



SEFSC Pelagic Observer Program Vessel Safety Checklist

Trip Number:

Vessel Name:

Vessel Number:

Persons on Board for trip:

USCG CFVS Decal Number:

Date of Issuance/Expiration:
**Circle one of the above.*

Is Decal Current: **YES** **NO**

**Is it marked correctly for pelagic fishing? Mark the sticker below to resemble the one on the vessel.*

Epirb Cat 1 Present: **YES** **NO**

**Visually inspect, only captain or crew are to handle epirb or housing.*

Location:

Battery Expiration:

Expires on date displayed.

Hydrostatic Release Expiration:

Expires on date displayed.

NOAA Registration Expiration:

Expires on date displayed. See middle diagram on right.

Commercial Fishing Vessel Safety EXAMINATION

VESSEL		EXPIRES
<input type="checkbox"/> Documented		2009 <input type="checkbox"/>
<input type="checkbox"/> Undocumented		2010 <input type="checkbox"/>
OPERATIONS		2011 <input type="checkbox"/>
<input type="checkbox"/> Cold Waters		2012 <input type="checkbox"/>
<input type="checkbox"/> Warm Waters		
<input type="checkbox"/> Inside Boundary Line		JAN JUL
<input type="checkbox"/> Beyond Boundary Line		FEB AUG
FROM COASTLINE		MAR SEP
<input type="checkbox"/> < 3 NM	THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED	APR OCT
<input type="checkbox"/> < 12 NM		MAY NOV
<input type="checkbox"/> < 20 NM		JUN DEC
<input type="checkbox"/> < 50 NM		
<input type="checkbox"/> > 50 NM		
<input type="checkbox"/> > 100 NM		
NO. 155401		<small>CG-5587A (Rev. 6/08)</small>

U.S. Department of Homeland Security

Life Raft Manufacturer:

Capacity:

Location:

SOLAS A Rated: **YES** **NO**

Hydrostatic Release Expiration:

Expires on date displayed.

Service Date:

Expires on date displayed.

Is release properly set up? **YES** **NO**

See diagram to the right.

 **COSPAS-SARSAT**
PROOF OF REGISTRATION
EXP. DATE: 06/22/2009
2DCE4E5312FFBFF
OWNER:
VESSEL NAME

Number of Type I PFD's:

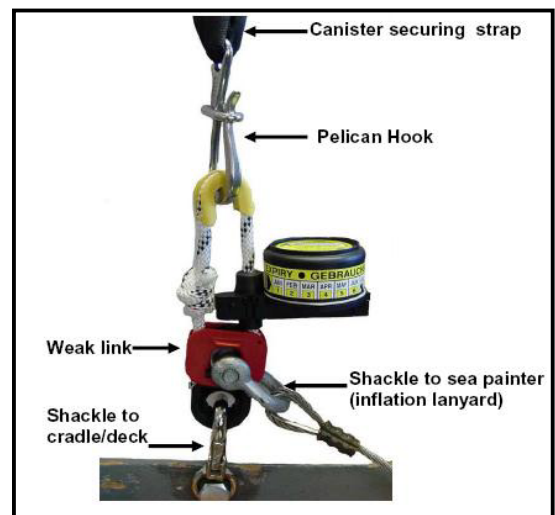
Include POP issued PFD.

Number of Throwable PFD's:

**24 inch ring bouy or Lifesling. 1 with 60 ft of line for vessels 26-65 ft in length. 3 devices for vessels >65ft, with at least one of them with 90 ft of line.*

Number of Immersion Suits:

Include POP issued Immersion Suit. Only above 32' 00 N Latitude.



Turn Over

Number of Fire Extinguishers:	
Location 1:	
Charged:	
Expiration:	
Location 2:	
Charged:	
Expiration:	
Location 3:	
Charged:	
Expiration:	

Flares: **CHECK EXPIRATION	
Number of Parachute flares: (3)	
Number of Hand Flares: (6)	
Number of Smoke Flares: (3)	
Location:	

CPR/First Aid Trained Capt/Crew (name):
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First Aid Kit Location:

**** After completing this form, complete a thorough vessel check to your personal standards. Record any concerns below. If any concerns will delay the observed trip, contact the POP office immediately.**

NOTES:

Observer Signature: _____ Date: _____

Captain/Owner Signature: _____ Date: _____