

# ILDSA OFFICIAL OBSERVERS LOG FOR RATIFYING A SOLO SWIM



## CHECKLIST 1 – PRE SWIM CHECKS FOR ALL SWIMMERS

<b>SWIMMER</b>	
NAME OF SWIMMER	
DOB /AGE	
EMAIL	
CONTACT NUMBER	
COUNTRY REPRESENTED	
DATE OF SWIM	

<b>OBSERVER</b>	
NAME OF OBSERVER(S)	
OBSERVER(S) CONTACT NUMBER	
OBSERVER(S) EMAIL	

<b>PILOT</b>	
NAME OF PILOT(S)	
NAME OF BOAT	

<b>CREW</b>	
LIST CREW NAMES AND ROLES Include any kayakers	

<b>OTHERS ON BOARD</b>	
LIST NAMES	



## CHECKLIST 1 – PRE SWIM CHECKS FOR ALL SWIMMERS

### SKINS SWIM

ATTIRE	Notes if any
<b>ALL</b> 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.	CHECKED <input type="checkbox"/>
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.	CHECKED <input type="checkbox"/>
GOGGLES, NOSE CLIPS AND EARPLUGS ARE PERMITTED.	CHECKED <input type="checkbox"/>
ANY KIND OF TAPE ON THE BODY IS NOT PERMITTED.	CHECKED <input type="checkbox"/>
NO WEARABLE DEVICES ARE PERMITTED, MECHANICAL / ELECTRONIC ASSISTANCE IS ALLOWED.	CHECKED <input type="checkbox"/>
THE SWIMMER IS PERMITTED TO GREASE THE BODY BEFORE A SWIM.	CHECKED <input type="checkbox"/>

### NON SKINS SWIMS

SPECIFY ATTIRE WORN BY SWIMMER	
PLEASE SPECIFY WETSUIT MAKE MODEL AND MM EG: ORCA S7 3MM	
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.	CHECKED <input type="checkbox"/>
GOGGLES, NOSE CLIPS AND EARPLUGS ARE PERMITTED.	CHECKED <input type="checkbox"/>
ANY KIND OF TAPE ON THE BODY IS NOT PERMITTED.	CHECKED <input type="checkbox"/>
NO WEARABLE DEVICES ARE PERMITTED, MECHANICAL / ELECTRONIC ASSISTANCE IS ALLOWED.	CHECKED <input type="checkbox"/>
THE SWIMMER IS PERMITTED TO GREASE THE BODY BEFORE A SWIM.	CHECKED <input type="checkbox"/>

## CHECKLIST 2 – SWIM START



**STARTING POSITION: SWIMMERS MUST ENTER THE WATER FROM THE SHORE, OR FROM THE PILOT BOAT AND SWIM TO SHORE LINE, BEACH OR ROCKS WITH NO RUNNING WATER BEHIND.**

**OR**

**SWIMMER STARTED STANDING IN WATER NO MORE THAN WAIST HEIGHT AS ADVISED BY PILOT DUE TO HEALTH AND SAFETY REASONS AND AGREED WITH OBSERVER.**

START LATITUDE CO-ORDINATES

START LONGITUDE CO-ORDINATES

CLOCKTIME AT START  
(HH.MM.SS) E.G. (06.15.00)

START DATE (DD.MM.YYYY)



### CHECKLIST 3 ACCOUNT OF THE SWIM [1]

(RECORD DATA HOURLY OR IF NEEDED ON A MORE REGULAR BASIS. USE ADDITIONAL PAGES AS REQUIRED)

TIME	DISTANCE SWAM IN KM	LATITUDE	LONGITUDE	WATER TEMP	AIR TEMP	WIND STATE	SEA STATE	STROKE RATE	NOTES (FEEDS, MEDICATIONS SUBJECTIVE CONDITIONS, OTHER INCIDENTS)



### CHECKLIST 3 ACCOUNT OF THE SWIM [2]

(RECORD DATA HOURLY OR IF NEEDED ON A MORE REGULAR BASIS. USE ADDITIONAL PAGES AS REQUIRED)

TIME	DISTANCE SWAM IN KM	LATITUDE	LONGITUDE	WATER TEMP	AIR TEMP	WIND STATE	SEA STATE	STROKE RATE	NOTES (FEEDS, MEDICATIONS SUBJECTIVE CONDITIONS, OTHER INCIDENTS)



### CHECKLIST 3 ACCOUNT OF THE SWIM [3]

(RECORD DATA HOURLY OR IF NEEDED ON A MORE REGULAR BASIS. USE ADDITIONAL PAGES AS REQUIRED)

TIME	DISTANCE SWAM IN KM	LATITUDE	LONGITUDE	WATER TEMP	AIR TEMP	WIND STATE	SEA STATE	STROKE RATE	NOTES (FEEDS, MEDICATIONS SUBJECTIVE CONDITIONS, OTHER INCIDENTS)



### CHECKLIST 3 ACCOUNT OF THE SWIM [4]

(RECORD DATA HOURLY OR IF NEEDED ON A MORE REGULAR BASIS. USE ADDITIONAL PAGES AS REQUIRED)

TIME	DISTANCE SWAM IN KM	LATITUDE	LONGITUDE	WATER TEMP	AIR TEMP	WIND STATE	SEA STATE	STROKE RATE	NOTES (FEEDS, MEDICATIONS SUBJECTIVE CONDITIONS, OTHER INCIDENTS)



## CHECKLIST 4 ACCOUNT OF THE SWIM [1]

USE THIS SPACE TO RECORD YOUR VIEW OF THE DAY COLLATED FROM YOUR NOTES





## CHECKLIST 4 ACCOUNT OF THE SWIM [2]

USE THIS SPACE TO RECORD YOUR VIEW OF THE DAY COLLATED FROM YOUR NOTES



## CHECKLIST 4 ACCOUNT OF THE SWIM [3]

USE THIS SPACE TO RECORD YOUR VIEW OF THE DAY COLLATED FROM YOUR NOTES

## CHECKLIT 5 SWIM FINISH



<b>FINISH POSITION: SWIMMER MUST FINISH ON DRY LAND OR BY TOUCHING CLIFFS WITH NO WATER BEYOND</b>	
FINISH LATITUDE CO-ORDINATES	
FINISH LONGITUDE CO-ORDINATES	
CLOCK TIME AT FINISH (HH.MM.SS) E.G. (06.15.00)	
<b>TOTAL SWIM TIME</b>	E.g. 9 hours 43 minutes and 15 seconds  _____ Hours _____ Minutes _____ Seconds
FINISH DATE IF DIFFERENT FROM START DATE (DD.MM.YYYY)	

## UNSUCCESSFUL SWIMS

REASON FOR STOPPING:	
LATITUDE CO-ORDINATES	
LONGITUDE CO-ORDINATES	
CLOCK TIME WHEN SWIMMER STOPPED AND SWIM CALLED (HH.MM.SS) E.G. (06.15.00)	
<b>TOTAL SWIM TIME</b>	E.g. 9 hours 43 minutes and 15 seconds  _____ Hours _____ Minutes _____ Seconds



## CHECKLIST 6 CERTIFICATION

WE CERTIFY THAT THIS IS A TRUE AND ACCURATE ACCOUNT OF THIS SWIM ATTEMPT, AND THAT THE SWIM WAS CONDUCTED IN ACCORDANCE WITH THE ILDSA RULES AND REGULATIONS FOR ILDSA NON NORTH CHANNEL SWIMS.

	Print	Sign
OBSERVER 1		
SWIMMER		
PILOT		



## ILDSA RULES FOR NON NORTH CHANNEL SWIMS [1]

1. The swimmer is permitted to grease the body before a swim.
2. Goggles, nose clips and earplugs are permitted.
3. No GPS wearable devices are permitted.
4. Any kind of tape on the body is not permitted unless pre-approved by ILDSA.
5. If Skins, all swim attire 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.
6. If Skins, 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.
7. The ILDSA Observer shall approve all swim apparel prior to the attempt beginning.
8. No physical contact with the swimmer is allowed, even to pass food, drink or secure items, such as light sticks, for safety reasons.
9. The use of MP3 players or other electrical audio / communication devices is not permitted.
10. Swimmers must provide their own support crew (minimum of 1 who also must be fluent in English for safety purposes), who are responsible for your wellbeing, but may not interfere with the decisions of the Pilots or Observers.
11. One additional vessel (kayak, canoe or other) is permitted under the supervision of the pilot. We strongly recommend you have a lifesaver and first aider on board for your safety.
12. Starting Position: Swimmers must enter the water from the shore, or from the Pilot boat and swim to beach, bank or rocks with no running sea water behind and start from there. For health and safety reasons the pilot may direct you to start from a standing position with the water level more than waist height. This must be agreed with the observer prior to the start of your swim or it may not be ratified
13. Finishing: Swimmers must finish on dry land or by touching cliffs with no water behind.
14. Turning on two way swims: 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.
15. 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 / close to the end of the swim. Relay swimmers are not permitted to have support swimmers.
16. 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.
17. Any adaptations to these rules required for swimmers with additional needs, must be agreed in advance by the ILDSA.



18. The Observer(s) will complete an ILDSA OBSERVERS LOG, which details conditions, incidents, times, food breaks including feed contents and medication taken

## **ILDSA RULES FOR NON NORTH CHANNEL SWIMS [2]**

and a detailed account of the day.

19. A copy of the Log will be available to swimmers within one calendar month of the swim being ratified.
20. The pilot is fully responsible for your safety.
21. The pilot will be required to provide the observer with GPS co-ordinates so we can ratify your swim.
22. The ILDSA reserves the right to publicise any swim attempt through all forms of media, however as an association we understand and respect your right to privacy. If you would prefer your name not mentioned in any communication, only that we have a swimmer or relay team in the water, please confirm in writing to the ILDSA minimum of 2 weeks before your agreed slot opens.
23. Each Swimmer has declared the undertaking of this swim of their own choosing and will place no liability on the ILDSA, its officers, Swim Officials, its members and Observers for any injury sustained or property lost or damaged whilst participating in swim Attempt.
24. I declare that I will notify the ILDSA if there are any changes to my fitness or ability to participate in my swim Attempt.

ATTACH COMPLETED AND FINALISED REPORT TO [RECORDER@ILDOSA.INFO](mailto:RECORDER@ILDOSA.INFO) WITH START DURING AND FINISH PHOTOS, VIDEO CLIPS NOT EXCEEDING 20 SECONDS , TRACKER PROFILE AND ANY OTHER SUPPORTING EVIDENCE.

THIS MUST BE SUBMITTED NO LATER THAN 10 DAYS FROM THE SWIM FINISH DATE.

PLEASE ENSURE ALL DOCUMENTS ARE LEGIBLE