

# 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

THIS VESSEL  
MEETS ALL  
USCG COMMERCIAL  
FISHING INDUSTRY  
VESSEL REGULATIONS

EXPIRES

2007   
2008   
2009   
2010   
2011

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

Vessel Name: \_\_\_\_\_

USCG/State Registration #: \_\_\_\_\_

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

1. Documented?
2. Location
3. Issued Year
4. Issued Month

Fill in the NO. box

Is the decal valid?  
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

**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

**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