



SEFSC Pelagic Observer Program Vessel Safety Checklist

Trip Number:

Vessel Name:

Vessel Number:

Persons on Board for trip:

USCG CFVS Decal Number:

Date of Issuance/Expiration:
**Circle one of the above.*

Is Decal Current: **YES** **NO**

**Is it marked correctly for pelagic fishing? Mark the sticker below to resemble the one on the vessel.*

Epirb Cat 1 Present: **YES** **NO**

**Visually inspect, only captain or crew are to handle epirb or housing.*

Location:

Battery Expiration:

Expires on date displayed. .

Hydrostatic Release Expiration:

Expires on date displayed.

NOAA Registration Expiration:

Expires on date displayed. See middle diagram on right.

Commercial Fishing Vessel Safety EXAMINATION

<p>VESEL</p> <p><input type="checkbox"/> Documented</p> <p><input type="checkbox"/> Undocumented</p> <p>OPERATIONS</p> <p><input type="checkbox"/> Cold Waters</p> <p><input type="checkbox"/> Warm Waters</p> <p><input type="checkbox"/> Inside Boundary Line</p> <p><input type="checkbox"/> Beyond Boundary Line</p> <p>FROM COASTLINE</p> <p><input type="checkbox"/> < 3 NM</p> <p><input type="checkbox"/> < 12 NM</p> <p><input type="checkbox"/> < 20 NM</p> <p><input type="checkbox"/> < 50 NM</p> <p><input type="checkbox"/> > 50 NM</p> <p><input type="checkbox"/> > 100 NM</p>		<p>EXPIRES</p> <p>2011 <input type="checkbox"/></p> <p>2012 <input type="checkbox"/></p> <p>2013 <input type="checkbox"/></p> <p>2014 <input type="checkbox"/></p> <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr><td>JAN</td><td>JUL</td></tr> <tr><td>FEB</td><td>AUG</td></tr> <tr><td>MAR</td><td>SEP</td></tr> <tr><td>APR</td><td>OCT</td></tr> <tr><td>MAY</td><td>NOV</td></tr> <tr><td>JUN</td><td>DEC</td></tr> </table>	JAN	JUL	FEB	AUG	MAR	SEP	APR	OCT	MAY	NOV	JUN	DEC	<p>THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">NO.</p> <p>CG-5587A (Rev. 6/08)</p> <p style="font-size: x-small;">U.S. Department of Homeland Security</p>
JAN	JUL														
FEB	AUG														
MAR	SEP														
APR	OCT														
MAY	NOV														
JUN	DEC														

Life Raft Manufacturer:

Capacity:

Location:

SOLAS A Rated: **YES** **NO**

Hydrostatic Release Expiration:

Expires on date displayed.

Service Date:

Expires on date displayed.

Is release properly set up? **YES** **NO**

See diagram to the right.



Number of Type I PFD's:

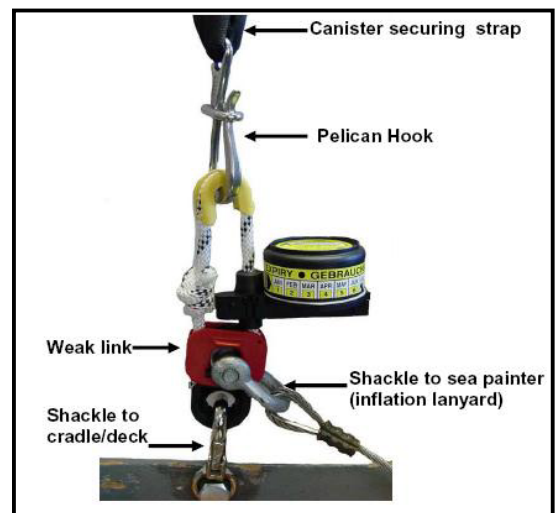
Include POP issued PFD.

Number of Throwable PFD's:

**24 inch ring bouy or Lifesling. 1 with 60 ft of line for vessels 26-65 ft in length. 3 devices for vessels >65ft, with at least one of them with 90 ft of line.*

Number of Immersion Suits:

Include POP issued Immersion Suit. Only above 32' 00 N Latitude.



Turn Over

Number of Fire Extinguishers: #	
Location 1:	
Charged:	
Expiration:	
Location 2:	
Charged:	
Expiration:	
Location 3:	
Charged:	
Expiration:	

Flares: **CHECK EXPIRATION	
Number of Parachute flares: (3)	
Number of Hand Flares: (6)	
Number of Smoke Flares: (3)	
Location:	

First Aid Kit Location:

CPR/First Aid Trained Capt/Crew (name):
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**** After completing this form, complete a thorough vessel check to your personal standards. Record any concerns below. Contact the POP office with concerns prior to deployment.**

NOTES:

PAPERWORK REDUCTION ACT STATEMENT: Information collected through the observer program will be used to: (1) monitor catch and bycatch in commercial and resection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h)(3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 50 minutes per trip, including the time for hearing and understanding the questions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: National Marine Fisheries Service, F/SF1, 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 CFR 229.7, and 50 CFR 222.401 for the other questions. All information collected by observers 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. This is an approved information collection under OMB Control No. 0648-0593 through 09/30/2012.

Observer Signature: _____ Date: _____

Captain/Owner Signature: _____ Date: _____