Pre-Trip Safety Check

OBS TRIP ID	VESSEL#						
Life Saving Equipm	nent (circle Y for	r ves					
CGVSE		<i>J</i> - ~					
Commercial Fishing Vessel Safety EXAMINATION VESSEL Documented Undocumented OPERATIONS Cold Waters Warm Waters Inside Boundary Line Boyond Beindary Line PROM COASTLANS 3 NM VESSEL MEETS ALL USCG COMMERCIAL VESSEL REGULATIONS COLOMBERCIAL APR OCT INSING INDISTRY VESSEL REGULATIONS OF OPERATING AREAS AS MARKED SO NM NO. 155401 U.S. Dipartment of Henchard Security CG-56874 (Riv. 670)	Safety Examination Decal? Y / N Decal # Date of Issuance:/ Date of Expiration:/ (after 2008 CGVSE good for 1 year) Vessel Distance Rating: NM						
EPIRB EP	IRB present? Y / N						
EPIRB Registration Date:/		ed T	0:				
Battery Exp. Date:/ Stowed in a float-free location? Y / N	Hydrost	atic I	Relea	se Ez	κp. Da	ate:/	
FLARES	Type Required:						
Distress flares present? Y / N 3 Parachute Flares? Y / N	Area Coastal waters	Parachute Flares		Hand Flares		Smoke Flares	
6 Hand Flares? Y / N 3 Smoke Flares? Y / N	Day Night <u>Oceans</u>	3	or or	3		3 or 1 Distress Flag ¹ An Electric Distress Ligh	
	3-50 miles ² More than 50 miles ³	3	and and	6 6	and and	3 3	
PFDs AND IMMERSION SUITS							
Personal Floatation Device for each POB ? Y / N			# of PFDs				
Immersion suit for each POB*? Y / N *required above 32 N latitude			# of Immersion Suits				

FIRE FIGHTING EQUIPMENT

3 B Type Fire Extinguishers charged and mounted? Y / N Location 1_____ Location 2_____ Location 3 STATION BILLS posted? Y/N LIFE RAFT Orange ring buoy with line attached? Y / N Pelican Sliphook to loop Inflatable life raft? Y/N Raft painter line to loop shackle Capacity for all POB? Y/N Hydrostatic release Life raft Capacity _____ expiration date Raft Repack Date ____ / _____ Hydrostatic Release Exp. Date: ____/__ Life raft configured correctly*? Y / N *Please take picture of configuration Weak link (Red line) to Thimble attached to loop shackle deck or cradle Pic. 2 Serial number 5 Fabrication Marks Present? Y / N Upper Fabrication mark towards rope? Y / N Fabrication mark Fabrication mark Please provide signatures to verify that a safety check was conducted and that the information above is accurate. Observer: ______ Date: ____/____ Owner/Operator: ______ Date: ____/____