Vessel Safety Checklist

Vessel name: _____

USCG/State registration #: _____

Commercial Fishing Vessel Safety
EXAMINATION

VESSEL	EXPIRES
☐ Documented	2009 ☐
☐ Undocumented	2010 ☐
OPERATIONS	2011 ☐
☐ Cold Waters	2012 ☐
☐ Warm Waters	

☐ Inside Boundary Line	JAN JUL
☐ Beyond Boundary Line	FEB AUG
FROM COASTLINE	MAR SEP
☐ < 3 NM	APR OCT
☐ < 12 NM	MAY NOV
☐ < 20 NM	JUN DEC
☐ < 50 NM	
☐ > 50 NM	THIS VESSEL MEETS ALL
☐ > 100 NM	USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED

CG-5587A (Rev. 6/08)

U.S. Department of Homeland Security

Decal Verification

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

1. Documented   Is the decal valid?   o Yes   o No
2. Location
3. Expiration year
4. Expiration month

Fire Extinguishers

Present: ☐ Yes ☐ No How many? _____

Serviceable? ☐ Yes ☐ No

Location(s): _____

_____

Life Rafts

☐ Inflatables   ☐ Buoyant apparatus ☐ None   ☐ N/A

Total Capacity: _____ Total # people on board: _____

Life rafts able to float free? ☐ Yes   ☐ No

Service sticker expiration date*: _____

Hydrostatic release expiration **: _____

Life raft equipment? ☐ SOLAS A   ☐ SOLAS B ☐ Coastal

Flares

Location(s): _____

Handheld: how many: _____ Exp. date: _____

Parachute: how many: _____ Exp. date: _____

Smoke: how many: _____ Ex.p date: _____

Meteor: how many: _____ Ex.p date: _____

Immersion Suites

On board? ☐ Yes ☐ No ☐ N/A One for each person? ☐ Yes ☐ No

Location: _____

PFD for each person: ☐ Yes ☐ No Location: _____

Type IV Throwable PDF's

☐ Ring   ☐ Cushion ☐ Lifesling

Easily accessible?   ☐ Yes   ☐ No

Number: _____ Location(s): _____

EPIRBS

Present? ☐ Yes   ☐ No   ☐ N/A   In float-free location? ☐ Yes ☐ No   Registered to this vessel? ☐ Yes ☐ No   Signal tested? ☐ Yes ☐ No

Decal's alphanumeric code matches EPIRB code? ☐ Yes   ☐ No Location(s): _____

Battery exp. date*: _____ Hydrostatic release exp. date*: _____

NOAA registration sticker: _____ Exp. date: _____

Additional Checks

First aide materials present? ☐ Yes   ☐ No Location: _____

Who besides you is CPR Certified? (Name & position): _____

Working radios: how many? _____ Type: _____

Watertight doors/hatches working properly?	☐ Yes	☐ No	Is there an anchor present?	☐ Yes	☐ No
Did you see the bilge pumps?	☐ Yes	☐ No	Is there a Station Bill posted?	☐ Yes	☐ No
Hatches/passageways unobstructed?	☐ Yes	☐ No	Was a wheel watch arranged?	☐ Yes	☐ No
Did you hear the general/high water alarms?	☐ Yes	☐ No	Charts & compass present?	☐ Yes	☐ No
Is there adequate means of escape?	☐ Yes	☐ No	Were you given emergency directions?	☐ Yes	☐ No

What were the emergency instructions? _____

Observer signature: _____

Print: _____ Date: _____

Expires the last day of the month displayed.
**Hydrostatic releases are valid for two years from installation date.*

OMB Control No. 0648-0593 exp. 09/30/2012

Notes