

PLACEMENT CHECKLIST

Trip Number: _____		Observer: _____		Vessel LOA: _____		ft																																																									
Vessel Name: _____			Permit Number: _____		Call sign: _____																																																										
Placement Meeting				<u>Placement Meeting Participants</u>																																																											
Date: _____		Time: _____		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">De-hooking equipment:</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Long-handled de-hooker</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Long-handled line cutter</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Short-handled de-hooker</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Mouth Gags</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Bolt Cutters</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Pole Gaff</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Dip Net</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Tire</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mackerel type bait</td> <td colspan="2">(Shallow Set Only)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Blue Dye Tubs x _____</td> <td colspan="2">(Shallow Set Only)</td> </tr> <tr> <td colspan="4" style="text-align: center;">Observer Gear</td> </tr> <tr> <td colspan="4">Bag #: _____</td> </tr> <tr> <td colspan="4">Sat. phone #: _____</td> </tr> </table>				De-hooking equipment:				<input type="checkbox"/>	Long-handled de-hooker			<input type="checkbox"/>	Long-handled line cutter			<input type="checkbox"/>	Short-handled 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)		Observer Gear				Bag #: _____				Sat. phone #: _____			
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Captain		<u>Phone Number</u>																																																													
Owner/Agent: _____																																																															
Others: _____																																																															
Vessel Specification																																																															
Communication Equipment: SSB / VHF/ DSC / Sat																																																															
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																																																													
Fishing Trip Information																																																															
Trip Length: _____		Trip Type: D / S																																																													
Number of Sets: _____																																																															
Number of Crew: _____																																																															
Vessel Safety Checklist																																																															
<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 : _____																																																															
Survival Craft																																																															
Number of Persons: _____		Correct installation: Y/ N																																																													
Manufacture Date: _____																																																															
Inspection Exp: _____																																																															
Hydrostatic Exp: _____																																																															
Emergency Position Indicating Radio Beacon																																																															
Battery test: P / F		Correct installation: Y/N																																																													
Battery Exp: _____		Hydrostatic Date: _____																																																													
UIN: _____																																																															
CG Inspection Number: _____																																																															
CG Inspection Exp: _____																																																															

Comments: Note safety deficiencies, including those that do not prevent observers placement.
List aid provided to vessel:

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