

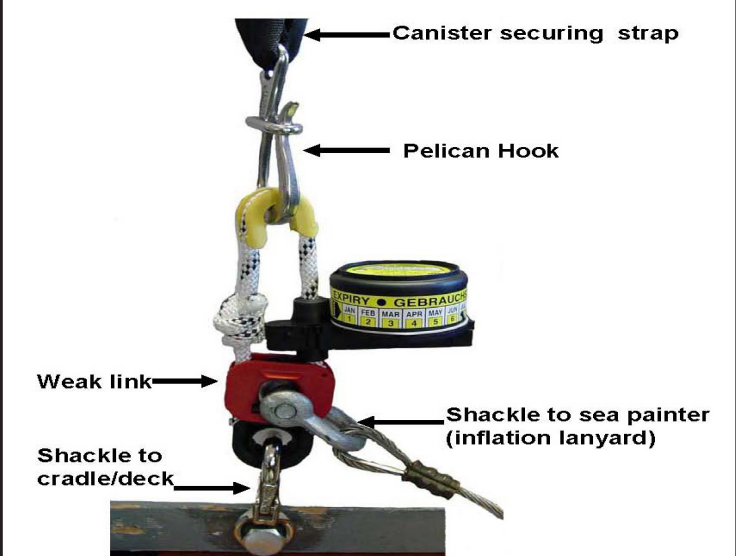
Vessel Safety Checklist

VESSEL NAME: _____ **VESSEL PERMIT:** _____ **VESSEL LENGTH EST.:** _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired. The expiration date is at the end of the month displayed.



Is the decal valid? Y N



Some rafts are stored in a float free cradle - this is an approved cradling system, as 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 at end of month displayed- inflatables only)

Hydrostatic release exp. date: _____ / _____
 (expires at end of month 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 at end of month displayed)

Hydrostatic release expiration date (cat. 1 only): ____ / ____
 (expires at end of month displayed)

Located in a Coast Guard approved location? Y N

NOAA Registration Valid? Y N

Exp. date: _____ (expires at end of month 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)

of distress signals meet federal requirements Y N

Location(s): _____

All distress signals within expiration date (expires on date displayed) Y N

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 (Freon or Ammonia) _____</p> <p>Identified person to discuss reporting marine casualties or inoperative alarms? Y N</p> <p>Did you hear the general alarm? Y N</p> <p>Where will you go during emergencies? _____</p> <p>Will the vessel maintain watch at all times while under way? Y N</p> <p style="padding-left: 20px;">If no, inform the captain, your contractor, and FMA. Do not remain on the vessel</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>
<p>SAFETY ORIENTATION: Pg 29</p> <p>Did you complete drills upon embarking the vessel? Y N</p> <p>Did the captain address all of the items in the safety checklist during the 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>Communication Equipment: 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> <p>Additional Communication Equipment</p> <p>List any additional communication systems on board in the comment section (satellite phone, inReach, etc.)</p>
<p>COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):</p> <p>_____ _____ _____ _____</p>	<p>STATION BILL: Pg 28</p> <p>Did you review the information on the Station Bill? Y N</p> <p>Describe your duties outlined in the station bill: _____ _____ _____ _____</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>OBSERVER PERSONAL PROTECTIVE EQUIPMENT:</p> <p>Do you have the PLB that was issued to you? Y N</p> <p>PLB UIN: _____</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: _____

Blue indicates "No Go" items!