Irish Long Distance Swimming Association (ILDSA)
www.ildsa.info www.northchannel.info

Official Observers Report Form SOLO
North Channel Attempt

Name of Swimmer:	
Date:	
Pilot:	
Start point:	
1 way, 2 way or 3 way:	
Name of Observer(s):	

Checklist 1 – Pre Swim

Attire:	☑ Checked / Notes
All swimsuits must be made from textile materials, and must be in one or two pieces. Swimwear must not extend past the shoulder or below the knee	☐
One single layer swimming cap is permitted, and must be made from silicone or latex. Caps may not be made from neoprene or other heat retaining materials	☐
Any kind of tape on the body is not permitted	☐
Goggles, nose clips and earplugs are permitted. No wearable devices are permitted, mechanical / electronic assistance is allowed	☐
The swimmer is permitted to grease the body before a swim	☐

Checklist 2 – During the Swim and Finishing Information

During the swim:			☑ Checked
Starting Position: Swimmers must enter the water from the shore, or from the Pilot boat and swim to beach or rocks with no running sea water behind and start from there.			☐
Latitude / longitude		Time (HH.MM.SS)	
Finish position: Swimmers must finish on dry land or by touching cliffs with no sea water behind			☐
Latitude / longitude		Time (HH.MM.SS)	
Unsuccessful swims	Reason for stopping:		
Latitude / longitude		Time (HH.MM.SS)	

Account of the Swim

Use this space to record your view of the day collated from your notes

I certify that this is a true and accurate account of this North Channel attempt, and that the swim was conducted in accordance with the ILDSA Rules and Regulations.

Signed: _____ Print name: _____

Date: _____ Attach completed log report and return to: ILDSA Secretary address as advised.

Special notes as per Official Rules:

1.1 No physical contact with the swimmer is allowed, even to pass food, drink or secure items, such as light sticks, for safety reasons.
1.2 The use of MP3 players or other electrical audio / communication devices is not permitted.
1.3 Swimmers must provide their own Support Crew (minimum of 1), who are responsible for your well being, but may not interfere with the decisions of the Pilots or Observers. One additional vessel (kayak, canoe or other) is permitted under the supervision of the pilot.
1.4 Starting Position: Swimmers must enter the water from the shore, or from the Pilot boat and swim to beach or rocks with no running sea water behind and start from there.
1.5 Finishing: Swimmers must finish on dry land or by touching cliffs with no sea water behind.
1.6 Turning on two way swims: land as per 4.4 and 4.5 above. You should immediately return to the water, where you may stand or sit for 10 minutes. You may not be touched by any person, but can have grease, food, medical supplies or swim apparel handed to you. This stop time is added to your overall time.
1.7 Support swimmers. Solo swimmers may have support swimmers after the first period of 3 hours has elapsed and for a period of 1 hour. The support swimmer may not re-enter the water until a period of two hours has elapsed. The support swimmer may swim alongside, not in front of, the swimmer. The Pilot may request, at their discretion, the support swimmer to join the swimmer outside these times for health and safety reasons, e.g. major cramp. Relay swimmers are not permitted to have support swimmers or pace makers.
1.8 Relay swimmers (minimum 2) must swim for at least 1 hour each, in the same order each time. At change over, swimmers shall enter the water from behind the current swimmer and swim past. The swimmer in the water shall exit as soon as possible, with change over taking no more than 5 minutes. The rota (order of swimmers, length of each swim) for the relay team members must be agreed in advance with the ILDSA Observer.
1.9 Any adaptations to these rules required for swimmers with additional needs, must be agreed in advance the ILDSA.

HOURLY CHECKS SHEET NUMBER: SWIMMERS NAME:

Hour	Time	Wind direction	Wind speed	Weather condition	Air temp	Water temp	Flood / ebb	Wave height	Latitude / longitude
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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16									
17									
18									
19									
20									
21									
22									

AS AND WHEN CHECKS / RECORDS SHEET NUMBER: SWIMMERS NAME:

Hour	Time	Stroke rate	Feed (solid)	Feed (liquid)	Medicine	Support swimmer (time in & out)	Comments