

PAPERWORK REDUCTION ACT STATEMENT: The information provided by the responses to the questions on this form will be used by the National Marine Fisheries Service to ensure that observers can be deployed effectively, efficiently, and safely on fishing vessels in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 30 minutes per response, including the time for hearing, understanding, and responding to the questions on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. Part 622.8, 50 C.F.R. 229.7, and 50 C.F.R. 222.401 for the other questions. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

Questions Asked at the Placement/Pre-deployment Meeting

1. May we see your Protected Species Workshop Card?
2. May we see your first Aid and CPR certificate?
3. Does the vessel have a drinking water tank aboard or does the vessel make water?
4. How many gallons is the water tank if you have one?
5. Does the vessel have a head and shower, is it indoors or out of doors?
6. How many bunks?
7. How many dates will the vessel be at sea? (estimate)
8. How many sets will the vessels make? (estimate)
9. How many crew are aboard including the captain?
10. How many flares is the vessel carrying? (swordfish vessels only)
11. How many life jackets does the vessel carry?
12. May we see your fire extinguishers?
13. May we see your life raft?
14. How many EPIRBS are on board and may we see them?
15. What type of bait will the vessel use? (swordfish only)
16. May we check your bunks?

PLACEMENT CHECK LIST

| | | | |
|--|--|--|---------------------------|
| Trip Number: | | Observer: | |
| Vessel Name: | | Permit Number: | |
| <p align="center">Placement Meeting</p> <p>Date: _____ Time: _____ <u>Phone Number</u></p> <p>Captain:</p> | | <p align="center"><u>Placement Meeting Participants</u></p> | |
| <p>Owner/Agent:</p> <p>Others:</p> | | | |
| <p align="center">Vessel Specification</p> <p>Communication Equipment: SSB / VHF/ Sat (comment if non-operational)</p> <p>Call sign:</p> | | <p>Deep (Tuna) or Shallow (Swordfish) Trip?</p> | |
| <p>Water Supply: B / T / H2O Maker</p> | | <input type="checkbox"/> | Long-handled de-hooker |
| <p>Tank Volume:</p> | | <input type="checkbox"/> | Long-handled line cutter |
| <p>Head: Y / N</p> | | <input type="checkbox"/> | Short-handled de-hooker |
| <p>Shower: Y / N</p> | | <input type="checkbox"/> | Mouth Gags |
| <p>Number of Bunks:</p> | | <input type="checkbox"/> | Bolt Cutters |
| <p>Reasonable Privacy: Y / N</p> | | <input type="checkbox"/> | Pole Gaff |
| <p align="center">Fishing Trip Information</p> | | <input type="checkbox"/> | Dip Net |
| <p>Trip Length:</p> | | <input type="checkbox"/> | Tire |
| <p>Number of Sets:</p> | | | |
| <p>Number of Crew:</p> | | | Shallow-Set Trips: |

PLACEMENT CHECK LIST (Continued)

| | | | |
|---|---------------------------|--------------------------|--|
| Vessel Safety Checklist | | <input type="checkbox"/> | Circle hooks (18/0, 10% offset) |
| | <u>Expiration Date</u> | <input type="checkbox"/> | Mackeral type bait |
| Distress Signals: | 6 X Hand | <input type="checkbox"/> | Blue Dye Tubs x _____ |
| | 3 X Parachute | | |
| | 3 X Smoke | <input type="checkbox"/> | Obs. Sat. tag. #: _____ |
| Number of Charged Fire Extinguishers: | | | |
| Number of correctly installed Ring Life Buoys: | | | Placement mtg. translation: Y / N / N/A |
| Number of PFDs: | | | Small Entity Compliance Guide Translation: Y / N / N/A |
| First Aid Kit: Y / N | | | |
| First Aid and CPR Certified: Y / N | | | Bag / Sat. phone #: |
| Emergency Procedures Posted: Y / N | | | |
| Survival Craft | | | Comments: Note safety deficiencies that do not prevent observer's placement (e.g., note if a station bill was not provided for the vessel). |
| Number of Persons: | Correct installation: Y/N | | |
| Manufacture Date: | | | |
| Inspection Date: | | | |
| Hydrostatic Date: | | | |
| Emergency Position Indicating Radio Beacon | | | |
| Battery: + / - | Correct installation: Y/N | | |
| Hydrostatic Date: | | | |
| UIN: | | | |
| CG Inspection Number: | | | |
| CG Inspection Date: | | | |