

OMB Control No. 0648-0593

Expiration Date: 09/30/2012

Southeast Fisheries Observer Programs

UPDATED 01/2010

Pre-Trip Safety Check

OBS TRIP ID \_\_\_\_\_

DATE \_\_\_\_\_

VESSEL NAME \_\_\_\_\_

VESSEL # \_\_\_\_\_

**Life Saving Equipment (circle Y for yes or N for no)**

**CGVSE**



Safety Examination Decal? Y / N

Decal # \_\_\_\_\_

Date of Issuance: \_\_\_/\_\_\_/\_\_\_

Date of Expiration: \_\_\_/\_\_\_/\_\_\_  
(after 2008 CGVSE good for 1 year)

Vessel Distance Rating: \_\_\_ NM

**EPIRB**

EPIRB present? Y / N

EPIRB Registration Date: \_\_\_/\_\_\_/\_\_\_

Registered To: \_\_\_\_\_

Battery Exp. Date: \_\_\_/\_\_\_/\_\_\_

Hydrostatic Release Exp. Date: \_\_\_/\_\_\_/\_\_\_

Stowed in a float-free location? Y / N

**FLARES**

Distress flares present? Y / N

3 Parachute Flares? Y / N

6 Hand Flares? Y / N

3 Smoke Flares? Y / N

Type Required:

Area	Parachute Flares	Hand Flares	Smoke Flares
<u>Coastal waters</u>			
Day	3	or 3	or 3 or 1 Distress Flag <sup>1</sup>
Night	3	or 3	or An Electric Distress Light <sup>1</sup>
<u>Oceans</u>			
3-50 miles <sup>2</sup>	3	and 6	and 3
More than 50 miles <sup>3</sup>	3	and 6	and 3

**PFDs AND IMMERSION SUITS**

Personal Floatation Device for each POB? Y / N

# of PFDs \_\_\_\_\_

Immersion suit for each POB\*? Y / N

# of Immersion Suits \_\_\_\_\_

\*required above 32 N latitude

## FIRE FIGHTING EQUIPMENT

3 B Type Fire Extinguishers charged and mounted? Y / N

Location 1 \_\_\_\_\_

Location 2 \_\_\_\_\_

Location 3 \_\_\_\_\_

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STATION BILLS posted? Y / N

ONBOARD DRILLS logged? Y / N

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## LIFE RAFT

Orange ring buoy with line attached? Y / N

Inflatable life raft? Y / N

Capacity for all POB? Y / N

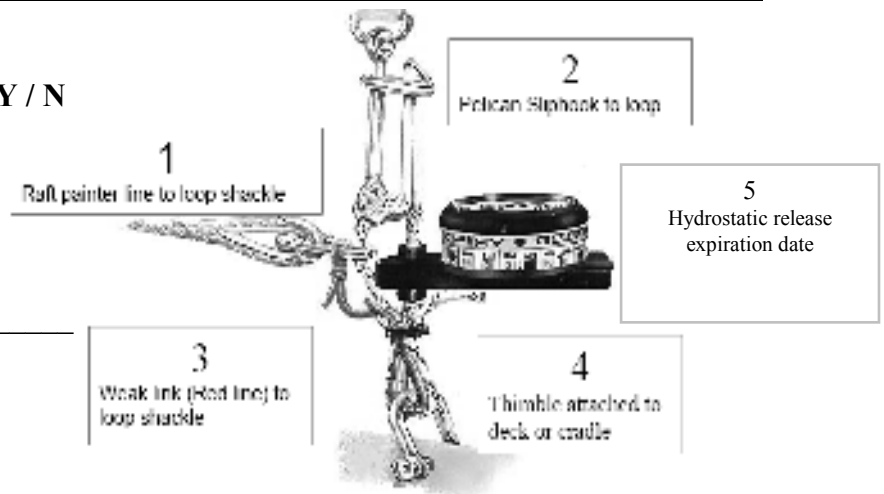
Life raft Capacity \_\_\_\_\_

Raft Repack Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hydrostatic Release Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

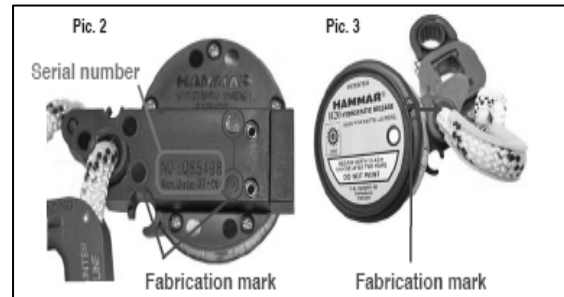
Life raft configured correctly? Y / N

\*Please take picture of configuration



5 Fabrication Marks Present? Y / N

Upper Fabrication mark towards rope? Y / N



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**Please provide signatures to verify that a safety check was conducted and that the information above is accurate.**

Observer: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_