

**American Samoa Placement Checklist**

**Trip number:** \_\_\_\_\_ **Observer:** \_\_\_\_\_

**Vessel:** \_\_\_\_\_ **Permit:** \_\_\_\_\_

Placement meeting	Meeting Participants
Date/Time: contact numbers	Coordinator:
CPT:	Observer:
Owner/Agent:	CPT:
Other:	Other:

**Vesel Specifications**

Communications gear: SSB \_\_\_\_\_ VHF \_\_\_\_\_ Sat # \_\_\_\_\_ **VMS**

Call sign: \_\_\_\_\_ Present Y / N

Observer Sat # 8816 \_\_\_\_\_ Notify Terry Boo 808.23.2503 office

Water supply: Bottles / Tank / H2O maker \_\_\_\_\_ 808.351.5776 cell

Tank size: \_\_\_\_\_ gallons

Head: Y / N \_\_\_\_\_ Dehooking gear present: Y / N

Shower: Y / \_\_\_\_\_ PSW Card: Y / N

# of Bunks: \_\_\_\_\_ # of crew: \_\_\_\_\_ ( If N is checked, the observer still gets placed,

Reasonable privacy: Y / N \_\_\_\_\_ but contact OLE 633-7628 / 7629

**Trip Information**

Tranship: Y / N Length of trip (days): \_\_\_\_\_ # of Sets: \_\_\_\_\_

**Vessel safety Checklist**

(any deficiency in the following information prohibits palcement of the observer unless corrected)

**Signals** \_\_\_\_\_ expiration dates \_\_\_\_\_

6 @ hand flares \_\_\_\_\_

3 @ parachute flares \_\_\_\_\_

3 @ Smoke \_\_\_\_\_

Number of charged fire extinguisher: \_\_\_\_\_

Number of life rings: \_\_\_\_\_ Good installation: Y/ N (free floating, 1 with heaving line and light)

First aid kit with sufficient supplies: Y / N

# of First aid / CPR certifications \_\_\_\_\_

Station bill posted: \_\_\_\_\_

Drills Conducted: \_\_\_\_\_

Survival Craft		EPIRB
# of Persons:	Maker:	Registered: Y / N
Manufacture date:	SN _____	Battery date: _____ Test: Pass / Fail
Service expiration date:	Hydrostatic exp date:	Hydrostatic exp date: _____
Installation check: Pass / Fail		UIN: _____
		Installation check: Pass / Fail

**USCG CFVSE decal number:** \_\_\_\_\_ **Date inspected:** \_\_\_\_\_

**Comments:** \_\_\_\_\_