**USAT POST-RACE EVALUATION FORM**

**EVENT NAME** Click or tap here to enter text. **EVENT NUMBER :** Click or tap here to enter text.

**EVENT DATE:** Click or tap here to enter text. **CITY AND STATE:** Click or tap here to enter text.

**EVENT RACE DIRECTOR:** Click or tap here to enter text.

**HEAD REFEREENAME & EMAIL:** Click or tap here to enter text.

**GENERAL EVENT INFORMATION**

Were the number of Starters and Finishers provided by timer within 48 hours  **YES**  **NO**

Starters: Finishers:

*[NOTE: Relay Teams count as “One” participant, not multiple. If there is a large discrepancy between number of starters & finishers include an explanation]*Click or tap here to enter text.

Distances: Do they match the sanction document? **YES  NO**

**NOTE:** Provide explanation for variance Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OVERALL EVENT EVALUATION:**

**NOTE:** *Details on medical emergencies may be used in a court case of claim filing so only facts should be provided. Conjecture, speculation or assumptions should not be included.*

* How many lifeguards? Click or tap here to enter text.\_\_\_\_\_
* Number of watercraft N/A in a pool\_\_\_\_
* Ambulance on site?  **YES**  **NO**
* Medical station staff? EMT/Paramedic:  **YES**  **NO** #\_\_\_
* Wave starts  **YES**  **NO** Rolling start?  **YES**  **NO**
* Transition fenced and secured? Fence  **YES**  **NO** Security  **YES**  **NO**
* Intersections with traffic signals controlled by uniformed police?  **YES**  **NO**
* Multi-laned roads coned for cyclists to have a lane?  **YES**  **NO**
* Timing by chip or manual? Chip  **YES**  **NO** Manual  **YES**  **NO**
* Aid stations on bike?  **YES**  **NO #\_\_**
* Aid stations on run?  **YES**  **NO #\_\_**
* Knowledge of any accidents?  **YES**  **NO**

If **YES**, please describe: Click or tap here to enter text.

**OFFICIATING CREW:**

* First and Last Names of all officials: Click or tap here to enter text.
* Number of Technical Officials:: \_\_\_
* Practicum?  **YES**  **NO**
* Number of motorcycles available to officials: \_\_\_

**TOTAL COST OF ALL INVOICES: $** Click or tap here to enter text.

**PENALTIES: Attach Head Referee Report**

**COURSE SUMMARY:**

* Transition: Click or tap here to enter text.
* Swim course (include water temperature):
* Bike Course: Coned lane for cyclists ☐ YES ☐ NO
* Run Course: Click or tap here to enter text.

**NARRATIVES:**

**Disqualifications:**  **YES**  **NO**

**NOTE: *This report may be used if there is an appeal or other dispute after the fact, the information in this report is often used to help substantiate the situation. It is important to complete this in a concise, accurate and thorough manner, facts and opinions must be separate.***

* Discuss reasons for any disqualification penalties that were given. Click or tap here to enter text.
* Officiating team. (Be candid with this -- only your Regional Coordinator and the Commissioner see this report). Click or tap here to enter text.
* Was the race organization supportive of officials?  **YES**  **NO**
* Did the officials receive payment prior to the awards ceremony?  **YES**  **NO**

As a USA Triathlon official, I hereby certify that all of the enclosed information was obtained and reported in a fair and objective manner.

**USA Triathlon Head Official:**

**PLEASE FOLLOW THESE INSTRUCTIONS**:

E-mail this document as a Word.docx, along with the Excel.xlsx version of the Head Referee Report, to the Deputy Commissioner of Officials (cfdoll@earthlink.net) AND your Assigner within five days of the event.

Please include Event Name and Event # in the subject line of the email.

Retain a copy of communications with the Race Director in your own file (email or text messages). Be able to provide these communications if requested.

No additional copies should be forwarded to other parties.

If there are items requiring additional discussions, it will be forwarded to the Commissioner of Officials for review and response.