

VESSEL SAFETY EXAMINATION CHECKLIST

SWR Observer Program
NMFS, Southwest Region

Observers must verify the condition of each item on the list when embarking a vessel. Please advise the Logistics Coordinator or Project Manager if a vessel does not provide these safety items. **DO NOT LEAVE ON A VESSEL YOU FEEL IS UNSAFE**

Trip Number: _____ Vessel Name: _____
 Observer Name: _____ USCG Commercial Fishing Vessel Safety
 Signature: _____ Examination Decal
 Date: _____ Issued Date: _____

	Present	Absent	Comments
PFD/Immersion Suit	()	()	_____
Ring Life Buoys	()	()	_____
Life Raft	()	()	_____
Packing Date: _____			_____
Hydrostatic release date: _____			_____
Stowage of Life Raft	()	()	_____
Distress Signals	()	()	_____
EPIRBS	()	()	_____
Fire Extinguishers	()	()	_____
First Aid Equipment	()	()	_____
Guards for Exposed Hazards	()	()	_____
Nautical Charts for fishing area	()	()	_____
Compass	()	()	_____
Anchor and Radar reflectors	()	()	_____
General alarm System	()	()	_____
Communication Equipment			
w/emergency power source	()	()	_____
High Water Alarm	()	()	_____
Bilge Pump	()	()	_____
Electronic Position Fixing Devices	()	()	_____
Emergency Instructions	()	()	_____

Any additional comments/concerns:

