

Southeast Fisheries Observer Programs - Panama City

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 Expiration: ____ / ____

Vessel Distance Rating: ____ NM



EPIRB

EPIRB present? Y / N

EPIRB Category: I / II

Stowed in a float-free location? Y / N

EPIRB Registration Expiration Date: ____/____

Registered To: _____

Hydrostatic Release Exp. Date: ____ / ____ / NA

Battery Expiration Date: ____ / ____

FLARES

3 of any flare required for operations <3nm offshore

3 Parachute, 6 Hand & 3 Smoke required for operations >3nm offshore

Record flare expiration dates:

Hand: ____ / ____ Hand: ____ / ____ Smoke: ____ / ____ Parachute: ____ / ____

Hand: ____ / ____ Hand: ____ / ____ Smoke: ____ / ____ Parachute: ____ / ____

Hand: ____ / ____ Hand: ____ / ____ Smoke: ____ / ____ Parachute: ____ / ____

PFDs AND IMMERSION SUITS (not including observer equipment)

Personal Floatation Device for each **POB**? Y / N

of PFDs _____

Immersion suit for each **POB***? Y / N

of Immersion Suits _____

*required in federal waters above 32 N latitude

FIRE FIGHTING EQUIPMENT

Vessels <26 ft require 1 B-I unless equipped with an outboard in certain conditions

Vessels >26 ft but <40 ft require 2 B-I or 1 B-II

Vessels >40 ft but <65 ft require 3 B-I or 1 B-II & 1 B-I

	Location	Type	Service Date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

STATION BILLS posted? Y / N

ONBOARD DRILLS logged? Y / N

LIFE RAFTS AND RINGS

Orange ring buoy with line attached? **Y / N**

Rigid life float? **Y / N** (>12nm but <20nm until 2015)

Inflatable life raft? **Y / N**

Capacity for all **POB**? **Y / N**

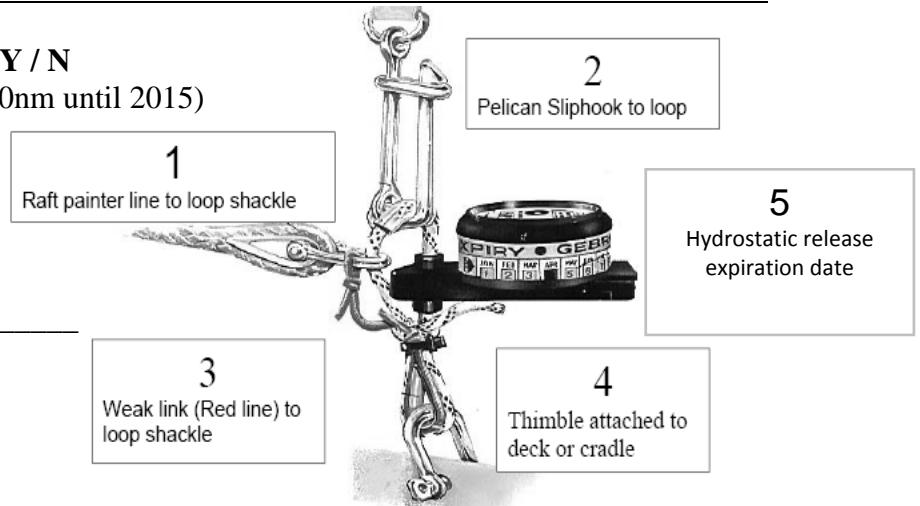
Life raft Capacity _____

Raft Repack Date ___ / ___ / ___

Hydrostatic Release Exp. Date: ___ / ___ / ___

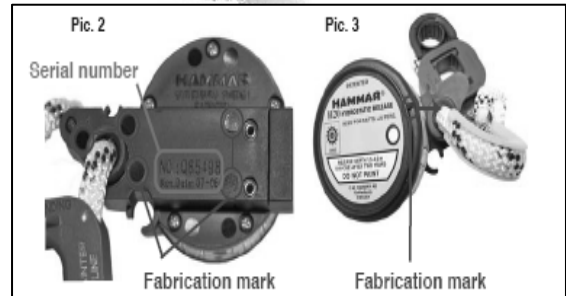
Life raft configured correctly*? **Y / N**

*Please take picture of configuration



5 Fabrication Marks Present? **Y / N**

Upper Fabrication mark towards rope? **Y / N**



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

Observer: _____ Date: ___/___/___

Owner/Operator: _____ Date: ___/___/___