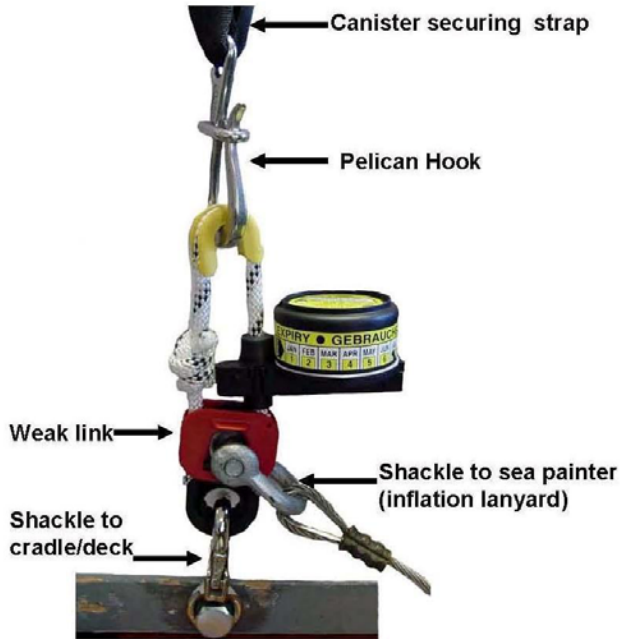
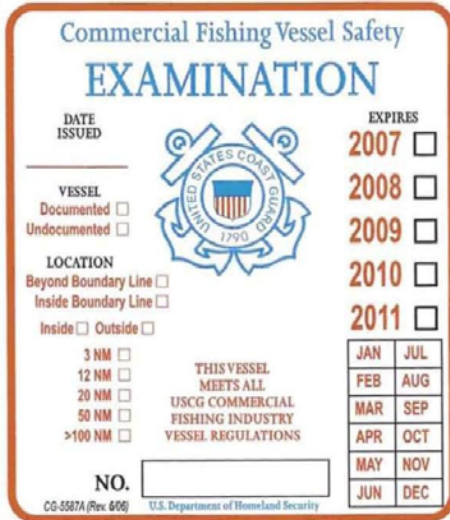


Vessel Safety Checklist

VESSEL NAME: _____ VESSEL PERMIT: _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.



Is the decal valid? Y N

LIFE RAFTS:
 Number of: _____
 Total capacity: _____
 # of crew & observer/s on board _____

Sufficient capacity? Y N

Life raft(s) able to float free? (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

Service Due sticker exp. date: ___/___ (expires on date displayed)

Hydrostatic release exp. date: ___/___ (expires on date displayed)

Your raft assignment: _____

EPIRB: (Visual inspection only. Please leave all testing/handling to crew)
 Location(s): _____

Battery exp. date: _____ (expires on date displayed)

Hydrostatic release expiration date: ___/___ (expires on date displayed)

Located in a float free location?: Y N

NOAA Registration Sticker:

Exp. date: _____ (expires on date displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on sticker matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

IMMERSION SUIT/PFDs:

Available for everyone on board? Y N

Location(s): _____

Functioning strobe on personal suit? Y N

FIRE EXTINGUISHERS:

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in 'good and serviceable condition' (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

FLARES: (ask captain for assistance)

Location(s): _____

Expiration dates checked? Y N
 (expires on date displayed)

If checked, number of flares: _____

LIFE RINGS/SLINGS:

Number of: _____ / _____

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): _____

ADDITIONAL SAFETY CHECKS:		FIRST AID MATERIALS:	
Watertight doors - do they close properly?	Y N	Location(s): _____	
Hatches/passageways - are they unobstructed?	Y N	Is there an individual trained in CPR/First Aid on board?	Y N
Discussed safe places to work on deck and in factory with captain/crew?	Y N	Who?: _____	
Discussed refrigerant leak procedures?	Y N		
Type of refrigerant used _____		Radios:	
Discussed reporting/identifying inoperative alarm/fire systems?	Y N	How many SSB and VHF radios?: _____ / _____	
Did you hear the general alarm?	Y N	Are emergency call instructions posted?	Y N
Where will you go during emergencies: _____	Y N	Were procedures for making an emergency call discussed?	Y N
SAFETY ORIENTATION:		EMERGENCY DRILLS AND DATE(S) CONDUCTED:	
If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation?	Y N	Fire _____	
Did the vessel conduct a safety orientation?	Y N	Abandon Ship _____	
Who gave the orientation? _____		Man Overboard _____	
(Detail what was covered in the comment section below)		Vessel Flooding/stabilization _____	
		General alarm activation _____	
		Donning immersion suits _____	
		Radio/visual distress signals _____	
		Were the drills hands-on involving actual gear?	Y N
		Did you participate in the drills?	Y N

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

*Did the vessel request a copy of the Checklist? Y N

*If so, were you able to supply them with a copy? Y N

Additional Comments: (All "N" responses require a comment)
