Placement Checklist	- Control of the Cont
OMB Control No. 0648-0593	Expires XX / XX / XXXX
Trip Number:	Observer:
Vessel Name:	Permit Number:
Placement Meeting	Placement Meeting Participants
Date: Time:	and authors of the ball on the beaution
Phone Number	
Captain:	A STATE OF THE STATE OF THE STATE OF
Owner/Agent:	Deep (Tuna) or Shallow (Swordfish) Trip?
Others:	
Vessel Specification	De-hooking equipment:
Communication Equipment: SSB / VHF/ Sat	Long-handled de-hooker
(comment if non-operational)	Long-handled line cutter
Call sign:	Short-handled de-hooker
Water Supply: B / T / H2O Maker	Mouth Gags
Tank Volume:	Bolt Cutters
Head: Y/N	Pole Gaff
Shower: Y / N	Dip Net
Number of Bunks:	Tire
Reasonable Privacy: Y / N	
Fishing Trip Information	Shallow-Set Trips:
Trip Length:	Circle hooks (18/0, 10% offset)
Number of Sets:	Mackeral type bait
Number of Crew:	Blue Dye Tubs x
Vessel Safety Checklist	
<u>Distress Signals</u> <u>Expiration Date</u>	Bag / Sat. phone #:
6 X Hand	
3 X Parachute	
3 X Smoke	
Number of Charged Fire Extinguishers:	First Aid Kit: Y / N
Number of correctly installed Ring Life Buoys:	First Aid and CPR Certified: Y / N
Number of PFDs:	Comments: Note safety deficiencies that do not
# of immersion suits (required above 32 N):	prevent observers placement, was a station bill provided to vessel, etc.)
# of certified drill instructors (Trips over 30 days):	
Emergency Procedures Posted: Y / N	
Survival Craft	
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:	V.04.2012

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**Port Coordinator Departure Checklist** 

Observer departs

Update Longline Trip Log