

Pre-Trip Safety Check

OBS TRIP ID _____

VESSEL # _____

Life Saving Equipment (circle **Y** for yes or **N** for no)

CGVSE



Safety Examination Decal? **Y / N**

Decal # _____

Date of Issuance: ____/____

Date of Expiration: ____/____
(after 2008 CGVSE good for 1 year)

Vessel Distance Rating: ____ NM

EPIRB

EPIRB present? **Y / N**

EPIRB Registration Date: ____/____

Registered To: _____

Battery Exp. Date: ____/____

Hydrostatic Release Exp. Date: ____/____

Stowed in a float-free location? **Y / N**

FLARES

Distress flares present? **Y / N**

3 Parachute Flares? **Y / N**

6 Hand Flares? **Y / N**

3 Smoke Flares? **Y / N**

Type Required:

Area	Parachute Flares	Hand Flares	Smoke Flares
<u>Coastal waters</u>			
Day	3	or	3
Night	3	or	3
<u>Oceans</u>			
3-50 miles ²	3	and	6
More than 50 miles ³	3	and	6

PFDs AND IMMERSION SUITS

Personal Floatation Device for each **POB**? **Y / N**

of PFDs _____

Immersion suit for each **POB***? **Y / N**

of Immersion Suits _____

*required above 32 N latitude

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**

Inflatable life raft? **Y / N**

Capacity for all **POB**? **Y / N**

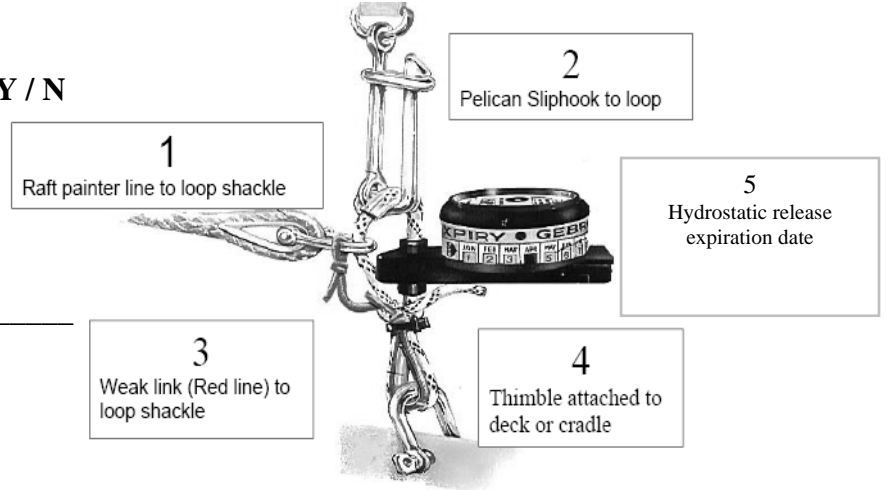
Life raft Capacity _____

Raft Repack Date ____ / ____

Hydrostatic Release Exp. Date: ____ / ____

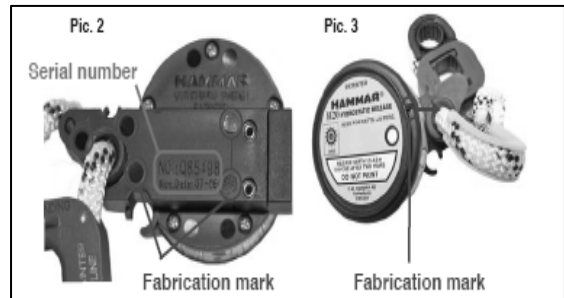
Life raft configured correctly*? **Y / N**

*Please take picture of configuration



5 Fabrication Marks Present? **Y / N**

Upper Fabrication mark towards rope? **Y / N**



Please provide signatures to verify that a safety check was conducted and that the information above is accurate.

Observer: _____ Date: ____/____/____

Owner/Operator: _____ Date: ____/____/____