

# Vessel Safety Checklist

All highlighted equipment and safety topics must be checked off before you leave port.

Do not deploy if any are not verified or current.

Vessel name: \_\_\_\_\_

USCG/State registration#: \_\_\_\_\_

## Life Rafts

Inflatables  Buoyant apparatus  None  N/A

Total capacity: \_\_\_\_\_ Total # people on board: \_\_\_\_\_

Life rafts able to float free?  Yes  No

Service sticker expiration date\*: \_\_\_\_\_

Hydrostatic release expiration \*\*: \_\_\_\_\_

Life raft equipment?  SOLAS A  SOLAS B  Coastal

PA  PB  Ocean Service

## Immersion Suits

On board?  Yes  No  N/A

One for each person?  Yes  No

Location: \_\_\_\_\_

PFD for each person:  Yes  No Location: \_\_\_\_\_

## Fire Extinguishers

Present:  Yes  No How many? \_\_\_\_\_

Serviceable?  Yes  No

Location: \_\_\_\_\_

## EPIRBS

Present?  Yes  No  N/A In float-free location?  Yes  No Registered to this vessel?  Yes  No Signal tested?  Yes  No

Decal's alphanumeric code matches EPIRB code?  Yes  No Location(s): \_\_\_\_\_

Battery exp. date\*: \_\_\_\_\_ Hydrostatic release exp. date\*: \_\_\_\_\_

NOAA registration sticker: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## Additional Checks

First aid materials present?  Yes  No Location: \_\_\_\_\_

Who besides you is CPR Certified? (Name & position): \_\_\_\_\_

Working radios: how many? \_\_\_\_\_ Type: \_\_\_\_\_

Watertight doors/hatches working properly?  Yes  No

Did you see the bilge pumps?  Yes  No

Hatches/passageways unobstructed?  Yes  No

Did you hear the general/high water alarms?  Yes  No

Is there adequate means of escape?  Yes  No

## Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

Is the decal valid?

Yes  No

## Flares

Required (unless inside 3 miles); 6 handheld, 3 Parachute, 3 Smoke

Location(s): \_\_\_\_\_

Handheld: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Parachute: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Smoke: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Meteor: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

## Type IV Throwable

Ring  Cushion  Lifesling

Easily accessible?  Yes  No

Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Other signaling devices: \_\_\_\_\_



What were the emergency instructions? \_\_\_\_\_

Observer signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_ \*Expires the last day of the month displayed. \*\*Hydrostatic releases are valid for two years from installation date.

## **Completed Vessel Safety Checklist**

After completing the checklist, sign the form, print your name and date it. Mail, fax or email a copy of the checklist and all associated notes to your provider. If you have any safety questions or concerns, please contact the following coordinators:

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