

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:  
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 \_\_\_\_\_  
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