

RP Assessment

Practical

Coxing checklist practical	Completed
Demonstrate how to access - <i>weather, tidal and safety information</i>	
Carry out radio check including correct use of channels, Pan-Pan and Mayday procedure and harbour master, keeping communications brief and clear	
Complete the contact sheet with the designated shore contact details, a phone number for the boat, departure and expected return times, and number of crew	
Give a clear briefing to rowers before launch and recovery, including weather, tidal conditions, intended route, radio procedures, and checklists, and record any damage in the logbook	
Demonstrate knowledge of the contents of the grab bag and their purpose	
Identify and avoid hazard on the Tay – Commercial traffic, swimmers, recreational craft, sandbanks, floating debris, exclusion zone – buoyed area (200m) off Broughty Ferry beach during the summer	
Assess the capabilities of each rower, adjust row as necessary, allocate seating positions that support safe rowing, and the balance of the boat	
Shows good communications with rowers in/out of the water	
Provide clear, consistent guidance and motivation to rowers, both during the rowing sessions and debriefing off the water	
Steer a straight course without using the rudder, using oar power and the balance of the skiff	

Complete controlled turns without using the rudder instead using oar power and the balance of the boat	
Complete figure of eight manoeuvre – <i>this shows turning both ways and maintain control</i>	
Complete an emergency stop (<i>Hold Water</i>)	
Come alongside a pontoon or slipway in a controlled and safe way, using fenders when required, and secure the skiff safely	
Show correct procedure for switching rower's positions when on the water	
Show safe manoeuvring to assist another skiff/small vessel or person if conditions allow	
Demonstrate dropping and retrieval of the anchor	

Assessment Sign-Off - *To be signed by 3 RPs on completion of assessment.*

1. Assessors Signature: _____

2. Assessors Signature: _____

3. Assessors Signature: _____

Trainees Name: _____

Assessment date: _____