

Communications Form



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|------|------|---|---|-----|
| Day: | Date | / | / | 201 |
|------|------|---|---|-----|

| | | | |
|-----------------------|------------|------------|---|
| Weather: | MIN | MAX | Shift: |
| First Aid Treatments: | Y | N | <i>Attach treatment forms to the back</i> |

| |
|----------------------------|
| Number of persons swimming |
|----------------------------|

GENERAL COMMENTS

| | | | | |
|------|------|---|---|-----|
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|------|------|---|---|-----|

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| Number of persons swimming |
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GENERAL COMMENTS
