

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.

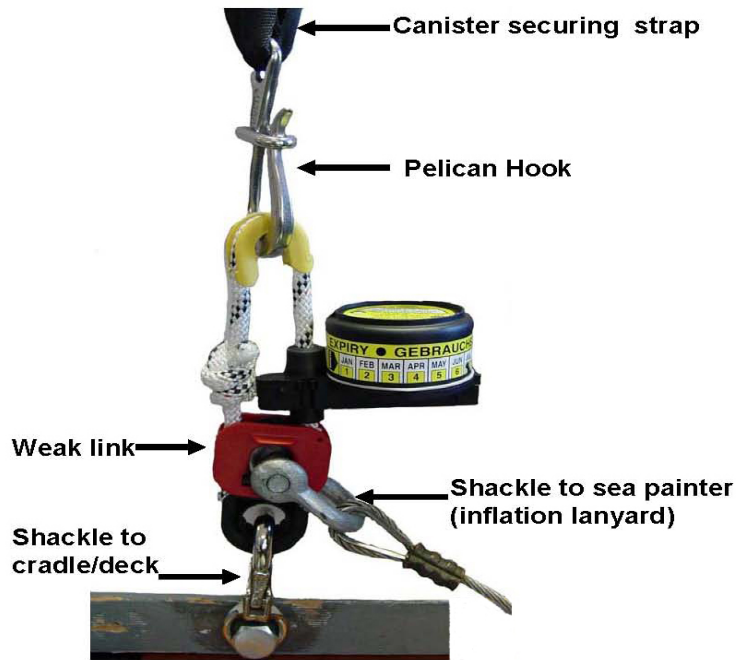
Commercial Fishing Vessel Safety EXAMINATION

VESSEL		EXPIRES
<input type="checkbox"/> Documented		2011 <input type="checkbox"/>
<input type="checkbox"/> Undocumented		2012 <input type="checkbox"/>
OPERATIONS		2013 <input type="checkbox"/>
<input type="checkbox"/> Cold Waters		2014 <input type="checkbox"/>
<input type="checkbox"/> Warm Waters		
<input type="checkbox"/> Inside Boundary Line		
<input type="checkbox"/> Beyond Boundary Line		
FROM COASTLINE		
<input type="checkbox"/> < 3 NM	<p style="font-size: 8px; margin: 0;">THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED</p>	JAN JUL
<input type="checkbox"/> < 12 NM		FEB AUG
<input type="checkbox"/> < 20 NM		MAR SEP
<input type="checkbox"/> < 50 NM		APR OCT
<input type="checkbox"/> > 50 NM		MAY NOV
<input type="checkbox"/> > 100 NM		JUN DEC

NO.

CG-5587A
(Rev. 6/08)

U.S. Department of Homeland Security



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): _____

ADDITIONAL SAFETY CHECKS:		FIRST AID MATERIALS:	
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
SAFETY ORIENTATION:		EMERGENCY DRILLS AND DATE(S) CONDUCTED:	
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 _____	
Did the vessel conduct a safety orientation?	Y N	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
OBSERVER PERSONAL PROTECTIVE EQUIPMENT:		COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):	
Personal Locator Beacon?	Y N	_____	
UIN: _____		_____	
NOAA Registration Decal Expiration Date: _____		_____	
Immersion Suit with Strobe Light and Battery?	Y N	_____	
Serial #: _____		_____	
Personal Flotation Device with Strobe Light and Battery?	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

Blue indicates "no go" items!

Vessel Safety Checklist

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Commercial Fishing Vessel Safety EXAMINATION

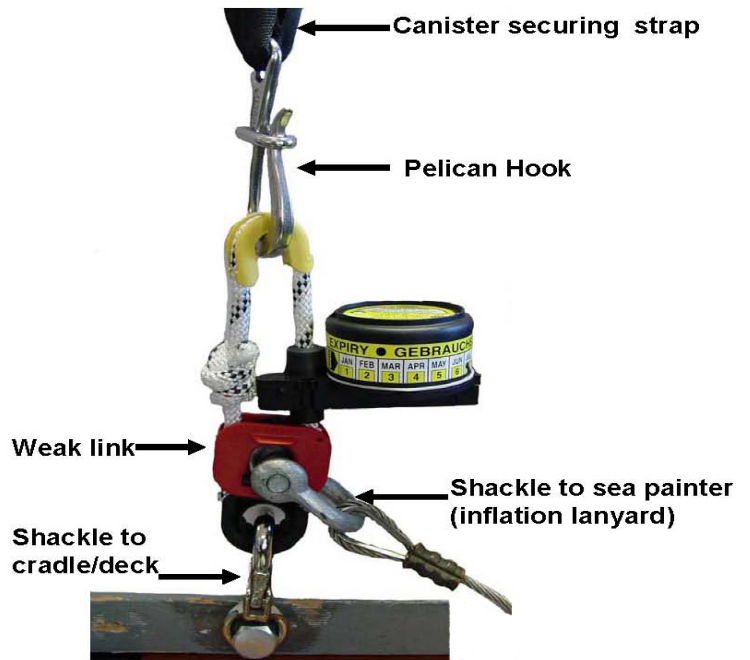
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**THIS VESSEL MEETS ALL
USCG COMMERCIAL
FISHING INDUSTRY
VESSEL REGULATIONS
FOR OPERATING
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NO.

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Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

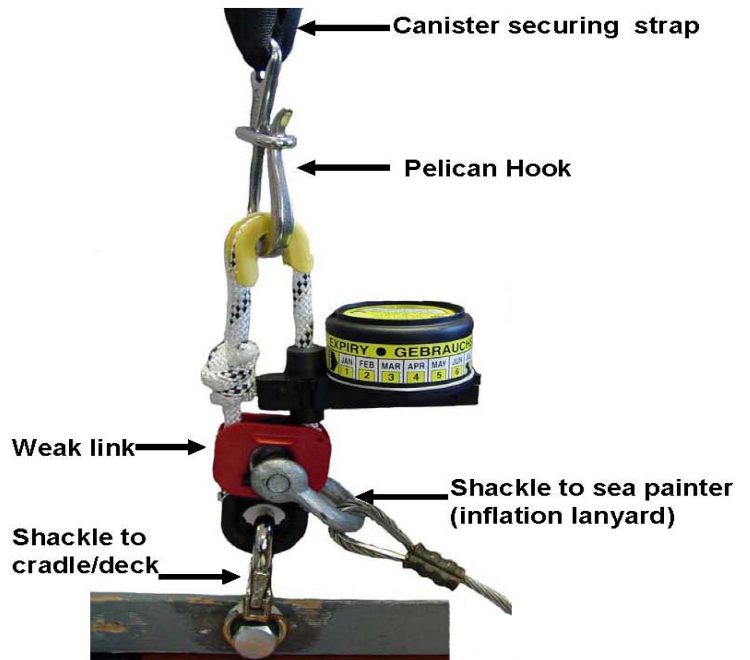
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