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**SWIM SCHOOL OR SWIM CLUB ACCREDITATION SAFETY STANDARDS**

**CHECK LIST**

**CHECK THE E&T HANDBOOK FOR GUIDELINES REGARDING THE NUMBER OF INSTRUCTORS REQUIRED.**

1. This checklist must be handed to the Applicant with details for payment.
2. The applicant must contact the Education & Training Administrator for inspection appointment
3. The assessment must be conducted by an SSA registered assessor.
4. The Assessor must submit completed check list to Affiliate's Administrator
5. SSA Affiliate to submit all required paperwork and payment to SSA Head Office

Name of School/Club : .....
Teachers/Coaches Names : .....
Contact Details : (h) : ..... © .....
Email Address @: .....
Physical Address : .....
.....
..... Code : ..... Date : .....
Contact Details : (h) : ..... ©: .....
Email Address : .....

	<u>Names of Teachers/Coaches</u>	<u>Cert. No.</u>	<u>Certified copy of 1st Aid Certificate &amp; Name Clearance</u>
1			
2			
3			
4			

<u>Pupil/Teacher</u>	<u>RATIO</u>
1 Year to 3 Years	1:4
4 Years to 9 Years	1:5
9 Years to older	1:6

**Ratio of teacher per learner is 1:4  
and lessons are half an hour long**

**A teacher that works half day would  
attend to 32 learners at the most 40  
learners.**

<u>No</u>	<u>Safety Check</u>	<u>Yes/No</u>	<u>Comments</u>
1	Emergency action plan		
2	Accessible telephone		
3	Display of emergency numbers		
4	Safe electrical installations		
5	Secure chemical storage		
6	Secure pump & filtration area		
7	Pool testing records		
8	First Aid Kit & Signage		
9	Deep and Shallow end marking		
10	Display of insurance, indemnity and teachers/coaches qualification		
11	Ablution facilities		
12	Pool secured with suitable locking		
13	Safe walking surface & viewing area		
14	Controlled access		
15	Equipment storage		
16	Suitable Fire Extinguishers		
17	Emergency Exit(s)		

Signed:

Swim School/Club Owner: \_\_\_\_\_ Print: \_\_\_\_\_

SSA Registration Number: \_\_\_\_\_

Provincial Facility Assessor: \_\_\_\_\_ Print: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Plaque Dispatch Date: \_\_\_\_\_

Head Office Official: \_\_\_\_\_ Print: \_\_\_\_\_

Date for corrections \_\_\_\_\_

PLEASE NOTE FOLLOW UP VISITS WILL BE CHARGED AA RATES PLUS R150