

WCGOP Vessel Safety Checklist

Commercial Fishing Vessel Safety EXAMINATION

DATE ISSUED

VESSEL
 Documented
 Undocumented

LOCATION
 Beyond Boundary Line
 Inside Boundary Line
 Inside Outside

3 NM
 12 NM
 20 NM
 50 NM
 >100 NM

NO.

CG 5604 Rev. 6/06 U.S. Department of Homeland Security

EXPIRES

2007
 2008
 2009
 2010
 2011

JAN	JUL
FEB	AUG
MAR	SEP
APR	OCT
MAY	NOV
JUN	DEC

Complete the sticker exactly as it appears on the vessel. Be sure the following fields are checked:

- Documented?
- Location
- Issued Year
- Issued Month

Fill in the NO. box

Is the decal valid?
 Y N

THIS VESSEL MEETS ALL
 USCG COMMERCIAL
 FISHING INDUSTRY
 VESSEL REGULATIONS

Vessel Name: _____

USCG/State Registration #: _____

LIFE RAFTS:

Inflatable Buoyant apparatus None N/A (circle one)

Total capacity: persons Total # of people on board:

Life rafts able to float free? Y N

Service Due sticker expiration date*: _____ / _____

Hydrostatic release expiration date*: _____ / _____

Liferaft equipment? SOLAS A SOLAS B Coastal (circle one)

IMMERSION SUITS/PFD'S:

Immersion Suits on board? Y N N/A

Is there one for each person on board? Y N

Location(s): _____

Is there a PFD for each person on board? Y N

Location(s): _____

FLARES (ask for assistance)

Location(s): _____

Handheld: Number _____ Expiration Dates _____ / _____

Parachute: Number _____ Expiration Dates _____ / _____

Smoke: Number _____ Expiration Dates _____ / _____

Meteor: Number _____ Expiration Dates _____ / _____

FIRE EXTINGUISHERS:

Present: Y N

Location(s): _____

Extinguishers in serviceable condition? Y N

ADDITIONAL SAFETY CHECKS:

First Aid Materials present? Y N _____ Location(s): _____

Who on-board other than the observer is currently certified for CPR/First Aid?

 First and Last Name/Position

of Working Radios: _____ Type: _____

Watertight doors/hatches work properly? Y N N/A

Hatches/passageways unobstructed? Y N

Is there adequate means of escape? Y N

Is there a Station Bill posted? Y N

Were you given Emergency directions? Y N
 What were they? _____

Did you see the bilge pumps? Y N N/A

Did you hear the general/high water alarms? Y N N/A

Is there an anchor present? Y N

Was a wheel watch arranged? Y N

Charts and compass present? Y N N/A

EPIRB'S: Visual inspection only. Please leave all helms/handling to crew.

Present: Y N N/A

Location(s): _____

Battery expiration date*: _____ / _____

Hydrostatic release exp date*: _____ / _____

Located in a float free location? Y N

NOAA Registration Sticker: _____

Expiration Date*: _____ / _____

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

TYPE IV THROWABLE PFD'S:

Type: Ring Cushion Lifesling (circle one)

How many? _____ Easily Accessible? Y N

Location(s): _____

Observer Signature _____ Date: _____

Print Name: _____ ***expires the last day of the month displayed**

Vessel Checklist