

## Vessel Safety Checklist

VESSEL NAME: \_\_\_\_\_ VESSEL PERMIT: \_\_\_\_\_

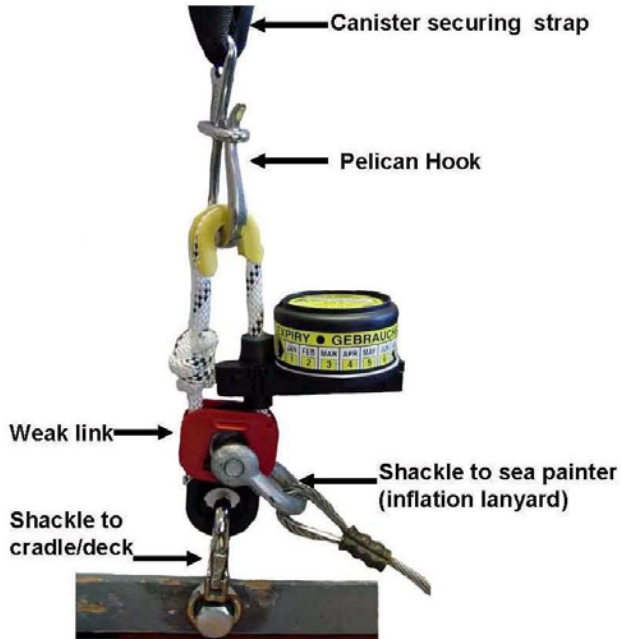
Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.

**Commercial Fishing Vessel Safety EXAMINATION**

DATE ISSUED _____		EXPIRES
VESEL Documented <input type="checkbox"/> Undocumented <input type="checkbox"/>		2007 <input type="checkbox"/>
LOCATION Beyond Boundary Line <input type="checkbox"/> Inside Boundary Line <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/>		2008 <input type="checkbox"/>
3 NM <input type="checkbox"/>	THIS VESSEL MEETS ALL	2009 <input type="checkbox"/>
12 NM <input type="checkbox"/>	USCG COMMERCIAL	2010 <input type="checkbox"/>
20 NM <input type="checkbox"/>	FISHING INDUSTRY	2011 <input type="checkbox"/>
50 NM <input type="checkbox"/>	VESSEL REGULATIONS	JAN JUL
>100 NM <input type="checkbox"/>		FEB AUG
		MAR SEP
		APR OCT
		MAY NOV
		JUN DEC

NO. \_\_\_\_\_

CG-5587A (Rev. 6/06) U.S. Department of Homeland Security



Is the decal valid? Y N

**LIFE RAFTS:**  
 Number of: \_\_\_\_\_  
 Total capacity: \_\_\_\_\_  
 # of crew & observer/s on board \_\_\_\_\_

Sufficient capacity? Y N

Life raft(s) able to float free? (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

Service Due sticker exp. date: \_\_\_/\_\_\_ (expires on date displayed)

Hydrostatic release exp. date: \_\_\_/\_\_\_ (expires on date displayed)

Your raft assignment: \_\_\_\_\_

**EPIRB:** (Visual inspection only. Please leave all testing/handling to crew)  
 Location(s): \_\_\_\_\_

Battery exp. date: \_\_\_\_\_ (expires on date displayed)

Hydrostatic release expiration date: \_\_\_/\_\_\_ (expires on date displayed)

Located in a float free location?: Y N

NOAA Registration Sticker:

Exp. date: \_\_\_\_\_ (expires on date displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on sticker matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

**IMMERSION SUIT/PFDs:**  
 Available for everyone on board? Y N

Location(s): \_\_\_\_\_

Functioning strobe on personal suit? Y N

**FIRE EXTINGUISHERS:**  
 Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in 'good and serviceable condition' (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

**FLARES:** (ask captain for assistance)  
 Location(s): \_\_\_\_\_

Expiration dates checked? Y N  
 (expires on date displayed)

If checked, number of flares: \_\_\_\_\_

**LIFE RINGS/SLINGS:**  
 Number of: \_\_\_\_\_ / \_\_\_\_\_

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): \_\_\_\_\_

<b>ADDITIONAL SAFETY CHECKS:</b>		<b>FIRST AID MATERIALS:</b>	
Watertight doors - do they close properly?	Y N	Location(s): _____	
Hatches/passageways - are they unobstructed?	Y N	Is there an individual trained in CPR/First Aid on board?	Y N
Discussed safe places to work on deck and in factory with captain/crew?	Y N	Who?: _____	
Discussed refrigerant leak procedures?	Y N		
Type of refrigerant used _____		<b>Radios:</b>	
Discussed reporting/identifying inoperative alarm/fire systems?	Y N	How many SSB and VHF radios?: _____ / _____	
Did you hear the general alarm?	Y N	Are emergency call instructions posted?	Y N
Where will you go during emergencies: _____	Y N	Were procedures for making an emergency call discussed?	Y N
<b>SAFETY ORIENTATION:</b>		<b>EMERGENCY DRILLS AND DATE(S) CONDUCTED:</b>	
If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation?	Y N	Fire _____	
<b>Did the vessel conduct a safety orientation?</b>	Y N	Abandon Ship _____	
Who gave the orientation? _____		Man Overboard _____	
(Detail what was covered in the comment section below)		Vessel Flooding/stabilization _____	
		General alarm activation _____	
		Donning immersion suits _____	
		Radio/visual distress signals _____	
		Were the drills hands-on involving actual gear?	Y N
		Did you participate in the drills?	Y N

Observer Name: \_\_\_\_\_ Cruise #: \_\_\_\_\_

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Captain Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

\*Did the vessel request a copy of the Checklist? Y N

\*If so, were you able to supply them with a copy? Y N

Additional Comments: (All "N" responses require a comment)

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