



SURF LIFE SAVING AUSTRALIA RESCUE WATER CRAFT LOG

Type of Operation: Day: Date:	RWC Registration No: Name of Service: Branch: State:
-------------------------------------	---

Operators Name:	Signature	Start time:	Finish time:	Hours:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total Hours				

Surf and Weather Conditions																
Sea Conditions (Tick)	Calm	<input type="checkbox"/>	Chop	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Rough	<input type="checkbox"/>								
Wave Height (Tick)	0-0.5m	<input type="checkbox"/>	0.5-1.5m	<input type="checkbox"/>	1.5-2.5m	<input type="checkbox"/>	2.5m+	<input type="checkbox"/>								
Wind Conditions (Tick)	Nil	<input type="checkbox"/>	Slight	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Strong	<input type="checkbox"/>								
Tide at Noon	Low	<input type="checkbox"/>	High	<input type="checkbox"/>	Falling	<input type="checkbox"/>	Rising	<input type="checkbox"/>								
Wind Direction	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW	<input type="checkbox"/>

	Time and Number of Rescues											
	6-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-7	Total
Rescues:												
Preventions												
Shark Sitings												
Searches												
Call outs												

Call Out Details									
Received From: (Original Source)	Police	<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>	
Time of Call:	SurfCom	<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	SES	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Approx Response Time:									

Note: An SLSA Incident Report Form should be completed for major incidents

