

Pool Length Certification Form (rev. 10/17/2017)

Measurement procedures for completing this form are found on the next page. Please review them before measuring your pool and submitting this form. Only this side needs to be submitted for your pool certification.

1. Facility

Pool Name Joan K Freeman Aquatic Center
 Address 123 SE Harvard Street
 City Minneapolis State MN Zip 55455
 LMSC Minnesota

Pool Length	
25 Yards	25 Meters <u>50 Meters</u>
Moveable Bulkhead	
<u>Yes</u>	No
Number of Touchpads in place at time of the measurement	
Zero	One <u>Two</u>

Note: For facilities with multiple pools, please identify the specific pool being measured either by unique pool name within the facility or the pool location in relation to other pools within the entire facility.

2. Measurement parameters (circle answer)

- a. Measuring device (see instructions): Steel tape? Laser? Other _____
- b. Distances measured in (check one):
- ☐ feet with feet displayed as a decimal to 1/100 like 75.01 feet
 - ☐ feet/inches with inches displayed as a fraction to 1/8 like 75ft 3/8 in.
 - ☒ meters with meters displayed as a decimal to 1/100 like 50.01m
 - ☐ meters/centimeters with centimeters displayed as 50m 1cm.

3. Measurements

Date of Initial Measurement: _____

A. Initial Measurement: Complete this section with measurement of all lanes if the pool has never been measured.

Lane 1 _____	Lane 2 _____	Lane 3 _____	Lane 4 _____
Lane 5 _____	Lane 6 _____	Lane 7 _____	Lane 8 _____
Lane 9 _____	Lane 10 _____	Lane 11 _____	Lane 12 _____

B. Bulkhead Confirmation Measurements: (per Rule 105.1.7)

Measure the outermost lanes and a center lane before the meet plus after each session with lane number & length of the lane.

	Date	L-Outer Lane #	Left Outer Lane Length	Center Lane #	Center Lane Length	R- Outer Lane #	Right Outer Lane Length
Pre-meet	<u>7/28</u>	<u>1</u>	<u>50.01</u>	<u>4</u>	<u>50.01</u>	<u>8</u>	<u>50.01</u>
Post session 1	<u>7/28</u>	<u>1</u>	<u>50.01</u>	<u>4</u>	<u>50.01</u>	<u>8</u>	<u>50.01</u>
Post session 2							
Post session 3							

4. Measured by

Name Kaitlin Goff
 Title Aquatics Coordinator
 Address 1930 Oakdale Ave
 City/State/ZIP West Saint Paul MN 55118
 Phone Number 605-759-8544

Submitted by:

Name _____
 Title _____
 Address _____
 City/State/ZIP _____
 Phone Number _____

Maintaining pool length certification forms is an LMSC responsibility. Completed forms should be sent to the Top Ten Recorder of the LMSC. Attach a copy of this form to record applications if the form is not already on file with the USMS National Swims Coordinator. If a bulkhead is used, a copy of this form from the beginning of the meet and for each session must be included with meet results sent to the LMSC Top Ten Recorder in order to verify bulkhead placement. For a record application, the bulkhead measurement on this form should be attached to and submitted with the Record Application form. To add the pool to the USMS List of Measured Pools, e-mail a copy of this form to Mary Beth Windrath, National Swims Coordinator, records@usms.org. Measure before applying for a sanction.