

## Vessel Safety Checklist

VESSEL NAME: \_\_\_\_\_ VESSEL PERMIT: \_\_\_\_\_

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.

**Commercial Fishing Vessel Safety EXAMINATION**

<b>VESSEL</b>		<b>EXPIRES</b>
<input type="checkbox"/> Documented		<b>2011</b> <input type="checkbox"/>
<input type="checkbox"/> Undocumented		<b>2012</b> <input type="checkbox"/>
		<b>2013</b> <input type="checkbox"/>
		<b>2014</b> <input type="checkbox"/>

<b>OPERATIONS</b>		
<input type="checkbox"/> Cold Waters		
<input type="checkbox"/> Warm Waters		
<input type="checkbox"/> Inside Boundary Line		
<input type="checkbox"/> Beyond Boundary Line		

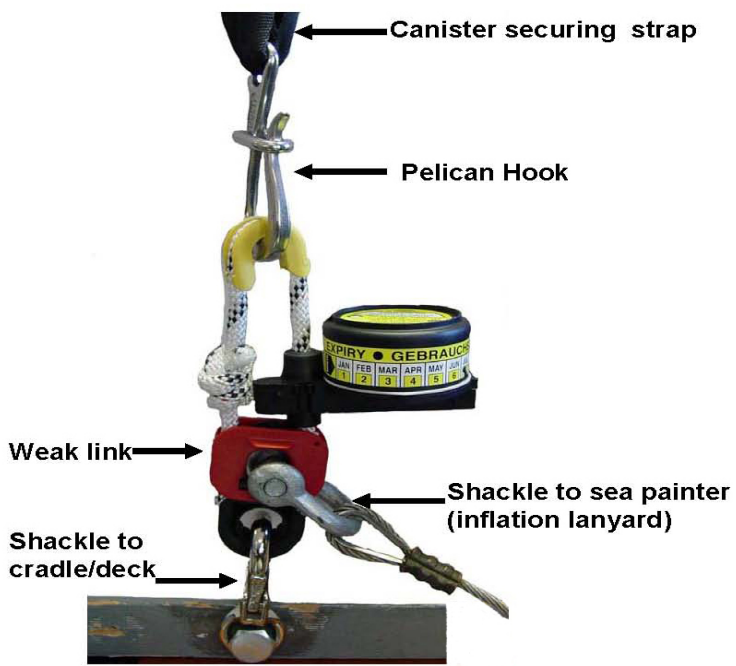
<b>FROM COASTLINE</b>		
<input type="checkbox"/> < 3 NM		
<input type="checkbox"/> < 12 NM		
<input type="checkbox"/> < 20 NM		
<input type="checkbox"/> < 50 NM		
<input type="checkbox"/> > 50 NM		
<input type="checkbox"/> > 100 NM		

**THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED**

**NO.**

U.S. Department of Homeland Security

CG-5587A (Rev. 6/08)



Is the decal valid? Y N

**SURVIVAL CRAFT:**  
 Number of: \_\_\_\_\_  
 Total capacity: \_\_\_\_\_  
 # of crew & observer/s on board \_\_\_\_\_

**Sufficient capacity?** Y N

**Survival craft(s) able to float free?** (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

**Service Due decal exp. date:** \_\_\_\_/\_\_\_\_ (expires on date displayed)

**Hydrostatic release exp. date:** \_\_\_\_/\_\_\_\_ (expires on date displayed)

Your raft assignment: \_\_\_\_\_

**EPIRB:** (Visual inspection only. Please leave all testing/handling to crew)  
 Location(s): \_\_\_\_\_

**Battery exp. date:** \_\_\_\_\_ (expires on date displayed)

**Hydrostatic release expiration date:** \_\_\_\_/\_\_\_\_ (expires on date displayed)

**Located in a float free location?:** Y N

**NOAA Registration Decal:**  
 Exp. date: \_\_\_\_\_ (expires on date displayed)  
 Registered to this vessel (name of vessel displayed): Y N  
 Alphanumeric code on decal 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

**IMMERSION SUIT/PFDs:**

**Available for everyone on board?** Y N

Location(s): \_\_\_\_\_

**FIRE EXTINGUISHERS**

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in "good and serviceable condition" (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

**FLARES:** (ask captain for assistance)

Location(s): \_\_\_\_\_

Expiration dates checked? Y N  
 (expires on date displayed)

If checked, number of flares: \_\_\_\_\_

**THROWABLE FLOTATION DEVICES:**

**Number of flotation devices appropriate for vessel size?** Y N

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): \_\_\_\_\_

<b>ADDITIONAL SAFETY CHECKS:</b>		<b>FIRST AID MATERIALS:</b>	
Factory hydraulic shut-off(s) - know location?	Y N	Location(s): _____	
Watertight doors - do they close properly?	Y N	Is there an individual trained in CPR/First Aid on board?	Y N
Hatches/passageways - are they unobstructed?	Y N	Who?: _____	
Discussed safe places to work on deck and in factory with captain/crew?	Y N		
Discussed refrigerant leak procedures?	Y N	<b>Radios:</b>	
Type of refrigerant used _____		How many SSB and VHF radios?: _____ / _____	
Discussed reporting/identifying inoperative alarm/fire systems?	Y N	Are emergency call instructions posted?	Y N
Did you hear the general alarm?	Y N	Were procedures for making an emergency call discussed?	Y N
<b>SAFETY ORIENTATION:</b>		<b>EMERGENCY DRILLS AND DATE(S) CONDUCTED:</b>	
Where will you go during emergencies: _____		Fire _____	
If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation?	Y N	Abandon Ship _____	
<b>Did the vessel conduct a safety orientation?</b>	<b>Y N</b>	Man Overboard _____	
Who gave the orientation? _____		Vessel Flooding/stabilization _____	
(Detail what was covered in the comment section below)		General alarm activation _____	
		Donning immersion suits _____	
		Radio/visual distress signals _____	
		Were the drills hands-on involving actual gear?	Y N
		Did you participate in the drills?	Y N
<b>OBSERVER PERSONAL PROTECTIVE EQUIPMENT:</b>		<b>COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):</b>	
<b>Personal Locator Beacon?</b>	<b>Y N</b>	_____	
UIN: _____		_____	
NOAA Registration Decal Expiration Date: _____		_____	
<b>Immersion Suit with Strobe Light and Battery?</b>	<b>Y N</b>	_____	
Serial #: _____		_____	
<b>Personal Flotation Device with Strobe Light and Battery?</b>	<b>Y N</b>	_____	
		_____	
		_____	
		_____	
		_____	
		_____	
		_____	

Observer Name: \_\_\_\_\_ Cruise #: \_\_\_\_\_

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Captain Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

\*Did the vessel request a copy of the Checklist? Y N \*If so, were you able to supply a copy? Y N

**Blue indicates "no go" items!**

## Vessel Safety Checklist

VESSEL NAME: \_\_\_\_\_ VESSEL PERMIT: \_\_\_\_\_

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.

**Commercial Fishing Vessel Safety EXAMINATION**

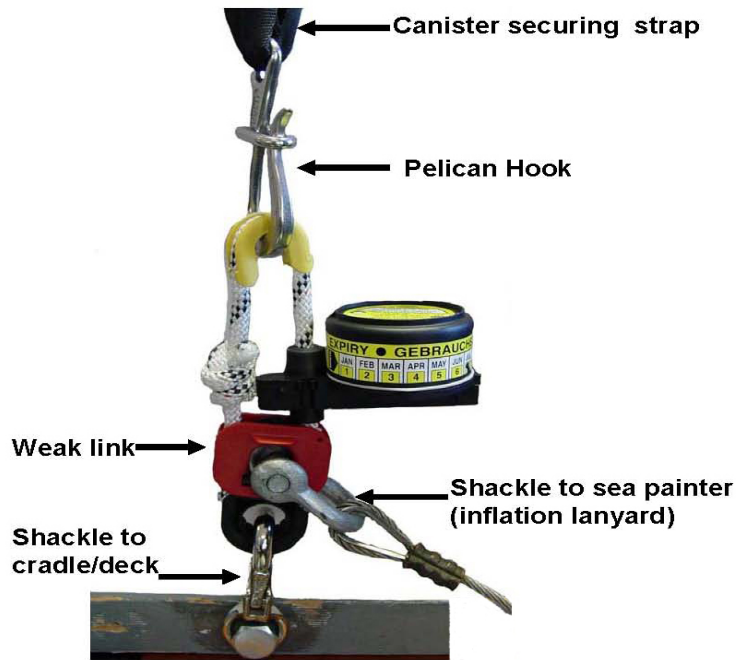
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<input type="checkbox"/> Warm Waters	<b>2014</b>	<input type="checkbox"/>
<b>FROM COASTLINE</b>		
<input type="checkbox"/> Inside Boundary Line	<b>JAN</b>	<b>JUL</b>
<input type="checkbox"/> Beyond Boundary Line	<b>FEB</b>	<b>AUG</b>
<input type="checkbox"/> < 3 NM	<b>MAR</b>	<b>SEP</b>
<input type="checkbox"/> < 12 NM	<b>APR</b>	<b>OCT</b>
<input type="checkbox"/> < 20 NM	<b>MAY</b>	<b>NOV</b>
<input type="checkbox"/> < 50 NM	<b>JUN</b>	<b>DEC</b>
<input type="checkbox"/> > 50 NM		
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**THIS VESSEL MEETS ALL  
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**NO.**

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(Rev. 6/08)



Is the decal valid? Y N

**SURVIVAL CRAFT:**

Number of: \_\_\_\_\_  
 Total capacity: \_\_\_\_\_  
 # of crew & observer/s on board \_\_\_\_\_

Sufficient capacity? Y N

Survival craft(s) able to float free? (Note: some vessels have their rafts in a float free cradle - this is an approved cradling system, so long as the painter line is properly attached to a weak link.) Y N

Service Due decal exp. date: \_\_\_\_/\_\_\_\_ (expires on date displayed)

Hydrostatic release exp. date: \_\_\_\_/\_\_\_\_ (expires on date displayed)

Your raft assignment: \_\_\_\_\_

**EPIRB:** (Visual inspection only. Please leave all testing/handling to crew)

Location(s): \_\_\_\_\_

Battery exp. date: \_\_\_\_\_ (expires on date displayed)

Hydrostatic release expiration date: \_\_\_\_/\_\_\_\_ (expires on date displayed)

Located in a float free location?: Y N

NOAA Registration Decal:

Exp. date: \_\_\_\_\_ (expires on date displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on decal 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

**IMMERSION SUIT/PFDs:**

Available for everyone on board? Y N

Location(s): \_\_\_\_\_

**FIRE EXTINGUISHERS**

Extinguisher(s) found in every main area/corridor? Y N

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**FLARES:** (ask captain for assistance)

Location(s): \_\_\_\_\_

Expiration dates checked? Y N

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If checked, number of flares: \_\_\_\_\_

**THROWABLE FLOTATION DEVICES:**

Number of flotation devices appropriate for vessel size? Y N

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): \_\_\_\_\_

<b>ADDITIONAL SAFETY CHECKS:</b>		<b>FIRST AID MATERIALS:</b>	
Factory hydraulic shut-off(s) - know location?	Y N	Location(s): _____	
Watertight doors - do they close properly?	Y N	Is there an individual trained in CPR/First Aid on board?	Y N
Hatches/passageways - are they unobstructed?	Y N	Who?: _____	
Discussed safe places to work on deck and in factory with captain/crew?	Y N		
Discussed refrigerant leak procedures?	Y N	Radios:	
Type of refrigerant used _____		How many SSB and VHF radios?: _____ / _____	
Discussed reporting/identifying inoperative alarm/fire systems?	Y N	Are emergency call instructions posted?	Y N
Did you hear the general alarm?	Y N	Were procedures for making an emergency call discussed?	Y N
<b>SAFETY ORIENTATION:</b>		<b>EMERGENCY DRILLS AND DATE(S) CONDUCTED:</b>	
Where will you go during emergencies: _____		Fire _____	
If you did not complete drills upon embarking the vessel, did the captain use this safety checklist to complete the required vessel safety orientation?	Y N	Abandon Ship _____	
<b>Did the vessel conduct a safety orientation?</b>	<b>Y N</b>	Man Overboard _____	
Who gave the orientation? _____		Vessel Flooding/stabilization _____	
(Detail what was covered in the comment section below)		General alarm activation _____	
		Donning immersion suits _____	
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		Were the drills hands-on involving actual gear?	Y N
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<b>OBSERVER PERSONAL PROTECTIVE EQUIPMENT:</b>		<b>COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):</b>	
<b>Personal Locator Beacon?</b>	<b>Y N</b>	_____	
UIN: _____		_____	
NOAA Registration Decal Expiration Date: _____		_____	
<b>Immersion Suit with Strobe Light and Battery?</b>	<b>Y N</b>	_____	
Serial #: _____		_____	
<b>Personal Flotation Device with Strobe Light and Battery?</b>	<b>Y N</b>	_____	
		_____	
		_____	
		_____	
		_____	
		_____	
		_____	

Observer Name: \_\_\_\_\_ Cruise #: \_\_\_\_\_

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Captain Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

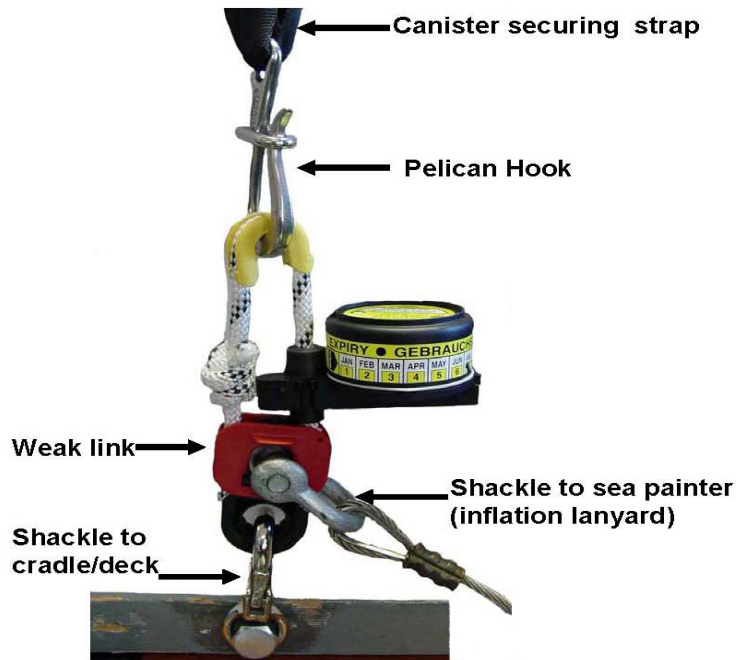
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<b>Personal Locator Beacon?</b>	Y N	_____	
UIN: _____		_____	
NOAA Registration Decal Expiration Date: _____		_____	
<b>Immersion Suit with Strobe Light and Battery?</b>	Y N	_____	
Serial #: _____		_____	
<b>Personal Flotation Device with Strobe Light and Battery?</b>	Y N	_____	
		_____	
		_____	
		_____	
		_____	
		_____	

Observer Name: \_\_\_\_\_ Cruise #: \_\_\_\_\_

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Captain Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

\*Did the vessel request a copy of the Checklist? Y N \*If so, were you able to supply a copy? Y N

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