exceeds Expectations	Meet Expectations	Needs Improvement
Course distance verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate aid stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-marked finish area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments: Click here to enter text.			

Violation and Penalty Summary (reports attached)

[Click here to enter text.](#)

Medical incidents (reports attached)

Please list any medical situation(s) that arose.

[Click here to enter text.](#)

Sanctioning

Please indicate any changes you observed that differed from the plans described in the event sanctioning application or any recommendations you would make for the Committee next year.

[Click here to enter text.](#)

Additional comments and suggestions

Use this space to include any information not specifically requested, but that you feel is relevant. Please include any positive comments as well as suggestions to improve the race.

[Click here to enter text.](#)

Signature of Head Referee: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Reports must be submitted **within 14 days** to Triathlon Manitoba by email at triathlon@sportmanitoba.ca.

We encourage you to consult all the officials involved in the race for input prior to submitting the report.