

PRE-TRIP VESSEL SAFETY CHECKLIST
NMFS West Coast Region Fisheries Observer Program

Observers must verify the presence of each item on the list when embarking a vessel. Please advise the Logistics Coordinator or Project Manager if a vessel does not provide these safety items. **DO NOT LEAVE ON A VESSEL YOU FEEL IS UNSAFE**

Trip Number: _____

Vessel Name: _____

Observer Name: _____

Total # People On Board: _____

Signature: _____

Date: _____

USCG Commercial Fishing Vessel Safety Examination Decal



Immersion Suits (required north of 32° N latitude)

Enough for all people on board (Y/N) _____

Survival Craft (check type)

___ Inflatable Liferaft

___ Inflatable Buoyant
Apparatus ___ Buoyant
Apparatus

(Y/N) _____

Flares

Parachute ___ 3
Handheld ___ 6
 ___ 3 Smoke

(minimum required = 3/6/3)

Life Rings (check if present)

___ 1 Ring Life Buoy (vessels 26 feet to less than 65 feet)

___ 3 Ring Life Buoys (vessels 65 feet or greater)

Fire Extinguishers

Location 1 _____

Location 2 _____

Location 3 _____

First Aid Equipment

NOTES

OMB Control N

Radios

(check all that apply)

VHF SSB

GPS/Plotter (check if present)