

# PLACEMENT CHECKLIST

<b>Trip Number:</b> _____		<b>Observer:</b> _____		<b>Vessel LOA:</b> _____		<b>ft</b>		
<b>Vessel Name:</b> _____			<b>Permit Number:</b> _____			<b>Call sign:</b> _____		
<b>Placement Meeting</b>				<b><u>Placement Meeting Participants</u></b>				
Date: _____		Time: _____						
<b><u>Captain</u></b>		<u>Phone Number</u>						
Owner/Agent: _____				<b>De-hooking equipment:</b>				
Others: _____				<input type="checkbox"/> Long-handed de-hooker <input type="checkbox"/> Long-handed line cutter <input type="checkbox"/> Short-handed de-hooker <input type="checkbox"/> Mouth Gags <input type="checkbox"/> Bolt Cutters <input type="checkbox"/> Pole Gaff <input type="checkbox"/> Dip Net <input type="checkbox"/> Tire <input type="checkbox"/> Mackerel type bait (Shallow Set Only) <input type="checkbox"/> Blue Dye Tubs x _____ (Shallow Set Only)				
<b>Vessel Specification</b>				<b>Observer Gear</b>				
Communication Equipment: SSB / VHF/ DSC / Sat				Bag #: _____ Sat. phone #: _____				
Is DSC registered: Y / N , Linked to GPS: Y / N (comment if non-operational)								
Water Supply: B / T / H2O Maker		Head: Y / N						
Tank Volume: _____		Shower: Y / N						
Number of Bunks: _____		Reasonable Privacy: Y / N						
<b>Fishing Trip Information</b>								
Trip Length: _____		Trip Type: D / S						
Number of Sets: _____		Number of Crew: _____						
<b>Vessel Safety Checklist</b>				<b>Comments:</b> Note safety deficiencies, including those that do not prevent observers placement.  List aid provided to vessel: _____				
<u>Distress Signals</u>		<u>Exp. Dates</u>						
6 X Hand								
3 X Parachute								
3 X Smoke								
Number of Charged Fire Extinguishers: _____								
Number of correctly installed Ring Life Buoys: _____								
Number of PFDs: _____								
# of immersion suits (required above 32 N): _____								
Emergency Procedures Posted: Y / N								
First Aid Kit: Y / N								
First Aid and CPR Certified: Y / N								
# of certified drill instructors : _____								
<b>Survival Craft</b>								
Number of Persons: _____		Correct installation: Y/ N						
Manufacture Date: _____								
Inspection Exp: _____								
Hydrostatic Exp: _____								
<b>Emergency Position Indicating Radio Beacon</b>								
Battery test: P / F		Correct installation: Y/N						
Battery Exp: _____		Hydrostatic Date: _____						
UIN: _____								
CG Inspection Number: _____								
CG Inspection Exp: _____								

Highlighted information effects observer deployment  
 For tallies, circle total  
 For multiple Exp dates record shortest  
 If vessel has Safety Orientation Log, have observer sign

V.03.2015  
 OMB Control No. 0648-0593  
 exp. 11/30/2015

# Port Coordinator Departure Checklist

Trip no: \_\_\_\_\_

Observer \_\_\_\_\_

- Select Vessel
- If shallow-set trip, send LLTPS to Kevin Busscher
- Assign Trip Number
- Setup Placement Meeting

## Travel Pouch Papers

- Y / N
- Company phone protocols

## Placement

- Check out/ Replenish gear
- Test fit DNA corer to sampling pole
- EPIRB test
- Observer departs
- Survival suit Practice \_\_\_\_\_
- Update Longline Trip Log

## Place/ No Place list

### Communication gear

Functioning VHF&SSB/ or SAT

**Place** **No-place**

x

### Signals

Quantity smoke

x

Quantity hand

x

Quantity rocket

x

Dates on all

x

### Fire Extinguishers

Quantity

x

Charge gauge

x

Service tag/documents

x

### Ring Buoys

Quantity

x

Serviceability

x

Mounting (not tied down)

x

1 w/ 90' rope

x

### PFD/Immersion suits

Quantity

x

light/sound devices

x

Serviceability

x

### First aid/CPR

1 1st aid

x

1 CPR

x

1st aid manual w/ first aid kit (stocked)

x

### Station bill

posted and filled out

x

### Drills/Orientation

Monthly drill

x

Safety orientation

x

### Liferaft

Capacity

x

Service

x

Hydrostatic date

x

Hydrostatic installation

x

Raft installation

x

### EPIRB

Testing

x

Battery date

x

Registration

x

Installation

x

Hydrostatic release date

x

### CFVSE Decal

x