

SAFETY and SERVICE EVALUATION: “P.C.S.” (Program, Class, or Service)

The purpose of this evaluation is to review the combination of “Safety” and “Service” as it relates to your classes and programs!

This process is designed to improve how your “Lifeguards” and “Instructors” work together to keep the pool safe and service focused before, during, and after an “Program, Service, or Class” (Swim lessons, water ex, etc.)

NOTE: For the purpose of this evaluation **“PCS”** is defined as: **“Any event, activity, gathering, formal curriculum or routine, that occurs within the pool(s) on a regular/scheduled basis.”**

“Any **Program, Class, or Service** hosting the following staffing model (at Minimum)

- 1 “Lifeguard/Person(s) responsible for “Safety” (LG, Deck Supervisor, Coach, etc.)
- 1 “Instructor”/Person(s) responsible for “Service” (Water Ex, Swim Inst, Coach, etc.)
- 1 “Supervisor”/Person(s) responsible for “Oversight” (Supervisor/HC, MOD, etc.)
(Could be on or off deck)

Total Time = Length of PCS

PHASE I: Observe a staff member(s) in their natural working environment and focus on the employee’s ability to successfully and provide “**Safety & Service**” to the participants & environment of the “**PCS**”.

PHASE II: Prior to reviewing the findings with Auditor, the “Evaluated Employee” completes a set of **TEN (10) “Yes/No & Notes”** Questions. The questions are designed to provide internal feedback in a supportive, positive, and tangible manner.

PHASE III: Collectively review Staff Audit and Staff Eval form. Ideally do this with the lifeguard & PCS Instructor together, creating a positive and supportive working environment. Showcasing how the synergy, communication, and skill-set of both the “LG” and PCS instructor allow for a “Safety and Service-focused” experience.

NOTE: This entire program, as well Team workshops, Daily Operations, Safety/EAP Checklists, and Staff Training logs, etc. ALL can be achieved through the www.riskwatchcloud.com system.

This system is customized per facility and specific team needs. For more information on this program, Risk Assessment services, and revenue growth strategies please contact Wesley King at wgkingimpact@gmail.com

“LG” on Duty: _____ Day/Time: _____ Reg. Shift? Yes: ___ No: ___
Avg. Hours/worked/Wk: _____ Length of Employment: _____
“PCS” Inst: _____ “PCS” Occurring: _____ Reg Shift? Yes: ___ No: ___
of participants: _____ Zone/Area of Responsibility: _____

STAFF AUDIT:

- 1) **Did the ‘LG’ have clear & effective communication with ‘PCS’ participants when making safety-related rule enforcements?** Yes: _____ No: _____

Notes: _____

- 2) **Was the ‘LG’ proactive (rather than reactive) when addressing any participant who was either unsafe due to skill and/or behavior?** (i.e. instructor coaching, warnings, timeouts, etc.) Yes: _____ No: _____

- 3) **Did the ‘LG’ effectively enforce the established pool safety protocols for the ‘PCS’ designed to prevent ‘injury, illness, or incident’?** Yes: _____ No: _____

Notes: _____

- 4) **Is it evident that the ‘LG’ was aware of AND efficiently applied/enforced the overall rules of “ _____ ” (Company X)** Yes: _____ No: _____

IF YES: _____

(list teachable/positive examples):

If NO: _____

(list opportunities in which the LG could have enforced rules/policies)

- 5) **Did the ‘LG’ enforce any ‘class specific’ rules – such as ‘holding onto the bench’ or ‘wait to enter until class starts’, etc. WHILE creating a polite and professional environment?** Yes: _____ No: _____

NOTES: _____

- 6) **Did the ‘LG’ proactively communicate with the ‘PCS’ instructors/leadership staff to ‘review/remove’ any ‘high risk situations’?** (i.e. equipment, behavior issues of students, water clarity, etc.) Yes: _____ No: _____

NOTES: _____

7) **Was the LG able to clearly maintain control of the “PCS” environment in his/her established Zone/Area of Responsibility?** Yes: ____ No: ____

IF YES: Provide Summary _____
(What specifically did the LG to maintain control of the swim lessons environment)

IF NO: Provide Summary: _____
(What actions could/should the LG have taken to maintain control)

8) **If a parent or observer on the pool deck were to have a “serious health incident” (heart attack, stroke, etc) was the LG able to describe his/her role in the established Aquatic Emergency Action Plan?** Yes: ____ No: ____

IF YES: Provide Summary: _____

IF NO: Provide Summary: _____

9) **If a parent or observer on the pool deck were to have a “serious health incident” (heart attack, stroke, etc) was the LG able to describe the roles of his/her teammates roles () in the established Aquatic Emergency Action Plan?** (i.e.- swim instructor/HG/management, etc.) Yes: ____ No: ____

IF YES: Provide Summary: _____

IF NO: Provide Summary: _____

10) **On a scale of 1 to 10, how do you rate the overall performance of the LG being evaluated?**

1 2 3 4 5 6 7 8 9 10

Describe specific examples as to the scoring given?

What are specific improvement items to achieve a higher score?

Scoring system example:

- 1 being = failure of evaluation, extensive coaching/re-training/discipline advised
- 5 being = maintained safe environment, however, was not proactive in applying knowledge and preventative measure
- 10 being = excellent, engaging, proactive, applied knowledge, leading by example

Evaluators Name/Signature: _____

SELF EVALUATION: Staff / Self Q & A

- 1) **As a lifeguard of “_____”(PCS) I feel that I have “control” of the participants AND all other responsibilities I have when I am are on duty?** Yes: _____ No: _____

NOTES: _____

- 2) **I feel that the “PCS” Instructor supports my “Safety and Service” goals as it relates to the OTHER responsibilities during the specific “PCS”.** Yes: _____ No: _____
(Cleaning up, setting up, moving lane lines, etc.)

NOTES: _____

- 3) **I feel confident in the skills of my fellow lifeguards, instructors, and on-deck leads?**
Yes: _____ No: _____ (overall, during all “PCS”, open swim, etc)

NOTES: _____

- 4) **I feel that my teammates (lifeguards, swim instructors, water ex instructors, etc.) provide effective feedback to me on a regular basis?** Yes: _____ No: _____

NOTES: _____

- 5) **I feel that my SUPERVISORS (head lifeguards, managers/Asst. Manager, etc.) provide effective feedback to me on a regular basis?** Yes: _____ No: _____

NOTES: _____

- 6) **I feel the “PCS Instructors/Leaders” allow me to exercise control over safety precautions in the pool area?** Yes: _____ No: _____

NOTES: _____

- 7) **I feel that I can effectively communicate any “Safety and/or Service” issues with the “PCS Instructors” before, during, or after class – and it be received in a positive and supportive manner.** Yes: _____ No: _____

NOTES: _____

- 8) **Do I feel like I am on “the same page” as the rest of the aquatics team, with regard to the facility’s safety and emergency protocol?** Yes: _____ No: _____

NOTES: _____

- 9) **I believe that I’ve been trained thoroughly to provide excellent “Safety & Service” during ANY “PCS” that is currently on our schedule?**

Yes: _____ No: _____

NOTES: _____

10) **Please provide any training, guidance, or coaching you would like to see that would achieve improvement “Safety & Service” for you, your team, and/or the overall organization.**

NOTES: _____

11) **On a scale of 1 to 10, how do you rate yourself on “proactive lifeguarding?”**

1 2 3 4 5 6 7 8 9 10

Why do you feel that you deserve such a score? _____

What would it take to get you to a higher score? (from either myself and/or aquatic team members): _____

We have collectively reviewed the “**Safety and Service**” Staff Audit, as well as the Structure/Self Evaluation with my leadership team & PCS Instructor.

Lifeguard Name: _____ Initial: ____ Date: ____

PCS Instructor: _____ Initial: ____ Date: ____

Leadership Evaluator name: _____ Date: _____

Signature confirming review of evaluation: _____

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This Evaluation Form is part of a full training service that focuses on the different aspects of Staff Training, Risk Reduction, and ultimately enhanced value for your overall Aquatic Operation.

Other services include; onsite/virtual seminars/workshops, daily operations support, revenue growth strategies, and employee retention - offered by Wesley King Consulting, LLC and our national partners.

To schedule a time to learn more how Wesley King Consulting, LLC. Can add value to your team and business please contact Wesley King at:

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