

American Samoa Placement Checklist

Trip number: _____ **Observer:** _____

Vessel: _____ **Permit:** _____

Placement meeting	Meeting Participants
Date/Time: contact numbers	Coordinator:
CPT:	Observer:
Owner/Agent:	CPT:
Other:	Other:

Vesel Specifications

Communications gear: SSB ___ VHF ___ Sat # _____ **VMS**

Call sign: _____ Present Y / N

Observer Sat # 8816 _____ Notify Terry Boo 808.23.2503 office

Water supply: Bottles / Tank / H2O maker _____ 808.351.5776 cell

Tank size: _____ gallons

Head: Y / N _____ Dehooking gear present: Y / N

Shower: Y / _____ PSW Card: Y / N

of Bunks: _____ # of crew: _____ (If N is checked, the observer still gets placed,

Reasonable privacy: Y / N _____ but contact OLE 633-7628 / 7629

Trip Information

Tranship: Y / N Length of trip (days): _____ # of Sets: _____

Vessel safety Checklist

(any deficiency in the following information prohibits palcement of the observer unless corrected)

Signals _____ expiration dates _____

6 @ hand flares _____

3 @ parachute flares _____

3 @ Smoke _____

Number of charged fire extinguisher: _____

Number of life rings: _____ Good installation: Y/ N (free floating, 1 with heaving line and light)

First aid kit with sufficient supplies: Y / N _____

of First aid / CPR certifications _____

Station bill posted: _____

Drills Conducted: _____

Survival Craft		EPIRB
# of Persons:	Maker:	Registered: Y / N
Manufacture date:	SN _____	Battery date: _____ Test: Pass / Fail
Service expiration date:	Hydrostatic exp date:	Hydrostatic exp date: _____
Installation check: Pass / Fail		UIN: _____
		Installation check: Pass / Fail

USCG CFVSE decal number: _____ **Date inspected:** _____

Comments: _____