

Vessel Safety Checklist

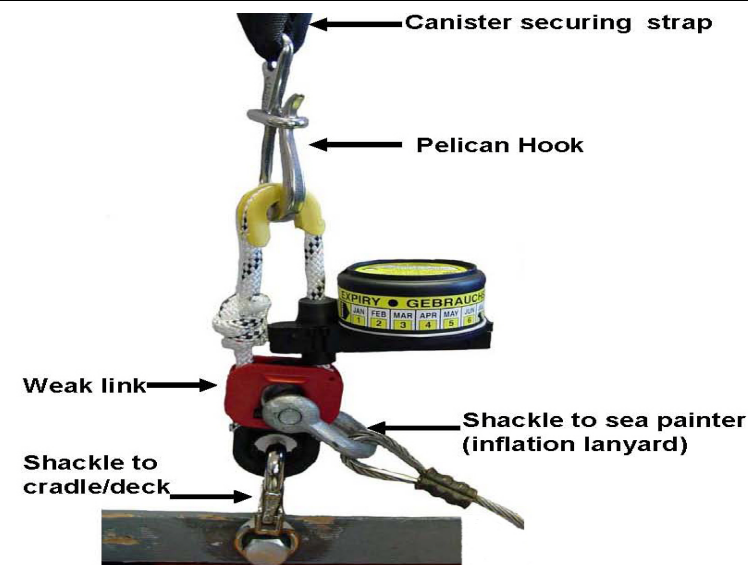
VESSEL NAME: _____

VESSEL PERMIT: _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.



Is the decal valid? Y N



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.
Is hydrostatic release installed correctly? Y N

SURVIVAL CRAFT: Pg 10

Number of: _____

Total capacity: _____

of crew & observer/s on board _____

Sufficient capacity? Y N

Survival craft(s) stowed correctly? Y N
Float free or otherwise in accordance with the Federal Requirements for Commercial Fishing Industry Vessels (page 13)

Service Due decal exp. date: ____/____/____
(expires on date displayed-inflatables only)

Hydrostatic release exp. date: ____/____/____
(expires on date displayed)

Your survival craft assignment: _____

Enter information for all additional survival craft in the comments section.

EPIRB *(When Required): Pg 17 Y N

Location(s): _____

Battery exp. date: _____ (expires on date displayed)

Hydrostatic release expiration date (cat. 1 only): ____/____/____
(expires on date displayed)

Located in a Coast Guard approved location?: Y N

NOAA Registration Valid? Y N

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

*Visual inspection of EPIRB only. Leave all testing/handling to crew

IMMERSION SUIT/PFDs: Pg 6

Available for everyone on board? Y N

Location(s): _____

FIRE EXTINGUISHERS: Pg 19

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

DISTRESS SIGNALS: Pg 16

(ask captain for assistance)

Location(s): _____

Expiration dates checked? Y N

(expires on date displayed)

If checked, number of flares: _____

THROWABLE FLOTATION DEVICES: Pg 8

Number of flotation devices appropriate for vessel size? Y N

Number of: Rings _____/Slings _____

Easily accessible?: Y N

Name of vessel displayed on each? Y N

Location(s): _____

<p>ADDITIONAL SAFETY CHECKS:</p> <p>Watertight doors (when required)- do they close properly? Y N</p> <p>Hatches/passageways - are they unobstructed? Y N</p> <p>Discussed safe places to work on deck and in factory with captain/crew? Y N</p> <p>Discussed refrigerant leak procedures? Y N</p> <p>Type of refrigerant used _____</p> <p>Discussed reporting/identifying inoperative alarm/fire systems? Y N</p> <p>Did you hear the general alarm? Y N</p> <p>Where will you go during emergencies: _____</p> <p>Does the vessel maintain watch at all times while under way? Y N</p> <p>If no, was the captain, your contractor, and FMA informed? Y N</p>	<p>FIRST AID MATERIALS: Pg 24</p> <p>Location(s): _____</p> <p>Is there an individual trained in CPR/First Aid on board? Y N</p> <p>Who?: _____</p> <hr/> <p>Radios: Pg 26</p> <p>How many SSB and VHF radios?: _____ / _____</p> <p>Are emergency call instructions posted? Y N</p> <p>Were procedures for making an emergency call discussed? Y N</p> <hr/> <p>Did you review the information on the Station Bill? Y N</p>
<p>SAFETY ORIENTATION: Pg 29</p> <p>Did you complete drills upon embarking the vessel? Y N</p> <p>Did the captain use this safety checklist to complete the required vessel safety orientation? Y N</p> <p>Did the vessel conduct a safety orientation? Y N</p> <p>Who gave the orientation? _____</p> <p>Detail what was covered below _____ _____ _____</p>	<p>EMERGENCY DRILLS AND DATE(S) CONDUCTED: Pg 29</p> <p>Fire _____</p> <p>Abandon Ship _____</p> <p>Man Overboard _____</p> <p>Vessel Flooding/stabilization _____</p> <p>General alarm activation _____</p> <p>Donning immersion suits _____</p> <p>Radio/visual distress signals _____</p> <p>Were the drills hands-on involving actual gear? Y N</p> <p>Did you participate in the drills? Y N</p>
<p>COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):</p> <p>_____ _____ _____ _____ _____ _____</p>	<p>OBSERVER PERSONAL PROTECTIVE EQUIPMENT:</p> <p>Personal Locator Beacon? (UIN: _____) Y N</p> <p>NOAA Registration Decal Expiration Date: _____</p> <p>Immersion Suit with Strobe Light and Battery? Y N</p> <p>Serial #: _____</p> <p>Personal Flotation Device with Strobe Light and Battery? Y N</p>

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!